	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WO													WOR	<			
	CITY NORWELL	, MA. DATE								PERMIT#								
THE THE	JOBSITE ADDRESS OWNER'S NAME																	
$\mathbf{G}$	OWNER ADDRESS:									TEL: FAX:								
TYPE OR PRINT	OCCUPANCY TYPE: COMMERCIAL EDUCATIONAL										RESIDENTIAL							
CLEARLY	NEW: REN	OITAVC	1: 🔲	RE	PLACE	MENT:					PL	ans sui	BMITTE	D: YES	N 🗆	0 🗆		
FIXUTRES 1	FLOOR→	Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
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BOOSTER CONVERSION BURNER													-	ļ	<b>}</b>			
COOK STOVE				<b></b>			<u> </u>						<u> </u>					
DIRECT VENT HEATER												1						
DRYER																		
FIREPLACE																		
FRYOLATOR						<u> </u>	ļ		<u> </u>			ļ						
FURNACE						ļ	-	ļ	<del> </del>	<b> </b>		<del> </del>						
GENERATOR GRILLE					ļ	<u></u>	<del> </del>			-		<del> </del>						
LABORATORY C	OCKS								-				<u> </u>		<del> </del>			
MAKEUP AIR UNIT									<u> </u>	1				<u> </u>				
OVEN																		
POOL HEATER																		
ROOM / SPACE HEATER																		
ROOF TOP UNIT																		
TEST						ļ	ļ			ļ		·	ļ					
UNIT HEATER UNVENTED ROOM HEATER					ļ		ļ			<u> </u>	<u> </u>	ļ	ļ		ļ			
WATER HEATER					ļ		<b></b>				<u> </u>	<b>-</b>	<u> </u>					
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	_						COVER									•		
I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO																		
If you have checked <u>YES</u> , please indicate the type of coverage by checking the appropriate box below.  LIABILITY INSURANCE POLICY  OTHER TYPE INDEMNITY BOND BOND																		
OMBIEDIO MOLIF														(A - C / L				
	OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																	
	CHECK ONE ONLY: OWNER AGENT																	
SIGNATURE OF OWNER OR AGENT																		
Knowledge and th	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.																	
PLUMBER/GASF	PLUMBER/GASFITTER NAME: LICENSE # SIGNATURE																	
COMPANY NAME: ADDRESS:																		
CITY: STATE: ZIP: FAX:																		
TEL:		CELL:				] EMAII	:				15404-1445-141-1							
MASTER .IC	DURNEYMAN 🗀 🕕	ΙΔΤΡΜΙ Ο	IER		CORPO	DRATIO	N 🗆 #		ТРАГ	RTNERS	SHIP [	7#[	1	LC []	#			