MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

CITY/TOWN ______________________ 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

BATHTUB
CROSS CONNECTION DEVICE
DEDICATED SPECIAL WASTE SYSTEM
DEDICATED GAS/OIL/SAND SYSTEM
DEDICATED GREASE SYSTEM
DEDICATED GRAY WATER SYSTEM
DEDICATED WATER RECYCLE SYSTEM
DISHWASHER
DRINKING FOUNTAIN
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

BSM 1 2 3 4 5 6 7 8 9 10 11 12 13 14

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 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.

PLUMBER’S NAME ________________________ LICENSE # __________________ SIGNATURE ________________________

MP □ JP □ CORPORATION □ # __________________ PARTNERSHIP □ # __________________ LLC □ #

COMPANY NAME ________________________ ADDRESS ________________________

CITY ________________________ STATE ______ ZIP ________________________ TEL __________________

FAX ________________________ CELL ________________________ EMAIL ________________________