



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

G  
TYPE OR  
PRINT  
CLEARLY

CITY \_\_\_\_\_ 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

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.

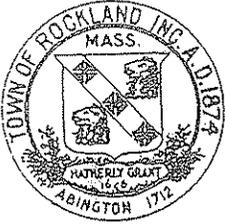
CHECK ONE ONLY: OWNER  AGENT

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 \_\_\_\_\_

YOU MUST FILL OUT THE BACK ALSO



# TOWN OF ROCKLAND

## Building Department

242 UNION STREET  
ROCKLAND, MASSACHUSETTS 02370

TELEPHONE 781-871-0596

FAX 781-616-6824

## AFFIDAVIT

I, \_\_\_\_\_ DO HEREBY SOLEMNLY AFFIRM THAT:

1. I have installed a vented gas appliance which requires a hard wired carbon monoxide detector at:

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Location of Equipment: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

2. For safety reasons, I have advised the owner listed above that a carbon monoxide detector powered by a battery has been installed temporarily and the owner is required to have a hard wired carbon monoxide detector with an alarm installed within thirty (30) days of this gas inspection.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Plumber/Gas Fitter

\_\_\_\_\_  
License Number & Designation