

# MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)



\_\_\_\_\_, Mass. Date \_\_\_\_\_

Building Location \_\_\_\_\_ Owner's Name \_\_\_\_\_

\_\_\_\_\_ Type of Occupancy \_\_\_\_\_

# P

New  Renovation  Replacement  Plans Submitted: Yes  No

## FIXTURES

	AREA DRAIN	BACKFLOW PREV.	BATHTUBS	BOILER	BY-PASS METER	DISHWASHERS	DISPOSERS	DRINKING FOUNTAIN	FLOOR DRAINS	HOT WATER TANKS	KITCHEN SINK	LAUNDRY TRAYS	LAVATORIES	ROOF DRAINS	SHOWER STALLS	SLOP SINK	TANKLESS	URINALS	WASH. MACH. CONN.	WATER CLOSET	WATER PIPING	OTHER FIXTURES	
SUB-BSMT.																							
BASEMENT																							
1 <sup>ST</sup> FLOOR																							
2 <sup>ND</sup> FLOOR																							
3 <sup>RD</sup> FLOOR																							
4 <sup>TH</sup> FLOOR																							

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

Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

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

**Check One:**

- Corporation  
 Partnership  
 Firm/Co.

**Certificate**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

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)

TYPE OF LICENSE:

- PLUMBER  
 GASFITTER  
 MASTER  
 JOURNEYMAN

\_\_\_\_\_  
 SIGNATURE OF LICENSED PLUMBER OR GASFITTER

\_\_\_\_\_  
 LICENSE NUMBER