MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

CITY ___________________________ MA. DATE ___________________________ PERMIT # ____________

JOB SITE ADDRESS ___________________________ OWNER’S NAME ___________________________

OWNER ADDRESS ___________________________ TEL ____________ FAX ____________

OCCUPANCY TYPE: COMMERCIAL □ EDUCATIONAL □ RESIDENTIAL □

NEW: □ RENOVATION: □ REPLACEMENT: □ PLANS SUBMITTED: YES □ NO □

FIXTURES 1

FLOOR— BSMT 1 2 3 4 5 6 7 8 9 10 11 12 13 14

BATH TUB

CROSS CONNECTION DEVICE

DEDICATED SPECIAL WASTE SYS

DEDICATED GAS/OIL/SAND SYS

DEDICATED GREASE SYS

DEDICATED GRAY WATER SYS

DEDICATED WATER RECYCLE SYS

DRINKING FOUNTAIN

DISHWASHER

FOOD DISPOSER

FLOOR / AREA DRAIN

INTERCEPTOR (INTERIOR)

KITCHEN SINK

LAVATORY

ROOF DRAIN

SHOWER STALL

SERVICE / MOP SINK

TOILET

URINAL

WASHING MACHINE CONNECTION

WATER HEATER ALL TYPES

WATER PIPING

OTHER

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 CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

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 BOX 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.

PLUMBER NAME ___________________________ SIGNATURE ___________________________

LIC # ____________ MP □ JP □ CORPORATION □ # ____________ PARTNERSHIP □ # ____________ LLC □ # ____________

COMPANY NAME ___________________________ ADDRESS: ___________________________

CITY ___________________________ STATE ______ ZIP ________ EMAIL ___________________________

TEL ___________________________ CELL ___________________________ FAX ___________________________