



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

P

FIXTURES

| | AREA DRAINS | BACKFLOW PREV. | BATHTUBS | DISHWASHERS | DISPOSERS | FLOOR DRAINS | GAS TRAPS | HOT WATER TANKS | KITCHEN SINKS | LAUNDRY TRAYS | LAVATORIES | ROOF DRAINS | SHOWER STALLS | SLOP SINKS | TANKLESS | URINALS | WASHING MACH. CONN. | WATER CLOSETS | WATER PIPING | Second water meter | |
|-----------------------|-------------|----------------|----------|-------------|-----------|--------------|-----------|-----------------|---------------|---------------|------------|-------------|---------------|------------|----------|---------|---------------------|---------------|--------------|--------------------|--|
| SUB BSMT. | | | | | | | | | | | | | | | | | | | | | |
| BASEMENT | | | | | | | | | | | | | | | | | | | | | |
| 1 ST FLOOR | | | | | | | | | | | | | | | | | | | | | |
| 2 ND FLOOR | | | | | | | | | | | | | | | | | | | | | |
| 3 RD FLOOR | | | | | | | | | | | | | | | | | | | | | |
| 4 TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| 5 TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| 6 TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| 7 TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| 8 TH 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.
 Signature of Owner or Owner's Agent _____ Check One Only Owner 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 _____
 Type of License: Plumber Master Journeyman
 Signature of Licensed Plumber _____ License Number: _____
 APPROVED (OFFICE USE ONLY)