



City of Lowell
 Division of Development Services
 375 Merrimack Street, Room 55
 Lowell, MA 01852
 P: 978.674.4144 F: 978.446.7103

GAS PERMIT

Fee: Calculated

Property Address (include unit #s): _____

Property Owner: _____

Owner Address (if different): _____

Owner City, State, Zip (if different): _____

Owner Phone Number: _____ **Owner Email:** _____

Applicant Name: _____

Company Name: _____

Company Address: _____

Company City, State, Zip: _____

Phone Number: _____ **Email:** _____

License No: _____ **Expiration:** ____/____/____

License Type Master Journeyman

FOR OFFICE USE ONLY

Application #: _____

Fee: \$ _____

Check #: _____

Permit #: _____

Get instant email notification when your permit is issue and inspections completed. Don't forget to give us your email.

Type of Work: Residential Commercial/Industrial **No of Units:** _____

For Commercial/Industrial Only **Main Size:** _____ **No of New Meters:** _____

Indicate # of Fixtures	Common Area/BSMT	UNIT 1	UNIT 2	UNIT 3	UNIT 4	UNIT 5	UNIT 6	UNIT 7	UNIT 8	UNIT 9	UNIT 10
Boiler											
Booster											
Conversion Burner											
Direct Vent Heaters											
Dryers											
Fireplace											
Fryolator											
Furnaces											
Generators											
Grilles											
Infrared Heater											

TOTAL FIXTURES ON THE NEXT PAGE

Indicate # of Fixtures	Common Area/BSMT	UNIT 1	UNIT 2	UNIT 3	UNIT 4	UNIT 5	UNIT 6	UNIT 7	UNIT 8	UNIT 9	UNIT 10
Laboratory Cocks											
Make-Up Air Unit											
Oven											
Pool Heaters											
Ranges											
Roof Top Units											
Room/Space Heater											
Tests											
Unit Heaters											
Vented Room Heaters											
Water Heaters											
Other Fixtures (Describe)											
TOTAL FIXTURES PER UNIT (Pgs 1 & 2)											

Dig Safe Ticket Number (Required for ground work only): _____

Insurance Coverage: Unless waived by the owner, no permit for the performance of work may be issued unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent.

- Insurance Bond Other

Owner's Insurance Waiver: I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the owner owner's agent

Owner/Agent Signature: _____

Taxes and Financial Obligations: In accordance with City of Lowell policy, all taxes, fees, fines and financial obligations must be current before a permit will be issued.

Applicant's/Owner's Responsibility to Have Work Inspected: Failure to obtain proper permits or to have the work inspected and signed off on can result in loss of homeowner's insurance, impact the sale or transfer of the property, result in the suspension or revocation of contractor's state licenses and subject the owner or contractor to fines of up to \$1,000.

As the Applicant, I hereby declare, under the pains and penalties of perjury that the statements and information provided herein are true and accurate, to the best of my knowledge and behalf, and that I understand the requirements, regulations and laws applicable to the work described herein.

Applicant Signature

Date