



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

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City/Town: STOW, MA Date: Permit # Fee\$

Building Location: Owners Name:

Type of Occupancy: Commercial Educational Industrial Institutional Residential

New: Alteration: Renovation: Replacement: Plans Submitted: Yes No

FIXTURES

Table with columns for fixture types (e.g., Conversion Burner, Direct Vent Heaters, Dryers, Furnaces, Gas Generators, Grilles, Heater Range, Heating Boilers, Laboratory Cocks, Ovens, Pool Heaters, Ranges, Roof Top Units, Tests, Unit Heaters, Vented Room Htrs., Water Heaters, Water Closets, Water Piping, Other Fixtures) and rows for floors (Sub Bsmt., Basement, 1st Floor, 2nd Floor, 3rd Floor, 4th Floor, 5th Floor, 6th Floor, 7th Floor, 8th Floor).

Installing Company Name: Address: City/Town: State: Business Tel: Fax: Name of Licensed Plumber/Gas Fitter: Check One Only Certificate # Corporation Partnership Firm/Company

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes No

If you have checked Yes, please indicate the type of coverage by checking the appropriate box below.

A liability insurance policy Other type of indemnity Bond

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.

Signature of Owner or Owner's Agent Check One Only Owner Agent

By checking this box; I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my Knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By Title City/Town APPROVED (OFFICE USE ONLY) Type of License: Plumber Gas Fitter Master Journeyman LP Installer Signature of Licensed Plumber/Gas Fitter License Number:

Please call ADAM SAHLBERG at 978-549-3201 for inspections

FINAL INSPECTION

BELOW FOR OFFICE USE ONLY

PROGRESS INSPECTION(S)

FEE: \$ _____ PERMIT # _____

APPLICATION FOR PERMIT TO DO GAS FITTING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER, GASFITTER, LP INSTALLER

LICENSE NUMBER: _____

PERMIT GRANTED DATE: _____

GAS FITTING INSPECTIOR

SKETCH