MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

Town of Clinton, Massachusetts Date _____20_____ Permit# _____
Permit Fee _____

Building Location _____

Owner's Name _____Type of Occupancy _____

New ☐ Renovation ☐ Replacement ☐ Plans Submitted Yes ☐ No ☐

FIXTURE

G	RANGES	HEATER RANGES	OVENS	GRILLERS	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VENTED 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																								

Installing Company Name _____

Address _____

_____

Business Telephone _____

Check One: Certificate

☐ Corp. _____

☐ Partnership _____

☐ Firm/Company _____

Name of Licensed Plumber or Gas Fitter _____

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 covering by checking the appropriate box

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 Mass. General Laws, and that my signature on this permit application waives this requirement

Check One

_____ Owner ☐ Agent ☐

Signature of Owner or Owner's Agent

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 the 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.

By _____

Title _____

City/Town_____

APPROVED (OFFICE USE ONLY)

Type of License

☐ Plumber

☐ Gasfitter

☐ Master

☐ Journeyman

_____
Signature of Licensed Plumber or Gas Filter

License Number _____

Inspection Date Requested _____