MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

_____, Mass. Date _____ 20 _____ Permit #: _____

Building Location	Owner's Name
Owner Telephone No.:	Type of Occupancy

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

FIXTURES

P	Water closets	Kitchen sinks	Lavatories	Bathtubs	Shower stalls	Dishwashers	Disposers	Laundry trays	Washing machine connections	Hot water tanks	Tankless	Slop sinks	Floor drains	Gas traps	Urinals	Drinking fountain	Area drain	Water piping	Roof drains	Backflow prev.	Other fixtures:		
Sub-basement																							
Basement																							
1st floor																							
2nd floor																							
3rd floor																							
4th floor																							
5th floor																							
6th floor																							
7th floor																							
8th floor																							

Installing company name
Address
Business Telephone No.
Name of licensed plumber

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 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 cover4ge required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

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

Approved (OFFICIAL USE ONLY)	
By:	Title:
City/Town:	

Signature of licensed plumber _____

License No.: _____

License Type: Master ☐ Journeyman ☐