

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(print or type)



G

_____, Mass.
(City, Town)

Date: _____

Permit #: _____

Building
AT: Location: _____

Owner's Name: _____

Type of Occupancy: _____

New Renovation Replacement

Plans Submitted: Yes No

	RANGES	HEATER RANGES	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VENTED ROOM HTRS.	DIRECT VENT HTRS.	POOL HEATERS	TESTS	OTHER																						
SUB-BSMT.																																								
BASEMENT																																								
1ST FLOOR																																								
2nd FLOOR																																								
3rd FLOOR																																								
4th FLOOR																																								
5th FLOOR																																								
6th FLOOR																																								
7th FLOOR																																								
8th FLOOR																																								

Installing Company Name _____
 Address _____
 Business Telephone _____

Check One: Certificate
 Corp. _____
 Partnership _____
 Firm/Company _____

Name of Licensed Plumber or Gasfitter _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

Signature of Owner/Agent

I have a current liability insurance policy to include completed operations coverage.

By _____
 Title _____
 City/Town _____

APPROVED (OFFICE USE ONLY)

TYPE LICENSE
 Plumber
 Gasfitter
 Master
 Journeyman

Signature of Licensed Plumber or Gasfitter

License Number

TOWN OF HARDWICK
Commonwealth of Massachusetts



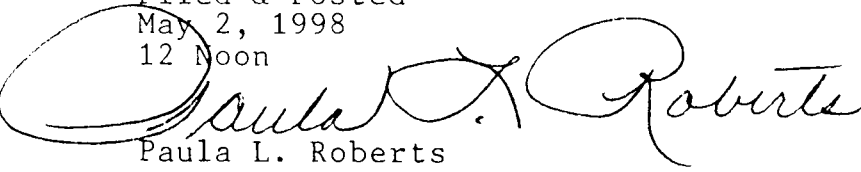
Board of Selectmen, PO Box 575, Gilbertville, MA 01031
Phone: (413)477-6197

Town of Hardwick Plumbing & Gas Permit Fees

Adopted 3/31/98

Residential-Plumbing	
New Single Family	\$50.00
Multi-Family	\$50.00 per unit
Additions	\$50.00
Re-Inspection Fees	\$25.00
Industrial/Commercial Plumbing	
New Construction	\$25.00 per fixture
Additions/renovations	\$25.00 per fixture
Re-Inspections Fees	\$25.00
GAS	
Residential/Commercial/Industrial	\$50.00
Propane Gas Service	\$25.00
Re-Inspection Fees	\$25.00

Filed & Posted
May 2, 1998
12 Noon


Paula L. Roberts
CMC- Town Clerk



The Commonwealth of Massachusetts
 Department of Industrial Accidents
Office of Investigations
 600 Washington Street
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors /Gas

Applicant Information:

Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

I am a homeowner performing all work myself. Project Type: New Construction Remodel

I am a sole proprietor and have no one working in any capacity. Building Addition

I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

check if immediate response is required

Licensing Board

Selectmen's Office

Health Department

contact person: _____ phone #: _____ Other _____

(revised Sept. 2003)

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An *employer* is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required. Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406