MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

CITY ___________________________ MA. DATE __________________ PERMIT # ______________

JOBSITE ADDRESS ___________________________ OWNER’S NAME __________________

OWNER ADDRESS ___________________________ TEL ______________ FAX ______________

OCCUPANCY TYPE: COMMERCIAL □ EDUCATIONAL □ RESIDENTIAL □

NEW: □ RENOVATION: □ REPLACEMENT: □ PLANS SUBMITTED: YES □ NO □

FIXTURES' 1 FLOOR→ BSMT 1 2 3 4 5 6 7 8 9 10 11 12 13 14

BATHTUB
CROSS CONNECTION DEVICE
DEDICATED SPECIAL WASTE SYS
DEDICATED GAS/OIL/SAND SYS
DEDICATED GREASE SYS
DEDICATED GRAY WATER SYS
DEDICATED WATER RECYCLE SYS
DRINKING FOUNTAIN
DISHWASHER
FOOD DISPOSER
FLOOR / AREA DRAIN
INTERCEPTOR (INTERIOR)
KITCHEN SINK
LAVATORY
ROOF DRAIN
SHOWER STALL
SERVICE / MOP SINK
TOILET
URINAL
WASHING MACHINE CONNECTION
WATER HEATER ALL TYPES
WATER PIPING
OTHER

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 CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

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

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.

PLUMBER NAME ___________________________ SIGNATURE __________________

LIC # _______ MP □ JP □ CORPORATION □ # ________ PARTNERSHIP □ # ________ LLC □ # ________

COMPANY NAME ___________________________ ADDRESS:

CITY ___________________________ STATE ________ ZIP ________ EMAIL __________________

TEL ___________________________ CELL __________________ FAX __________________