

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING
(Print or Type)



_____ Mass. Date _____ 19____

Building Location _____

Permit # _____

Owner's Name _____

New Renovation Replacement Plans Submitted: Yes No

P

FIXTURES

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHUBS	SHOWER STALLS	DISHWASHERS	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:	Back-Flow	Sprinkler	Domestic Filter	Water Service	SHOCKERS	
SUB-BEAMT.																											
BASEMENT																											
1ST FLOOR																											
2ND FLOOR																											
3RD FLOOR																											
4TH FLOOR																											
5TH FLOOR																											
6TH FLOOR																											
7TH FLOOR																											
8TH FLOOR																											

Installing Company Name _____
 Address _____
 Business Telephone _____
 Name of Licensed Plumber _____

Check one: Certificate _____
 Corp. _____
 Partnership _____
 Firm/Co. _____

INSURANCE COVERAGE:
 I have a current liability insurance policy or its substantial equivalent. Check one: 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 _____
 License Number _____
 Type of Plumbing License: Master Journeyman