MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

_____,Mass. Date_____20_____ Permit #_____

Building Location_____Owner's Name_____

Owner Tel#_____Type of Occupancy_____

New ☐ Renovation ☐ Replacement ☐ Plan Submitted: Yes ☐ No ☐

P

FIXTURES

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHER	DISPOSERS	LAUNDRY TRAYS	WASH MACH CONN	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:					
SUB-BSMT																										
BASEMENT																										
1ST FLOOR																										
2ND FLOOR																										
3RD FLOOR																										
4TH FLOOR																										
5TH FLOOR																										
6TH FLOOR																										
7TH FLOOR																										
8TH FLOOR																										

Installing Company Name_____ Check one: Certificate

Address_____ ☐ Corporation _____

_____ ☐ Partnership _____

Business Telephone #_____ ☐ Firm/Co. _____

Name of Licensed Plumber _____

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 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 Mass. General Laws, and that my signature on this permit application waives this requirement.

Check one:
Owner ☐ Agent ☐

_____
Signature of Owner or Owner's 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)

_____
Signature of Licensed Plumber

Type of License: Master ☐ Journeyman ☐

License Number_____