MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

P

_____, Mass. Date_____ 19_____

City, Town

Permit #_____

Building

AT: Location_____ Owner's Name_____

_____ Type of Occupancy:_____

New ☐ Renovation ☐ Replacement ☐

FIXTURES

Plans Submitted Yes ☐ No ☐

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	ABEA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:						
SUB-BSMT.																											
BASEMENT																											
1ST FLOOR																											
2ND FLOOR																											
3RD FLOOR																											
4TH FLOOR																											
5TH FLOOR																											
6TH FLOOR																											
7TH FLOOR																											
8TH FLOOR																											

(Print or Type)

Check One: Certificate

Installing Company Name _____ ☐ Corp. _____

Address _____ ☐ Partnership _____

_____ ☐ Firm/Company _____

Business Telephone _____ Name of Licensed Plumber or Gasfitter

_____ _____

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 Gas Code and Chapter 142 of the General Laws.

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

_____
Signature of Owner/Agent

I have a current liability insurance policy to include completed operations coverage. ☐

By _____

Title _____

City/Town _____

APPROVED (OFFICE USE ONLY)

_____
Signature of Licensed Plumber

Type of Plumbing License

_____ ☐ Master ☐ Journeyman
License Number