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TEL: ___

	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK																	
	CITY:MA. DATE:									PERMIT#								
46.00	JOBSITE ADDI	JOBSITE ADDRESS: OWNER'S NAME:																
G	OWNER ADDR			TEL:FAX:														
TYPE OR																		
PRINT	OCCUPANCY TYPE: COMMERCIAL DEDUCATIONAL RESIDENTIAL D																	
CLEARLY	NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO [
APPLIANCES 7 FLOOR→		Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
BOILER				130										T. L.				
BOOSTER	15 CHR 16-														E TETTE			
CONVERSION BURNER				118.3	2500				N ST									
COOK STOVE																		
DIRECT VENT HEATER												DIAL.	-					
DRYER											-							
FIREPLACE																		
FRYOLATOR			-					-										
FURNACE									2,									
GENERATOR GRILLE								2.30										
INFRARED HEATER									7. 1									
LABORATORY CO								1	h, i	-	-							
MAKEUP AIR UNI												-						
OVEN													FEE					
POOL HEATER							E COL			140.00			-93,43	- 1				
ROOM / SPACE HEATER									11		ic.		-					
ROOF TOP UNIT										***						W John St		
TÈST								16	m									
UNIT HEATER															N. S.			
UNVENTED ROOM HEATER										14.						F1		
WATER HEATER	11910年代制			To No.				20										
														3.VF		7.0		
		Self-												THE PARTY				
I have a current <u>li</u>	ability insuranc	e policy o	r its sul	ostantia			COVER		rèquire	ements (of MGL.	. Ch. 14	2 · . · YE	s 🗆	NO.			
If you have check	ed YES, please	indicate tl	ne type	of cove	rage by	checki	ing the a	appropr	iate bo	x below				t come de la				
If you have checked YES, please indicate the type of coverage by checking the appropriate box below. LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND BOND																		
							1									Re of		
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.												1 1 8						
wassacriuseus G	eneral Laws, ar	is that my	Signatu	re on u	ns pern	пі аррі	ication	valves i	uns req	uneme	III.							
									CH	HECK O	NE ON	LY: O	WNER [AC	SENT [1		
SIGNATURE OF C	OWNER OR AGE	NT																
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	ITTER NAME:						LICEN	SE#_				SIGN	NATURE					
COMPANY NAME: ADDRESS:																		
CITY ·				ST	ΔTF.		7	ID.			FΔY	/.						

CELL:____EMAIL:_

PARTNERSHIP #_

_ LLC [#_

MASTER ☐ JOURNEYMAN ☐ LP INSTALLER ☐ CORPORATION ☐ #__