2	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK																		
	CITY MA_DATE PERMIT #																		
To be	JOBSITE ADDRESSOWNER'S NAME																		
G	OWNER ADDRESS							TEL				FAX							
TYPE OR	OCCUPANCT THE COMMENCE I										RESIDENTIAL								
PRINT  CLEARLY NEW: RENOVATION: REPLACEMENT:										PLANS SUBMITTED: YES NO									
		1014.																	
APPLIANCES	1 FLOORS→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14			
BOILER		-	-	-										-					
BOOSTER									-				-						
CONVERSION	CONVERSION BURNER			-					-			-							
COOK STOVE				-					-			-	-	-	-				
DIRECT VENT						-				-	-	-	1						
DRYER												-							
FIREPLACE													-						
FRYOLATOR																			
FURNACE			1																
GENERATOR			1	1	T	T	1												
GRILLE			1	1	1														
INFRARED H																			
LABORATORY COCKS			1	1	1										100				
		1	1	1	1								1						
MAKEUP AIR	RUNII	-	+	-	+	+	1	1	1		1				1				
OVEN	-	-	+	+	+	+	1	1			1		1						
POOL HEAT	-	+	-	+	-	-	1	1		1									
ROOM / SPA		+	+	+	+	1	1	+	1	1	1	1	1	1	-				
ROOF TOP	-	+		+	-	-	+	-	+	+	1	+	+	-					
TEST			-	-	-	+	+	-	+	+	-	-	+	+	-	-			
UNIT HEATER			-	-	-	-	-	-	-	+	+	-	-	+	-	-			
UNVENTED ROOM HEATER					-		+	-	-	+	+	+	+	+	-	-			
WATER HE	WATER HEATER		-	-	-		+	+	-	+	+	+	+	+	-				
OTHER			-		-	-	-		-	+	+	+	+	+	-				
								-	-	+	-	+	+	+	-				
						-		-		+	-	-	+	+	-				
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 IT IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW  LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND  OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																			
Massachu					,							LY: 0	WNER	□ A	GENT [	]			
	SIGNATURE OF OWI	NER OR A	GENT										to 11 - 1						
	ertify that all of the details and il plumbing work and installationsetts State Plumbing Code ar	ons befor	mea ur	ider the	permit is	Sound in	regardin or this ap	g this a	pplication n will be	in com	oliance	with all f	Pertinen	provision	ny knowle on of the	edge			
PLUMBER-GASFITTER NAME				LICE									SIGNATURE						
	MGF DP JGF													LLC _					
	CITY																		
FAX		CELL_					EMAIL												