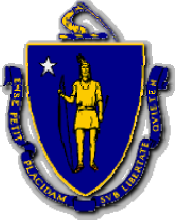


**MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING
BROCKTON, MASSACHUSETTS**



G

DATE: _____	APPLICATION# _____	PERMIT#: _____
BUILDING LOCATION: _____	MAP/ROUTE: _____	
OWNER'S NAME: _____		PLANS SUBMITTED:
TYPE OF OCCUPANCY: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>
NEW <input type="checkbox"/>	RENOVATION <input type="checkbox"/>	

	RANGES	HEATER RANGES	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	GENERATORS	CONV. BURNERS	ROOF TOP UNIT	POOL HEATERS	GAS PIPING	DRYERS	FIREPLACE	TESTS	OTHER				
SUB-BSMNT																					
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																					

INSTALLING COMPANY NAME: _____	CHECK ONE:	CERTIFICATE NO. _____
ADDRESS: _____	CORPORATION _____	
_____	PARTNERSHIP _____	
BUSINESS TELEPHONE: _____	FIRM/CO. _____	
NAME OF LICENSED PLUMBER OR GAS FITTER: (PRINT ONLY) _____		

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 COVERAGE BY CHECKING THE APPROPRIATE BOX:
 A LIABILITY INS 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.

CHECK ONE: OWNER AGENT

SIGNATURE OF OWNER OR OWNER'S 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 GAS CODE AND CHAPTER 142 OF THE GENERAL LAWS.

BY _____
TITLE _____
CITY OF BROCKTON

- TYPE OF LICENSE:**
- PLUMBER
 - GASFITTER
 - MASTER
 - JOURNEYMAN

SIGNATURE OF LICENSED PLUMBER OR GAS FITTER

LICENSE NUMBER