MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING (Print or Type) etersham , Mass. Date______ City, Town Permit # Building Owner's AT: Location_ Name___ Type of Occupancy: Renovation Replacement L Plans Submitted Yes CONVERSION BURNERS LABORATORY COCKS VENTED ROOM HTRS. DIRECT VENT HTRS. HEATING BOILERS GENERATORS ROOF TOP UNITS WATER HEATERS RANGES UNIT HEATERS POOL HEATERS FURNACES GRILLES HEATER DRYERS GAS SUB-BSMT. BASEMENT 1ST FLOOR 2ND FLOOR 3RD FLOOR 4TH FLOOR 5TH FLOOR **6TH FLOOR** 7TH FLOOR 8TH FLOOR Certificate (Print or Type) Check One: Installing Company Name Corp. _ Partnership _____ Firm/Company _____ Name of Licensed Plumber or Gasfitter Business Telephone _____ 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 ail 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 hability insurance including completed operations coverage. Signature of Owner/ Agent I have a current liability insurance policy to include completed operations coverage. TYPE LICENSE: -Signature of Licensed Plumber Title ___ Plumber or Gasfitter ☐ Gasfitter City/Town ____ ☐ Master APPROVED (OFFICE USE ONLY)

☐ Journeyman

License Number