| | MASSACHUSE | TTS U | NIFOF | RM AP | PLICA | TION | FOR | A PEF | RMIT | го ре | RFOF | RM GA | S FIT | TING \ | NORK | (| |
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| | CITY | DAT | DATE PERMIT# | | | | | | | | | | | | | | |
| The state of the s | JOBSITE ADDRESS OWNER'S NAME | | | | | | | | | | | | | | | <u>.</u> | |
| G | OWNER ADDRESS | | TEL FAX | | | | | | | | | | | | | | |
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| CLEARLY | NEW: 🔲 RENOVAT | | PLANS SUBMITTED: YES ☐ NO ☐ | | | | | | | | | | | | | | |
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| CONVERSION BURNER | | | | | | | | | | | | | | <u> </u> | | | |
| COOK STOVE | | | | | | | | | | | | | | | | | |
| DIRECT VENT HEATER | | | | | | | | | | | | | | | | | |
| DRYER | | | | | | | | | | | | | | Ī | | | |
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| GENERATOR | | | | | | | · | | | | | · | | | | | |
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| INSURANCE COVERAGE I have a current <u>liability</u> 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 <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. | | | | | | | | | | | | | | | | | |
| CHECK ONE ONLY: OWNER AGENT | | | | | | | | | | | | | | | | | |
| SIGNATURE OF OWNER OR AGENT | | | | | | | | | | | | | | | | | |
| and that all plum | hat all of the details and info ibing work and installations i State Plumbing Code and Cl | oerforme | d unde | r the per | rmit issue | red reg ed for t | garding his appl | this app lication v | lication vili be in | are true compli | and ac | curate t th all Pe | o the be ertinent | est of my provisio | / knowle n of the | edge | |
| PLUMBER-GASFITTER NAME | | | | | | <u> </u> | ICENS. | E# | - | | SIGNATURE | | | | | | |
| MP MGF JP JGF LPGI | | | | | | | | | | | | | | | | | |
| COMPANY NAM | ME | | | | | _ ADE | ORESS | | | | | | | | | | |
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