



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

Table with 18 columns for fixture types (Area Drains, Backflow Prev., Bathubs, Dishwashers, Disposers, Floor Drains, Gas Traps, 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) and 9 rows for floor levels (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.
Signature of Owner or Owner's Agent _____ Owner [] 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: _____

FINAL INSPECTION

BELOW FOR OFFICE USE ONLY

PROGRESS INSPECTION(S)

FEE: \$ _____ PERMIT # _____

APPLICATION FOR PERMIT TO DO PLUMBING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER

LICENSE NUMBER: _____

PERMIT GRANTED DATE: _____

PLUMBING INSPECTOR

SKETCH