APPLICATION FOR PERMIT TO DO GASFITTING

Room 1503 Leverett Saltonstall Building 100 Cambridge Street, Boston, 02202

______________________ MASS. DATE ____________ 19 ____

WORK MUST BE PERFORMED IN COMPLIANCE WITH ALL PROVISIONS OF THE MASSACHUSETTS STATE GAS CODE AND CHAPTER 142 OF THE GENERAL LAWS.

ALL APPLICATIONS REQUIRED TO BE SUBMITTED IN DUPLICATE

	RANGES	OVENS	HEATING BOILERS	UNIT HEATERS	DOMESTIC WATER HEATER	INCINERATORS	DRYERS	UNIT BURNERS	OUTDOOR COOKING GAS	APPLIANCES	LAMPS	FURNACE	LAUNDRY STOVE	HOT PLATE	REFRIGERATORS	NO VENT HEATER	MISCELLANEOUS	TEST
SUB-BASEMENT																		
BASEMENT																		
1ST FLOOR																		
2ND FLOOR																		
3RD FLOOR																		

NAME AND ADDRESS OF BUILDING ____________________

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____

NEW OR RENOVATION ____________________

NAME OF OWNER ____________________

ADDRESS OF OWNER ____________________

PLANS SUBMITTED? YES ________

NO ________

ESTIMATED COST OF JOB ____________________

NAME CERTIFICATE NO.

CORPORATION ____________________

PARTNERSHIP ____________________

FIRM OR COMPANY ____________________

NAME OF MASTER OR JOURNEYMAN PLUMBER OR GASFITTER

____

ADDRESS ____________________

TELEPHONE NUMBERS: BUSINESS ____________

RESIDENCE ____________

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 and work 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.

APPROVED

State Examiners of Plumbers and Gas Fitters

____
Signature of Licensed Plumber or Gasfitter

by ____________________
Executive Secretary

____
Designation of License Number of Plumber or Gasfitter