



**Department of Inspectional Services
Worcester, Massachusetts**

John R. Kelly
Commissioner/
Building Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

**Gas Fitting Permit Application
Filing Instructions**

Attached you will find a downloadable copy of a Gas Fitting Permit application. The PDF file fee schedule for this permit application is located on the HOME Page for the Department of Inspectional Services. It is found under the Building & Zoning Divisions Fees and Charges section.

Mail In Applications Require Prior Registration: Prior registration consists of a copy of your license, along with a copy of your Workers Compensation Insurance documentation, having been placed on file/registered with the Department of Inspectional Services. If you are registered a completed application, along with a check made out to the City of Worcester may be mailed to:

Department of Inspectional Services
Electrical Division
25 Meade Street
Worcester, MA 01610

Counter Registration and Application Process: If you are not registered with us please visit our 25 Meade Street facility, Monday through Friday between the hours of 8:00am and 4:30pm. Once you provide a copy of your official license and Workers Compensation Insurance documentation you can begin to use the mail in application process.

If you have any questions regarding this process please contact an Inspectional Services representative via email at inspections@worcesterma.gov, fax at (508) 799-8544 or phone at (508) 799-1215.



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

Table with columns for Appliances (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) and Floors (BSM, 1-14).

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