



G
**TYPE OR
PRINT
CLEARLY**

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

CITY _____ MA DATE _____ PERMIT # _____

JOB SITE ADDRESS _____ OWNER'S NAME _____

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE COMMERCIAL ☐ \$50 EDUCATIONAL ☐ \$50 RESIDENTIAL ☐ \$40

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



Town of Ware
126 Main Street
Ware, MA 01082

GAS-FITTING FEES

Effective as of July 01, 2022

One- and Two-Family Homes are considered RESIDENTIAL

ALL RESIDENTIAL

NEW CONSTRUCTION / RENOVATIONS / REMODEL / REPLACEMENTS

Installation of NEW & REPLACEMENTS Appliance/Furnace:

\$40 for each item that needs to be inspected

Multi-Family (3-unit and up) is considered COMMERCIAL

COMMERCIAL – INDUSTRIAL – BUSINESS

Installation of NEW or REPLACEMENT Appliance/Furnace:

\$50 for each item that needs to be inspected

PLEASE PAY BY CHECK OR MONEY ORDER

Town of Ware
126 Main Street
Ware, MA 01082

Kindly submit a separate check for each address / application

24 Hour Notice Required for Inspections

GAS INSPECTOR

Richard Holden 978-697-2698