	MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING															FOR	PE	RMI	T TO) DO	O GA	\\$ F	ITTI	NG			
	City/Town:									, MA. Date:								Permit#									
THE STEEL ST	Bu	ildin	g Lo	cati	on:		Owners Nai																				
	Τv	pe c	of Oc	cur	anc	:v:	y: Commercial																				
U	New: ☐ Alterat																Plans Submitted: Yes No										
	Alterat					ion:					on: Replacement:						, iano eusimitot. 100 [] No []										
											FIX	KTU	RES										T	, ,	•		
	SION BURNER	DIRECT VENT HEATERS		S	GAS GENERATORS		RANGE	HEATING BOILERS	LABORATORY COCKS		ATERS		P UNITS		TERS	UNVENTED ROOM HTRS.	VENTED ROOM HTRS.	EATERS	OTHER FIXTURES:								
	CONVERSION	DIRECT V	DRYERS	FURNACES	GAS GEN	GRILLES	HEATER RANGE	HEATING	LABORAT	OVENS	POOL HEATERS	RANGES	ROOF TOP	TESTS	UNIT HEATERS	UNVENTE	VENTED	WATER HEATERS	OTHER F								
SUB BSMT. BASEMENT																					<u> </u>	ļ	ļ				
1 ST FLOOR																				ļ	 						
2 ND FLOOR																											
3 RD FLOOR																				ļ	ļ	ļ	<u> </u>				-
4 TH FLOOR 5 TH FLOOR																					<u> </u>	-			\dashv		\vdash
6 TH FLOOR	\dashv																										
7 TH FLOOR																											
8 TH FLOOR																		C.L			Only	<u>. </u>	Cor	tifica	40.#		\square
Installing Company Name: Check One Only Certificate #																											
Address:	City/Town:						State:						☐ Partnership														
Business Tel:	Fax:									_	☐ Firm/Company																
Name of Licensed Plumber/Gas Fitter:																											
INSURANCE COVERAGE: I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes No I figure that the type of coverage by checking the appropriate box below.														· 🗆													
A liability insu	ıran	ce p	olic	у				Otl	her 1	ype	of i	ndei	mnit	у 🗆]			Во	nd								
OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement. Check One Only Owner Agent														the													
Signature of Ow By checking this accurate to the be compliance with	box est o	□; l f my	herel Knov	oy ce vledg	rtify je an	d tha	t ali p	olumi	oing v	work	and	instal	latio	ns pe	rforn	ned u	ınder	the	perm	it iss	ued 1	for th	pplic is ap	ation : plicati	are tr ion w	ue ar	nd in
By				-		Ту	pe of	Lice	ense	:																	
								☐ Plumber ☐ Gas Fitter ☐ Master						of Li	cens	sed	Plur	nbe	r/Ga	as F	itter				_		
City/TownAPPROVED (OFFICE USE ONLY)							☐ Journeyman ☐ LP Installer					ens	e Nu	mbe	er: _		-				_						