

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

DARTMOUTH, MASS. Type of Occupancy Commercial Residential

Owners Name _____ Owners Address _____

Building Location _____ Date _____

New Renovation Replacement Plans Submitted



	RANGES	HEATER RANGES	OVENS	GRILLS	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VENTED ROOM HTRS.	DIRECT VENT HTRS.	POOL HTRS.	TESTS	METER RELOCATION	OTHER				
SUB-BSMT.																							
BASEMENT																							
1st FLOOR																							
2nd FLOOR																							
3rd FLOOR																							
4th FLOOR																							
5th FLOOR																							
6th FLOOR																							
7th FLOOR																							
8th FLOOR																							

Installing Company Name _____ Check One: Certificate

Address _____ Corp. _____

City _____ State _____ Zip Code _____ Partner _____

Business Telephone: _____ Firm/Co. _____

Name of Licensed Plumber or Gasfitter _____

INSURANCE COVERAGE: Check One: Yes No
 I have a current liability insurance policy or its substantial equivalent. If you have checked yes, please indicate the type 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.

Signature of Owner's Agent _____ Check One: Owner 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 Plumbing Code and Chapter 142 of the General Laws.

By _____ Title _____ City/Town _____ Type of License: MASTER JOURNEYMAN Signature of Licensed Plumber or Gasfitter _____ License Number _____



Dartmouth Building Department

400 Slocum Road
P.O. Box 79399
Dartmouth, MA 02747

508-910-1820
FAX 508-910-1838

APPLICATION FOR PERMIT TO DO GASFITTING

FEE _____ NUMBER _____

Name _____

Type of Building Residential Commercial

Location of Building _____

Gasfitter _____ License# _____

Rough ok failed* Date _____ Insp. _____

* _____
comments _____

Final ok failed* Date _____ Insp. _____

* _____
comments _____

Remarks: _____

PERMIT GRANTED

Gas Inspector: _____ Date: _____