Each meter requires a separate permit

G

TYPE OR PRINT CLEARLY

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

CITY TOWN OF NORWOOD MA DATE PERMIT # _____

JOBSITE ADDRESS OWNER'S NAME

OWNER ADDRESS TEL FAX

OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL

NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

APPLIANCES ↓ FLOORS→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER															
BOOSTER															
CONVERSION BURNER															
COOK STOVE															
DIRECT VENT HEATER															
DRYER															
FIREPLACE															
FRYOLATOR															
FURNACE															
GENERATOR															
GRILLE															
INFRARED HEATER															
LABORATORY COCKS															
MAKEUP AIR UNIT															
OVEN															
POOL HEATER															
ROOM / SPACE HEATER															
ROOF TOP UNIT															
TEST															
UNIT HEATER															
UNVENTED ROOM HEATER															
WATER HEATER															
OTHER															

INSURANCE COVERAGE

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

I IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY OTHER TYPE 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.

_____ **CHECK ONE ONLY: OWNER AGENT**

SIGNATURE OF OWNER OR AGENT

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.

PLUMBER-GASFITTER NAME LICENSE # _____ SIGNATURE

MP MGF JP JGF LPGI CORPORATION # PARTNERSHIP # LLC #

COMPANY NAME: ADDRESS

CITY STATE ZIP TEL

FAX CELL EMAIL

ROUGH GAS INSPECTION NOTES	THIS PAGE FOR INSPECTOR USE ONLY	FINAL INSPECTION NOTES
	THIS APPLICATION SERVES AS THE PERMIT Yes ☐ No ☐	
	FEE: $_____ PERMIT # _____	
	PLAN REVIEW NOTES	