	MASSACHUS	ETTS UNI	FORM A	APPLI	CATIO	N FOR	R A PE	RMIT	TO PI	ERFO	RM G	AS FI	TING	WOR	K
	CITY MA DATE PERMIT#														
	JOBSITE ADDRESS OWNER'S NAME														
G	OWNER ADDRESS	THE HOUSE	******				-	T	EL				FAX _		
TYPE OR PRINT	OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL														
CLEARLY													NO		
APPLIANCES 1 BOILER	FLOORS→	BSM	1 2	3	4	5	6	7	8	9	10	11	12	13	14
BOOSTER				-	-	-									
CONVERSION BURNER			-	1		-	-								
COOK STOVE			B .	+	-	-	i								
DIRECT VENT HEATER			i	-	+			-							-
DRYER			1	+	-	-								-	
FIREPLACE					+	_				-				1	
FRYOLATOR							1								
FURNACE					diam's										
GENERATOR															
GRILLE					1										
INFRARED HEATER															
LABORATORY C			_4 E												
MAKEUP AIR UNIT															
OVEN POOL HEATER															
ROOM/SPACE HEATER		1	_												1
ROOF TOP UNIT			-	-											
TEST			1												
UNIT HEATER													- 4		
UNVENTED ROOM HEATER									-						
WATER HEATER															
OTHER														_	
August Samuel											-		-	_	
														-4	
		j									-			-	
I have a current <u>li</u>	ability insurance policy	or its subst	IN antial eq	SURAN uivalen	CE CO	/ERAGI	E the regu	uireme	ats of M	IGI CI	1/12	VEC			el.
I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO II 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 Charles 443 of the															
Massachusetts G	eneral Laws, and that my	signature	on this p	ermit ap	plication	on <u>waiv</u>	es this	require	ment.		apt.	UT 142	, inc		
	GNATURE OF OWNER O	D ACENT			_			CHEC	K ONE (ONLY:	OWN	ER	AGEI	NT 🛄	
I hereby certify that	all of the details and inform	ation I have	submitted	or ente	red rega	rding th	is applic	ation ar	e true a	nd accu	rate to t	he best	of my k	nowledg	ge
	g work and installations per e Plumbing Code and Chap					s applica	ation will	l be in c	omplian	ce with	all Perti	nent pro	vision o	fthe	
PLUMBER-GASFIT		LICENSE # SIGNATURE												-	
MP MGF	JP JGF LPG	C	ORPORA	ATION [#		PA	RTNER	SHIP	#	e a lett ame de bom de	LLC	#	along College (Annie 1944 par 19	
COMPANY NAME:				ADDR	ESS										
CITY				STATE	and the same is a same	ZIP]TEL[,				7
FAX	CELL	EMAIL				No. 1									