



Surrebuttal Schedule DM-3
Commonwealth of Massachusetts
OFFICE OF CONSUMER AFFAIRS
DIVISION OF PROFESSIONAL LICENSURE
Board of State Examiners of Plumbers and Gasfitters
 1000 Washington Street, Suite 710 Boston, Massachusetts 02118-6100

FOR BOARD USE ONLY
SPG # _____
FEE _____

SPECIAL PERMISSION GAS DUAL FUEL REQUEST APPLICATION FORM

(1) TYPE OF REQUEST (CHECK APPROPRIATE BOX)

DUAL FUEL LOW PRESSURE <input type="checkbox"/>	DUAL FUEL ELEVATED PRESSURE <input type="checkbox"/>
---	--

(2) APPLICANT

NAME _____	TEL _____	FAX _____	EMAIL _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____
A copy of this application, and all documentation was sent to the Plumbing/Gas Fitting Inspector on _____			
SIGNATURE _____	TITLE/POSITION _____	DATE _____	

(3) INSTALLATION LOCATION INFORMATION

COMPANY NAME _____	TEL _____	FAX _____
ADDRESS _____	CITY/TOWN _____	
EQUIPMENT BEING INSTALLED _____	_____	
REASON FOR THIS REQUEST _____	_____	

(4) SERVING GAS SUPPLIER INFORMATION (BOTH SIGNATURES ARE REQUIRED)

NATURAL GAS COMPANY NAME _____	_____
	AUTHORIZED SIGNATURE
PROPANE GAS COMPANY NAME _____	_____
	AUTHORIZED SIGNATURE

(5) FIRE DEPARTMENT (SIGNATURE IS NOT REQUIRED IF A LETTER FROM FIRE THE DEPARTMENT IS ATTACHED)

FIRE DEPARTMENT NOTIFIED OF THIS REQUEST ON _____	_____
	AUTHORIZED SIGNATURE

(6) FOR OFFICE BOARD USE ONLY

SPECIAL PERMISSION GAS REQUEST APPLICATION AND DOCUMENTATION RECEIVED ON _____, 20____
SPECIAL PERMISSION GRANTED ON _____, 20____ BY _____

ATTENTION: PLEASE DO NOT RETURN THESE NOTES WITH THE SPECIAL PERMISSION REQUEST

SPECIAL PERMISSION DUAL FUEL - GENERAL NOTES

1. \$86.00 APPLICATION FEE – MAKE CHECK PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS
2. MAIL THE COMPLETED APPLICATION, ALONG WITH THE APPROPRIATE FEE, TO THE BOARD OFFICE
3. INCOMPLETE APPLICATIONS WILL NOT BE ACTED UPON.
4. FOR ASSISTANCE, PLEASE CALL THE BOARD OFFICE AT 617-727-9952.

DUAL FUEL (NATURAL AND PROPANE GAS INSTALLATION REQUIREMENTS

UTILITY GAS AND UNDILUTED LIQUEFIED PETROLEUM GAS SHALL NOT BE INSTALLED WITHIN THE SAME BUILDING/STRUCTURE, EXCEPT WHERE THE BOARD HAS FIRST GRANTED SPECIAL PERMISSION UNDER 248 CMR 3.00.

1. WHERE THE TWO GAS SYSTEMS ARE INSTALLED WITHIN THE SAME BUILDING, THE NATURAL GAS PIPING SYSTEM SHALL BE COLOR CODED YELLOW AND THE PROPANE GAS PIPING SYSTEM COLOR CODED GREEN.
2. THE GAS PIPING SYSTEMS SHALL BE, LABELED AS FOLLOWS:
 - [A] AT A MINIMUM OF EVERY TEN (10) FEET
 - [B] AT ALL CHANGES OF DIRECTION
 - [C] ON EACH SIDE OF A PENETRATION THROUGH A PARTITION, WALL OR CEILING
 - [D] AT EVERY GAS SHUTOFF VALVE
 - [E] LABELS SHALL BE COLORED YELLOW WITH BLACK LETTERING
 - [F] THE LABELS SHALL INDICATE THE TYPE OF GAS AND THE PRESSURE WITHIN THE SYSTEM
 - [G] THE LETTERS SHALL BE SIZED SO THAT THE LABELING CAN BE READ FROM A NORMAL LINE OF VISION WHEN STANDING AT THE MAIN FLOOR LEVEL