

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING  
(Print or Type)



STOW, Mass.

Date \_\_\_\_\_ Yr. \_\_\_\_\_

Town

Permit # \_\_\_\_\_

Tel# \_\_\_\_\_

Owner/Tenant \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_

**G**

Address \_\_\_\_\_

New

Renovation

Replacement

Plans Submitted Yes  No

	RANGES	HEATER RANGES	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VERTED ROOM HTRS.	DIRECT VENT HTRS.	POOL HEATERS	TESTS	OTHER
SUB-BSMT.																		
BASEMENT																		
1ST FLOOR																		
2ND FLOOR																		
3RD FLOOR																		
4TH FLOOR																		
5TH FLOOR																		
6TH FLOOR																		
7TH FLOOR																		
8TH FLOOR																		

(Print or Type)

Installing Company Name \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Check One:

Corp. \_\_\_\_\_

Partnership \_\_\_\_\_

Firm/Company \_\_\_\_\_

Certificate

Name of Licensed Plumber or Gasfitter \_\_\_\_\_

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

Signature of Owner/Agent \_\_\_\_\_

I have a current liability insurance policy to include completed operations coverage.

To arrange for inspection  
call GAS INSPECTOR at  
1-978-897-2193  
FINAL INSPECTIONS ARE MANDATORY

TYPE LICENSE:

- Plumber
- Gasfitter
- Master
- Journeyman

Signature of Licensed  
Plumber or Gasfitter \_\_\_\_\_

License Number \_\_\_\_\_