MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

_____ Mass. Date: _____

Building Location: _____ Permit:_____

_____ Owner's Name: _____

New ☐ Renovation ☐ Replacement ☐ Plans Submitted ☐

FIXTURES

P	Water Closets	Kitchen Sinks	Lavatories	Bathtubs	Shower Stalls	Dishwashers	Disposers	Laundry Trays	Wash. Mach. Con.	Hot Water Tank	Tank less	Slop Sink	Roof Drains	Gas Traps	Urinals	Drinking Fountains	Area Drain	Water Piping	Floor 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: _____ Please Check One: Certificate

Address: _____ ☐ Corp. _____

_____ ☐ Partner. _____

Business Telephone: _____ ☐ Firm. _____

Name of Licensed Plumber: _____

Insurance Coverage: Indicate the type of insurance coverage by checking the appropriate box:

Liability Insurance Policy ☐ Other Type of Insurance ☐ Bond ☐

Insurance Waiver: I, the undersigned, have been made aware that the license of this application does not have any one of the above three insurance coverage's.

_____ Owner ☐ Agent ☐

Signature of Owner/ Agent of Property

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 Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code Chapter 142 of the General Laws.

(OFFICE USE ONLY)

By: _____

Title: _____

City/Town: _____

APPROVED

_____

Signature of Licensed Plumber

Type of Plumbing License: Master ☐ Journeyman ☐

License Number: _____