

# Dracut Online Permitting Instructions.

**Please read carefully before proceeding.**

1. Complete the gas permit below in the normal manner, including the fee calculator on Page 3. Sign when complete. (Red fields are required, blue fields are not, but are helpful if you have the information.)
2. Once the form is complete, save it by going to **File**, then **Save As**.  
**Important:** You will need to know where you saved it for Step 3.  
If you have other documents to include such as WC affidavit, copy of license, etc. please also save them as PDFs. You will be able to upload them after paying for the permit.
3. Next, log in to the [Dracut Online permitting website](#). Follow the instructions to upload your saved PDF form. It will then allow you to pay for the permit.
4. Once you have completed the payment you will be able to upload any additional PDFs, and download and print a copy of the submitted application for your records.  
When the application has been approved you will receive an email with the permit number.

Thank you.

Please continue below.



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

G
TYPE OR PRINT CLEARLY

CITY DRACUT MA DATE PERMIT #
JOBSITE ADDRESS OWNER'S NAME
OWNER ADDRESS TEL FAX
OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL
NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

Table with columns for Appliances (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) and Floors (1-14). Includes a BSM column.

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.

Insurance waiver may not be submitted online. Please use paper application.

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

GAS PERMIT FEES.

Tracking Number

	A	B	C
1	PROPOSED WORK.	Number of fixtures.	Permit cost.
2	Residential Renovations.		
3	Commercial Renovations.		
4	Single Replacement		
5			
6		Total Fee.	