



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS FITTING

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City/Town: _____, MA. Date: _____ Permit# _____

Building Location: _____ Owners Name: _____

Type of Occupancy: Commercial Educational Industrial Institutional Residential

New: Alteration: Renovation: Replacement: Plans Submitted: Yes No

FIXTURES

Table with columns for fixture types (Conversion Burner, Direct Vent Heaters, Dryers, Furnaces, Gas Generators, Grilles, Heater Range, Heating Boilers, Laboratory Cocks, Ovens, Pool Heaters, Ranges, Roof Top Units, Tests, Unit Heaters, Unvented Room Htrs., Vented Room Htrs., Water Heaters, Other Fixtures) and rows for floors (Sub Bsmt., Basement, 1st Floor, 2nd Floor, 3rd Floor, 4th Floor, 5th Floor, 6th Floor, 7th Floor, 8th Floor).

Installing Company Name: _____

Address: _____ City/Town: _____ State: _____

Business Tel: _____ Fax: _____

Name of Licensed Plumber/Gas Fitter: _____

Check One Only Certificate #
 Corporation _____
 Partnership _____
 Firm/Company _____

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes No

If you have checked Yes, please indicate the type of coverage by checking the appropriate box below.

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 Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent _____
Check One Only
Owner Agent

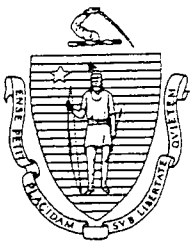
By checking this box ; I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my Knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By _____
Title _____
City/Town _____
APPROVED (OFFICE USE ONLY)

Type of License:
 Plumber
 Gas Fitter
 Master
 Journeyman
 LP Installer

Signature of Licensed Plumber/Gas Fitter _____

License Number: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector

6. Other _____

Contact Person: _____ Phone #: _____