



## MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

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 PREVENTER	BATHTUBS	DISHWASHERS	DISPOSERS	FLOOR DRAINS	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:										DEDICATED SYSTEMS				
																													ACID- & HAZARDOUS	GAS - OIL - SAND	GREASE	GRAY WATER	WASTE WATER
SUB BSMT.																																	
BASEMENT																																	
1 <sup>ST</sup> FLOOR																																	
2 <sup>ND</sup> FLOOR																																	
3 <sup>RD</sup> FLOOR																																	
4 <sup>TH</sup> FLOOR																																	
5 <sup>TH</sup> FLOOR																																	
6 <sup>TH</sup> FLOOR																																	
7 <sup>TH</sup> FLOOR																																	
8 <sup>TH</sup> FLOOR																																	

Installing Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Licensed Plumber: \_\_\_\_\_

Check One Only

Certificate #

☐ Corporation☐ Partnership☐ Firm/Company

## 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:

☐ Plumber☐ Master☐ Journeyman

Signature of Licensed Plumber \_\_\_\_\_

License Number: \_\_\_\_\_