MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

_____, Mass. Date _____/_____ 20____ Permit # _____

Building Location _____ Owner's Name _____

Telephone _____ Type of Occupancy _____

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

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	Ranges	Heater Ranges	Ovens	Heating Boilers	Furnaces	Unit Heaters	Water Heaters	Dryers	Gas Generators	Laboratory Cocks	Conversion Burners	Roof Top Units	Vented Room Heaters	Direct Vent Heaters	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

☐ Corporation _____

☐ Partnership _____

☐ Firm/Co. _____

Name of Licensed Plumber or Gasfitter _____

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.

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 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 Gasfitter

License Number _____

The Official Website of the Office of Consumer Affairs & Business Regulation (OCABR)

Mass.Gov

Consumer Affairs and Business Regulation

Official Notice Regarding Previous Approval of CSST Gas Piping Systems

Effective as of **December 1, 2008**

The Board of State Examiner of Plumbers and Gas Fitters at its regularly scheduled meeting held on November 26, 2008, voted to temporarily rescind the approval of all **Corrugated Stainless Steel Gas Piping Systems** (CSST) in the Commonwealth of Massachusetts until such time as the Manufactures' recently amended bonding requirements are resolved by the appropriate Authorities Having Jurisdiction.

Gas permits issued prior to the above effective date for the installation of CSST Gas Piping Systems are NOT affected by this decision.

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