Massachusetts Uniform Application For Permit to do Gasfitting

(print	or t	ype)
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2	Lenox, Massachusetts									Date:, 20									, 20					
	At: Location:								_															
	<u>Owner:</u> New □ Re							Type of Occupancy:																
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G	Plans Submitted Ye							es □ No □																
									Ņ	cks	rners		Htrs.	, vi										
		Heater Ranges		Heating Boilers		ers	Water Heaters		Gas Generators	Laboratory Cocks	Conversion Burners	Jnits	Vented Room Htrs.	Direct Vent Htrs.	ters									
	Ranges	Iter R	sus	iting E	Furnaces	Unit Heaters	er He	Dryers	Gen	oratoi	iversi	Rooftop Units	ted R	ect Ve	Pool Heaters	ts	er							
	Ran	Неа	Ovens	Неа	Fun	Unit	Wat	Dry	Gas	Lab	Con	Roc	Ven	Dire	Poo	Tests	Other							
Sub-Bsmt Basement																								
1 st floor 2 nd floor																								
3 rd floor																								
4 th floor 5 th floor																								
6 th floor																						_		
7 th floor 8 th floor																								
(Print or Typ	-															eck						rt. #		
Installing Company Name:																								
Address:																								
City / State / Zip:																								
Business Tel. #:											<u>PRI</u>	NT	_Nar	ne o	f Lic	ense	d Plu	mbo	er:					
Insurance Cov I have current lia				oliova	or ite e	ubeta	ntial		lont	which	moote	tho r	oquir	omont		161	Ch 1	12						
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If you have check A liability insura	-			ndicat	e the	type c		erage Other	-	-	-			box.			Bonc	ı 🗆						
Owner's Insur							,	Juner	type		uemi	iity ∟]				DOLIC							
I am aware tha	t the	licens	see <u>d</u>	oes r	not ha	<u>ave</u> th	ne ins	urano	ce co	verag	ge reo	quired	d by (Chapt	ter 14 Checł		the N	lass.	Gene	eral L	aws			
	ę	Signat	ture o	f Own	er or (Owne	r's Ag	ent					Owne	er 🗆	0		er's A	gent⊡						
I hereby certify t knowledge and t provisions of the	hat al	l plun	nbing	work	and i	nstall	ations	perfo	ormed	unde	r Peri	nit iss	sued f											nt
By										7	Туре			_										
Title City / Town									_			lumb			S	ignatu	re of li	icensed	d plum	nber / g	gasfitte	ſ		
City / 10wn			٩p	rove	əd							iasfit Iastei												
							ourne		- 1			I	license	e Num	ber									

BELOW FOR OFFICE USE ONLY

FINAL INSPECTIONS	
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<u>SKETCHES</u>

FEE_____

PROGRESS INSPECTIONS

NO._____

APPLICATION FOR PERMIT TO DO GASFITTING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER

PERMIT GRANTED

DATE______20_____

GAS INSPECTOR