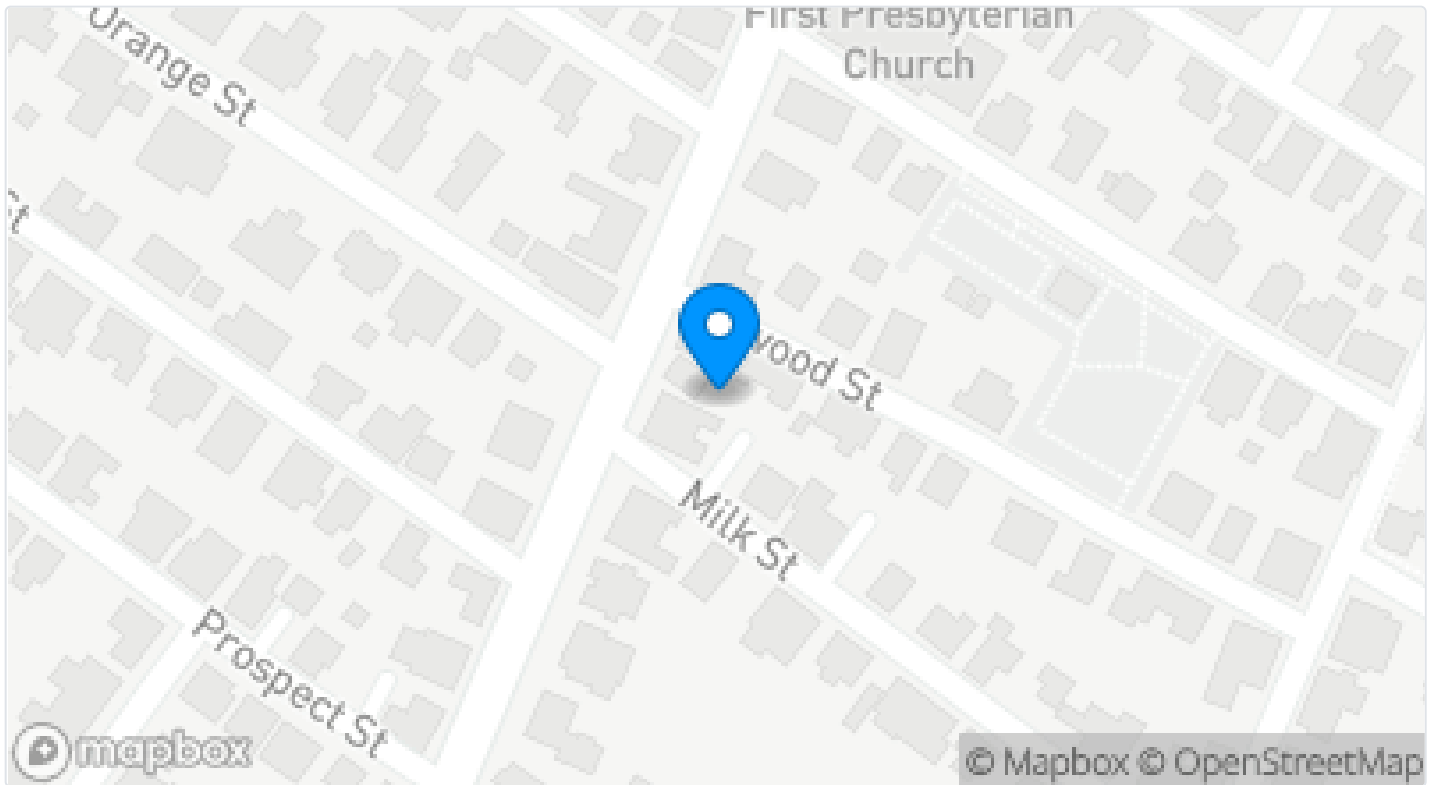


Gas Fitter Permit

G-23-33



Applicant

Leonard Hall

Location

39 FEDERAL ST

NEWBURYPORT, MA 01950

[View location details \(/locations/66073\)](/locations/66073)

Created

Jan 19, 2023

Status

Active

Expires

--

Details **Files (0)**

Gas Fitter license

Plumber/Gasfitter Name *

LEONARD A HALL

Business Name *

Uptack Plumbing and Heating

License # *

8678

License Expiration Date

05/01/2024

License Type

Master Plumber

License Active *



Type of Business *

Corporation

Corporation/Partnership/LLC License #

1415

Mailing Address *

ATKINSON, NH, 038112572

City *

ATKINSON

State *

NH

Email Address

permits@uptack.com

Zip Code *

038112572

Preferred Phone # *

978-372-8503

Alternate Phone #

--

I hereby certify that all of the details and information I have submitted regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installation 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. *



Project Info

Project Cost *

600

Occupancy Type *

Residential

Work to Start

01/20/2023

Work Type *

Renovation

Is this project in conjunction with a Building Permit?

--

Inspection(s) Needed

Number of ROUGH inspection(s) needed * ?

0

Number of UNDERGROUND inspection(s) needed * ?

0

Number of FINAL inspection(s) needed (Do NOT select this for Water Heater replacement) * 

1

Fixtures

Boiler

--

Booster

--

Conversion Burner

--

Cook Stove

--

Direct Vent Heater

--

Dryer

--

Fireplace

--

Furnace

1

Location of Furnaces *

Basement

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

--

Total Fixtures

Total Fixture Count

1

Liability Insurance

I have a current liability insurance or its substantial equivalent which meets the requirements of MGL Ch. 142. *

Yes

Type of Insurance Coverage

Type of Insurance

Liability Policy

Workers' Compensation Insurance Affidavit

Are you an employer? Select from the options below. *

I am an employer with full and/or part time employees.

Please specify, if other.

--

Signature

I do hereby certify that under the pains and penalties of perjury that the information contained in this applicaiton is true and correct *

Leonard A. Hall
Jan 19, 2023

Documents

Gas Fitter Permit

Issued Jan 19, 2023

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