



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 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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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 _____

Cash _____ Amt. \$ _____ PI & Gas Inspector _____ Alt. PI & Gas Inspector _____
 Check # _____

GAS

| | |
|---|------------------------------|
| Residential (1 & 2 Family) | |
| New Construction (1 & 2 Family 0 - 2,500 S.F.) | \$200 |
| Each Additional 1,000 S.F. | \$100 |
| Additions/Alterations | |
| Appliance | \$15 Each + \$40 Base Fee |
| Heating System (Only) | \$15 Each + \$40 Base Fee |
| Re-Test | \$40 |
| Water Heater | \$20 |
| Re-Inspection | \$40 |
| Work w/Out Permit | Double Fee |
| Failure to Call for Final within 10 Days of Completion. | \$30 |
| | |
| Commercial (Including 3 Family) | |
| New Construction (Including 3 Family) | \$18/\$1,000 + \$50 Base Fee |
| Alterations/Additions | \$18/\$1,000 + 50 Base Fee |
| Re-Test | \$50 |
| Re-Inspection | \$50 |
| Work w/Out Permit | Double Fee |
| Failure to Call for Final within 10 Days of Completion | \$30 |

NOTE: ALL HEATING APPLIANCE REQUIRE ELECTRICAL PERMIT

TOWN OF BRAINTREE
**Department of
Municipal Licenses
and Inspections**



Andy J. Lyne, Jr.
PLUMBING & GAS INSPECTOR

OFFICE HOURS: 8:00AM - 9:30AM AND 3:00PM - 4:30PM

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