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	City/Town:										Date:								Permit#									
A STATE STATE	Building Locatic													Owners Name:														
	Ту	Type of Occupancy: Commercial Educational Industri														stria	ial Institutional Residential											
U	Ne	w:		Al	tera	tion	on: Renovation						Replacement:					Plans Submitted: Yes No										
FIXTURES																												
	CONVERSION BURNER	DIRECT VENT HEATERS	DRYERS	FURNACES	GAS GENERATORS	GRILLES	HEATER RANGE	HEATING BOILERS	LABORATORY COCKS	OVENS	POOL HEATERS	RANGES	ROOF TOP UNITS	TESTS	UNIT HEATERS	UNVENTED ROOM HTRS.	VENTED ROOM HTRS	WATER HEATERS	OTHER FIXTURES:									
SUB BSMT.	0		-	-			-	-				<u> </u>	ш	-	<u>ر</u>		_	>						<u> </u>	<u> </u>			
BASEMENT																												
2 <sup>ND</sup> FLOOR 3 <sup>RD</sup> FLOOR																								──	──		<b> </b>	
4 <sup>TH</sup> FLOOR																												
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7 <sup>TH</sup> FLOOR																								<u> </u>	<u> </u>			
8 <sup>™</sup> FLOOR																		Ch	eck (	One	Only	,	Cer	 tific:	ate ‡	¢		
Installing Company Name: Check One Only Certificate #														1														
Address:		City/Town:							State: MA				Partnership															
Business Tel: Fax: Firm/Company																	1											
Name of Licensed Plumber/Gas Fitter:																												
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																												
If you have checked <u>Yes</u> , please indicate the type of coverage by checking the appropriate box below.																												
A liability insurance policy Other type of 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 Ow By checking this						that		the d	lotaile	and	info	rmati	onlk	21/0	subm	vittad	lor	ntore	ad) re	aard	ling t	hie a	nnlic	ation	are t	ruo 3	nd	
accurate to the b compliance with	est c	of my	Knov	wledg	ge an	d tha	t all p	plum	bing	work	and	insta	llatio	ns pe	rforn	ned u	inder	the p	perm	it iss	ued f	or th						
Ву							Type Plum		cens	e:																		
Title		Fitter Signature o							of Licensed Plumber/Gas Fitter																			
City/Town APPROVED (OFFICE USE ONLY)								Mas neym Insta	nan		Lic	License Number:																
APPROVED (OF	-ICE	USE	UNL	Y)			EC.	məld	nei																			