

# MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)



Dover \_\_\_\_\_, Mass.      Date \_\_\_\_\_

City/Town \_\_\_\_\_, Mass.      Permit # \_\_\_\_\_

Building \_\_\_\_\_      Owner's Name \_\_\_\_\_

Location \_\_\_\_\_      Type of Occupancy: \_\_\_\_\_

G

New       Renovation       Replacement

Plans Submitted:    Yes     No

**CSST Gas Piping bonding shall be completed by a licensed Electrician & inspected by the Electrical Inspector.**

	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																													

(Print or Type)

Installing Company Name \_\_\_\_\_

Address \_\_\_\_\_

Check One:      Certificate

Corp: \_\_\_\_\_

Partnership \_\_\_\_\_

Firm/Co. \_\_\_\_\_

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.

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 the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

Name of Licensed Plumber \_\_\_\_\_

Signature of Licensed Plumber \_\_\_\_\_

Type of Plumbing License:

Master       Journeyman

License Number \_\_\_\_\_

Business Telephone \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents

600 Washington Street, 7th Floor  
Boston, Massachusetts 02111

RECEIVED

DEC 15 2005

TOWN OF DOVER  
BUILDING DEPARTMENT

MITT ROMNEY  
Governor

JOHN C. CHAPMAN  
Commissioner

KERRY HEALEY  
Lieutenant Governor

Town Clerk  
Town of Dover  
5 Springdale Avenue  
Dover, MA 02030

2005 DEC 15 A 11:36  
BARRIE H. CLOUGH  
TOWN CLERK  
TOWN OF DOVER  
RECEIVED

December 14, 2005

RE: Reminder - Workers' Compensation Affidavits per M.G.L. c. 152, §25C (6)

Dear Sir or Madam,

I am writing to provide you with an annual reminder that Massachusetts law requires that any business or individual wishing to obtain a license or permit from any city or town agency must complete the appropriate Workers' Compensation Insurance Affidavit prior to receiving said license or permit. No municipal authority may issue a license or permit without first receiving a completed affidavit from the permittee/licensee. Please be advised that affidavits are not required for non-commercial licenses or permits (i.e. dog license, permit to burn leaves on private property, household town dump permits etc.).

There are two types of affidavits; one for general businesses and another for builders, electricians, plumbers etc. The permit/license applicant must fill out the appropriate affidavit stating either that they have employees and carry workers' compensation, or that the business owner is a sole proprietor with no employees and is not required to carry a policy. If the business states that they have a workers' compensation policy, they must provide a copy of said policy along with the completed affidavit. The city or town licensing agency is to keep the affidavit on file, along with the application for the permit/license. Further, if a city or town agency must issue more than one license/permit etc. to the same business, one affidavit for that business or organization will satisfy the statutory requirement. Please note that a new affidavit must be filed upon the renewal of a yearly license or permit since workers' compensation policies are renewed annually.

From time to time a representative of the Department of Industrial Accidents (DIA) may come to your offices in order to review these affidavits as part of our efforts to enforce the workers' compensation laws. We ask that you please afford our agents every courtesy. If you have questions in this regard, please contact Bill Taupier at 617-727-4900 ext. 560. We thank you for your continued cooperation and support in this endeavor.

Sincerely,

Gregory J. White  
Deputy Commissioner and General Counsel

P.S. Copies of these affidavits are available on-line at [www.mass.gov/dia/EMPLOYER/Affidavits.htm](http://www.mass.gov/dia/EMPLOYER/Affidavits.htm).



THE COMMONWEALTH OF MASSACHUSETTS  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** Please Print Legibly

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you an employer? Check the appropriate box:

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. † These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|--|

Type of project (required):

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  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 attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

*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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: \_\_\_\_\_

*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 #: \_\_\_\_\_