MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

_____ , MA Date _____ 20_____ Permit # _____

Building Location _____ Owner's Name _____

Telephone No. _____ Type of Occupancy _____

New ☐ Renovation ☐ Replacement ☐ Plans Submitted: Yes ☐ No ☐

P

FIXTURES

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	LAUNDRY TRAYS	WASH MACH CONN	HOT WATER TANK	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV	OTHER FIXTURES	SILL COCKS	SEWERAGE EJECTOR				
SUB-BMST.																										
BASEMENT																										
1ST FLOOR																										
2ND FLOOR																										
3RD FLOOR																										
4TH 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 of 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 _____

THE COMMONWEALTH OF MASSACHUSETTS

_____ OF _____

PLAN No. _____ Date _____

Permission is hereby granted to

_____ *Plumber,*

and _____ *Owner.*

to construct plumbing work

at No. _____ *Street*

in accordance with the plumbing rules

City

of the

Town of

_____

Plumbing Inspector

No fixtures are allowed in the basement of building unless Approved by the Plumbing Inspector. This Permit may be revoked by the Board of Health upon violation of any of its Rules and Regulations