



G
**TYPE OR
PRINT
CLEARLY**

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

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 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

INSURANCE COVERAGEI have a current liability 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 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 _____

ROUGH GAS INSPECTION NOTES

THIS PAGE FOR INSPECTOR USE ONLY

FINAL INSPECTION NOTES

THIS APPLICATION SERVES AS THE PERMIT Yes No
 ☐ ☐

FEE: \$ _____ **PERMIT #** _____

PLAN REVIEW NOTES



TOWN OF TRURO

The Building Department

Truro Town Hall
24 Town Hall Road
Truro, MA 02666

REQUEST FOR PLUMBING/GAS INSPECTION

DATE: _____

DATE OF INSPECTION REQUESTED: _____

OWNER: _____

JOB LOCATION: _____

PLUMBER: _____

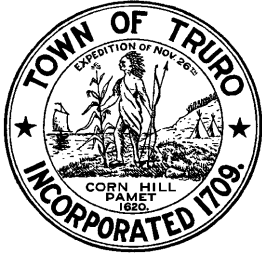
INSPECTION TYPE REQUESTED: PLUMBING GAS

- ☐ ROUGH
- ☐ SUBFLOOR
- ☐ FINAL
- ☐ TANK
- ☐ OTHER _____

- ☐ SOMEONE WILL BE PRESENT
- ☐ NO ONE HOME BUT OK TO ENTER
- ☐ IF LOCKED, LOCATION OF KEY _____

Signature of plumber/gas fitter

PLEASE NOTE: Failure to complete this form may result in delayed inspection. It is the responsibility of the plumber/gas fitter to arrange for the inspection. WE DO NOT CONTACT THE HOMEOWNER. Email Form to: lbudnick@truro-ma.gov; nbates@truro-ma.gov to schedule an inspection!



Town of Truro
Building Department
P.O. Box 2030
Truro, Massachusetts, 02666
Phone:(508)349-7004 Ext. 131
Fax:(508)349-5508

At a duly held public hearing conducted by the Truro Board of Selectmen on Tuesday, February 14, 2023, the board unanimously approved the following building permit application fee schedule. The fee schedule will take effect on February 15, 2023.

PLUMBING & GAS PERMITS

Residential Single & Multiple Dwelling (on per unit basis)

Permit (basic fee) \$90.00 (includes first fixture/appliance)
Plus..... \$10.00 per fixture/appliance

Commercial (Anything other than 1-2 family, R-4 & R-5)

Permit (basic fee) \$105.00 (includes first fixture/appliance)
Plus.....\$15.00 per fixture/appliance

Replacement of single appliance or fixture (i.e., Water Heater, Range, Propane Tank, Sink)

Residential \$50.00
Commercial \$75.00

Re-inspection and/or Extra Inspection Fees

\$50 fee Residential
\$75 fee Commercial

** For any work without a permit, the fees will be tripled.

*** Fees are non-refundable once permit has been issued.