



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; to schedule an inspection!