



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

TOWN OF MARSHFIELD, MASSACHUSETTS



Building Location _____

Date _____, 20____

G

Owner's Name _____

Permit No. _____

Owner's Phone No. _____

Type of Occupancy _____

New

Renovation

Replacement

Plans Submitted: Yes

No

~ FIXTURES ~																	
	Range	Cook Top Range	Oven	Grille	Heating Boiler	Furnace	Unit Heater	Water Heater	Dryer	Gas Generator	Laboratory Cook	Conversion Burner	Roof Top Unit	Vented Room Unit	Direct Vent Heater	Pool Heater	Test
Sub-Basement																	
Basement																	
1 st Floor																	
2 nd Floor																	
3 rd Floor / Attic																	

~ * **Final Inspections Are Mandatory** * ~

Ready For Inspection, Date _____

Will Call _____

Check One

Certificate

Installing Company Name _____

Corporation

Street Address _____

P.O.Box _____

Partnership

Town / City _____

State _____

Zip _____

Firm / Company

Business Telephone _____

Other Telephone _____

Name of Licensed Plumber or Gas Fitter _____

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 all 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 liability insurance including Completed Operations coverage.

Signature of Owner / Agent _____

I have a current liability insurance policy to include Completed Operations coverage.

By: _____

Title: _____

APPROVED "TOWN OF MARSHFIELD" _____

Signature of Licensed Plumber or Gas Fitter _____

License No. _____

Master

Plumber

Gasfitter

Journeyman