

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING



_____, Mass. Date _____ 20__ Permit # _____
 Building Location _____ Owner's Name _____
 _____ Type of Occupancy _____

New Renovation Replacement Plans Submitted: Yes No

FIXTURES

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	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH MACH. CONN.	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES	
SUB-BASEMENT																					
BASEMENT																	X				
FIRST (1ST) FLOOR																					
SECOND (2ND) FLOOR																					
THIRD (3RD) FLOOR																					
FOURTH (4TH) FLOOR																					
FIFTH (5TH) FLOOR																					
SIXTH (6TH) FLOOR																					
SEVENTH (7TH) FLOOR																					
EIGHTH (8TH) FLOOR																					

Installing Company Name _____
 Address _____
 Business Telephone _____
 Name of Licensed Plumber or Gasfitter _____

Check one: Certificate _____
 Corporation _____
 Partnership _____
 Firm/Co. _____

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 of 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 MGL, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent _____ Owner 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 Plumbing Code and Chapter 142 of the General Laws.

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

Type of License: _____
 Master Signature of Licensed Plumber _____
 Journeyman License Number _____

