



# 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

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.

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

CHECK ONE ONLY: OWNER  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 \_\_\_\_\_

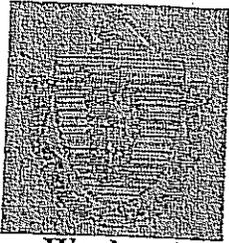
MP  MGF  JP  JGF  LPGI  CORPORATION  #  PARTNERSHIP  #  LLC  #

COMPANY NAME:  ADDRESS

CITY  STATE  ZIP  TEL

FAX  CELL  EMAIL

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



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly.

Name (Business/Organization/Individual): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you an employer? Check the appropriate box:

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4.  I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
- 5.  We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 6.  New construction
- 7.  Remodeling
- 8.  Demolition
- 9.  Building addition
- 10.  Electrical repairs or additions
- 11.  Plumbing repairs or additions
- 12.  Roof repairs
- 13.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Town of Braintree

Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other \_\_\_\_\_

Contact Person: R. Forsberg / M. McGourty

Phone #: 781 794-8070

E. Erskine