



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING
(Print or Type)

_____ Mass. Date _____ 19____ Permit # _____
 Building Location _____ Owner's Name _____
 _____ Type of Occupancy _____

New Renovation Replacement Plans Submitted: Yes No

G

| | 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 | | | | | | | | | | | | | | | | | | |
| <i>Inspections Requested</i> | | | | | | | | | | | | | | | | | | |

Installing Company Name _____ Check one: Certificate
 Address _____ Corporation _____
 _____ Partnership _____
 Business Telephone _____ Firm/Co. _____
 Name of Licensed Plumber or Gas Fitter _____

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 have checked yes, please indicate the type coverage by checking the appropriate box.
 A liability insurance policy Other type of indemnity Bond
OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.
 Check one:
 Owner Agent
 Signature of Owner or Owner's Agent _____

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 Gas Code and Chapter 142 of the General Laws.

By _____
 Title _____
 City/Town _____
APPROVED (OFFICE USE ONLY)

Type of License:
 Plumber
 Gasfitter
 Master
 Journeyman

Signature of Licensed Plumber or Gas Fitter _____
 License Number _____



Town of Charlton

www.townofcharlton.net

37 MAIN STREET
 CHARLTON, MA 01507
 508-248-2241

DEPARTMENT of BUILDING
 INSPECTIONAL SERVICES

Building.ZEO@townofcharlton.net

Wiring Fee Schedule

September 1, 2018

| Type | Effective 09-01-18 | Inspections |
|-------------------------------|--------------------|-------------|
| New homes - per dwelling unit | 225 | 3 |
| New home with underground | 300 | 4 |
| Additions | 150 | 2 |
| Multifamily per unit | 150 | 2 |
| Garage | 150 | 2 |
| Temporary service | 75 | 1 |
| Service repair | 75 | 2 |
| Pool above ground | 150 | 2 |
| Pool in ground | 225 | 3 |
| Fire or security system | 75 | 1 |
| Generator | 75 | 1 |
| Residential solar | 75 | 1 |
| Other not provide for | 75 | 1 |
| Additional or reinspection | 75 | 1 |
| Commercial per inspection | 75 | 1 |

Plumbing and Gas Fee Schedule

September 1, 2018

| Type | Effective 09-01-18 | Inspections |
|-------------------------------|--------------------|-------------|
| New homes - per dwelling unit | 150 | 2 |
| New home with underground | 225 | 3 |
| Additions | 150 | 2 |
| Multifamily per unit | 150 | 2 |
| Gas rough and final | 150 | 2 |
| Other not provide for | 75 | 1 |
| Additional or reinspection | 75 | 1 |
| Commercial per inspection | 75 | 1 |

Electrical, plumbing and gas; technical meetings and plan reviews are charge as an inspection.
 An inspection is any part up to one hour, including travel time.
 Fee/Fine appeal in accordance with BOS Policy #31.