



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

FIXTURES

P

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	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																						
1 ST FLOOR																						
2 ND FLOOR																						
3 RD FLOOR																						
4 TH FLOOR																						
5 TH FLOOR																						
6 TH FLOOR																						
7 TH FLOOR																						
8 TH FLOOR																						

Installing Company Name _____

Address _____

Business Telephone # _____

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.

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 _____

FINAL INSPECTIONS

SKETCHES

BELOW FOR OFFICE USE ONLY

FEE _____

NO. _____

APPLICATION FOR PERMIT TO DO PLUMBING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER

PERMIT GRANTED

DATE _____ 20____

PLUMBING INSPECTOR

PROGRESS INSPECTIONS