MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P

TYPE OR PRINT CLEARLY

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 ↴ 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															
DEDICATD 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.

_____ **CHECK ONE BOX 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.

PLUMBER NAME _____ SIGNATURE _____

LIC # _____ MP ☐ JP ☐ CORPORATION ☐ # _____ PARTNERSHIP ☐ # _____ LLC ☐ # _____

COMPANY NAME _____ ADDRESS: _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

TEL _____ CELL _____ FAX _____

ROUGH PLUMBING INSPECTION NOTES

THIS PAGE FOR INSPECTOR USE ONLY

THIS APPLICATION SERVES AS THE PERMIT Yes ☐ No ☐

FEE: $_____ RECEIPT # _____

PLAN REVIEW NOTES

FINAL INSPECTION NOTES