

# PERMIT APPLICATIONS

## *You must do the following;*

1. **TYPE** in ALL required information
2. **SAVE** yourself a Copy (in case you need to make corrections)
3. **PRINT** a paper copy to submit to our Office
4. **EMAIL** a copy for our records (no email = no permit)
5. **BRING** the paper copy to Town Hall (get your signatures @ Tax Collector and Assessor)
6. **PAYMENT** – Bring a Check, Exact Cash or use our Credit Card Machine

CLICK on both



## PROBLEMS ?

1. Update your Browser via the settings
2. Or . . . Print/Save as a PDF, then send via normal email
3. Or . . . download permit app, and get Adobe Reader (free online) and work in that
4. Or . . . Come to our Office and use the Desk Terminal
5. If we have to enter it for you, we charge \$15



**MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK**

**G**  
**TYPE OR PRINT CLEARLY**

CITY \_\_\_\_\_ MA DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_

JOB SITE 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 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.

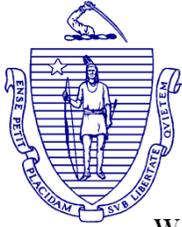
PLUMBER-GASFITTER NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_ SIGNATURE \_\_\_\_\_

MP     MGF     JP     JGF     LPGI     CORPORATION  # \_\_\_\_\_    PARTNERSHIP  # \_\_\_\_\_    LLC  # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TEL \_\_\_\_\_

FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Applicant must fill out

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5.  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. ‡
6.  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.]

Check one in each Column

Type of project (required):

7.  New construction
8.  Remodeling
9.  Demolition
10.  Building addition
11.  Electrical repairs or additions
12.  Plumbing repairs or additions
13.  Roof repairs
14.  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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: \_\_\_\_\_

Applicant must sign the hard copy

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

City or Town: \_\_\_\_\_ 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: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Plumbing/Gas Fee Calculation

SALISBURY eff. 9/8/2015

## 1. Scope of Work

### Residential

(1 & 2 Family, 3 Townhouse Only)

\$75 min.

Check One

Fee

### Residential - MultiFamily

(apartments, condos, etc)

\$50 per unit

Units Qty

ENTER #

### Commercial

\$90 min.

## 2. Fixture Count Fee

### Fixtures

\$10 each

Fixt. Qty

ENTER #

## 3. Hot Water Heater (only)

### Residential

\$50 each

Heater Qty

ENTER #

### Commercial

\$60 each

ENTER #

TOTAL FEE