



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

_____, Mass. Date _____ 19____ Permit # _____

Building Location _____ Owner's Name _____

_____ Type of Occupancy _____

New Renovation Replacement Plans Submitted: Yes No

FIXTURES

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	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:					
SUB-BSMT.																										
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 _____
 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 _____

BELOW FOR OFFICE USE ONLY

FINAL INSPECTIONS

SKETCHES

PROGRESS INSPECTIONS

FEE _____

NO. _____

APPLICATION FOR PERMIT TO DO PLUMBING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER

PERMIT GRANTED

DATE _____ 19 _____

PLUMBING INSPECTOR
