MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

P

City/Town:_____, MA. Date:_____ Permit# _____

Building Location:_____ Owners Name: _____

Type of Occupancy: Commercial ☐ Educational ☐ Industrial ☐ Institutional ☐ Residential ☐

New: ☐ Alteration: ☐ Renovation: ☐ Replacement: ☐ Plans Submitted: Yes ☐ No ☐

FIXTURES

	AREA DRAINS	BACKFLOW PREVENTER	BATHTUBS	DISHWASHERS	DISPOSERS	FLOOR DRAINS	HOT WATER TANKS	KITCHEN SINKS	LAUNDRY TRAYS	LAVATORIES	ROOF DRAINS	SHOWER STALLS	SLOP SINKS	TANKLESS	URINALS	WASHING MACH. CONN.	WATER CLOSETS	WATER PIPING	OTHER FIXTURES:						DEDICATED SYSTEMS				
																									ACID- & HAZARDOUS	GAS – OIL - SAND	GREASE	GRAY WATER	WASTE WATER
SUB BSMT.																													
BASEMENT																													
1ST FLOOR																													
2ND FLOOR																													
3RD FLOOR																													
4TH FLOOR																													
5TH FLOOR																													
6TH FLOOR																													
7TH FLOOR																													
8TH FLOOR																													

Installing Company Name: _____

Address: _____ City/Town: _____ State: _____

Business Tel: _____ Fax: _____

Name of Licensed Plumber:

Check One Only Certificate #

☐ Corporation _____

☐ Partnership _____

☐ Firm/Company _____

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 below.

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

Check One Only

_____ Owner ☐ Agent ☐

Signature of Owner or Owner's 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.

By _____

Title _____

City/Town _____

APPROVED (OFFICE USE ONLY)

Type of License:

☐ Plumber
☐ Master
☐ Journeyman

_____

Signature of Licensed Plumber

License Number: _____

ESTIMATED COST OF JOB_____