



**Department of Inspectional Services
Worcester, Massachusetts**

John R. Kelly
Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

**Special Permission Gas-Elevated Pressure
\$125.00 Non-Refundable fee by check payable to "The City of Worcester"**

Engineer Name:	Title:	Date:
Firm Name (if Applicable):	MA PE License Number:	Work Phone Number:
Street Address:	City/Town:	Zip Code:
Cell Phone:	Fax Number:	Email Address:
ALL OF THE FOLLOWING ITEMS MUST BE INITIALED IF LEFT BLANK; THE FORM WILL BE DEEMED INCOMPLETE AND WILL NOT BE ACCEPTED.		
1. I have properly filled out and included page 2 of this Special Permission Gas form including my Massachusetts RPE stamp and signature.		Initial Below
2. I have included Two (2) Identical Plans [stamped and signed] of the complete gas piping system including: <ul style="list-style-type: none"> a. Gas piping schematic only (no other services should be included on this plan) b. Pipe size shown at all locations c. Maximum BTU input at the source d. Maximum BTU input shown for each branch location e. Equipment schedule showing the Manufacturer model. Number BTU input and Board Acceptance Number for each gas appliance f. The equivalent piping length from the meter assembly to the most remote outlet (appliance). 		Initial Below
3. I have included a complete riser diagram showing the gas piping system with this application.		Initial Below
4. I have included with this submittal a letter from the serving gas supplier stating the pressure they will be providing and the total combined gas load through that meter assembly.		Initial Below
5. I certify that the TOTAL COMBINED GAS CFH LOAD entered in box number (3) on page 2 of this application exactly matches the TOTAL COMBINED GAS CFH LOAD stated in my letter from the gas supplier		Initial Below
6. I have included a check or money order for \$110.00 payable to the City of Worcester		Initial Below

SPECIAL PERMISSION GAS- ELEVATED PRESSURE

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PLEASE PRINT CLEARLY

7. Project Location Information:		
Name of Project (example: Company Name, school, etc.)		Phone:
Street Address:		City/Town:
		Zip Code:
8. Serving Gas Supplier Information:		
Natural Gas Supplier Company Name:		Phone:
Propane Gas Supplier Company Name:		Phone:
9. Additional Design Information:		
Total gas load in cfh for new equipment:	Total gas load in cfh for existing equipment:	Total combined gas load in cfh :
SEAL OF MASSACHUSETTS RPE		
In requiring special permission for the installation of certain gas fitting applications, the Board is, seeking to verify a Massachusetts registered professional engineer, as indicated by affixing his or her seal and signature to the application, used due diligence to ensure the gas system design and installation will work safely and effectively. In addition, that the system installed complies with Massachusetts General Law chapter 142, 248 CMR, and all other applicable codes and standards. The Board relies solely on, the representations of the engineer for compliance with these requirements and does not warrant any installation or design or otherwise perform an independent review to verify the engineer's representations.		
SIGNATURE AND SEAL REQUIRED		
10) FOR OFFICIAL USE ONLY:		
Special Permission Granted: Date: _____ By: _____		
Conditions:		

Additional Notes:		

