



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

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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 PREV.	BATHTUBS	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:																				
SUB BSMT.																																								
BASEMENT																																								
1 ST FLOOR																																								
2 ND FLOOR																																								
3 RD FLOOR																																								
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Installing Company Name: _____ Address: _____ City/Town: _____ State: _____ Business Tel: _____ Fax: _____ Name of Licensed Plumber: _____	Check One Only Certificate # <input type="checkbox"/> Corporation _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Firm/Company _____
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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: <input type="checkbox"/> Plumber <input type="checkbox"/> Master <input type="checkbox"/> Journeyman	Signature of Licensed Plumber _____ License Number: _____
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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