



# MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO DO PLUMBING

# P

CITY/TOWN: \_\_\_\_\_, MA APPLICATION DATE: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ PLANS SUBMITTED: YES  NO OCCUPANCY TYPE: COMMERCIAL  RESIDENTIAL NEW  ALTERATION  REPLACEMENT  REMOVAL/DEMOLITION 

## ↓ PLUMBING: PIPING – FIXTURES - FIXED APPLIANCES – APPURTENANCES ↓

ENTER TOTAL AMOUNT FOR EACH SELECTION (LIMITED TO FIVE (5) NUMERALS)

ALTERNATIVE TECHNOLOGY	DISPOSER	STERILIZER
ASPIRATOR	DRINKING FOUNTAIN	STORAGE TANK
DRAIN: AREA <input type="checkbox"/> FLOOR <input type="checkbox"/>	EJECTOR <input type="checkbox"/>	URINAL
BACKWATER VALVE	EMBALMING <input type="checkbox"/> AUTOPSY <input type="checkbox"/>	VACUUM DRAINAGE SYSTEM
BAPTISM: FONT <input type="checkbox"/> SACRARIUM <input type="checkbox"/>	FOOD CHEST MISTING SYSTEM	WATER CLOSET
BAR SINK	GLASS WASHER	WATER HEATER: ALL TYPES
BATHTUB <input type="checkbox"/> WHIRLPOOL <input type="checkbox"/>	ICE MAKER	WATER PIPING:
BIDET	KITCHEN SINK	↓ OTHER NOT LISTED ↓
CROSS CONNECTION DEVICE	LAUNDRY CONNECTION	
DEDICATED: ACID WASTE SYSTEM	LAVATORY	
DEDICATED: GAS/OIL/SAND SYSTEM	PIPE RELINING WORK ONLY	
DEDICATED: GREASE SYSTEM	ROOF DRAIN	
DEDICATED: RECLAIMED WATER	SINK: 1-2-3 BAY <input type="checkbox"/> PREP. <input type="checkbox"/>	
DENTAL FIXTURE / EQUIPMENT	SINK: CLINIC FLUSH RIM <input type="checkbox"/>	
DISHWASHER	SINK: MOP <input type="checkbox"/> SERVICE <input type="checkbox"/>	

### PLUMBING INSTALLER – FIRM -COMPANY INFORMATION

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF LICENSED PLUMBER: \_\_\_\_\_

### CHECK ONE ONLY

 Corporation Business # \_\_\_\_\_ Partnership Business # \_\_\_\_\_ LLC Business # \_\_\_\_\_ DBA / Unincorporated

### 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 below.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 Massachusetts General Laws, and that my signature on this permit application waives this requirement.OWNER  CHECK ONE ONLY AGENT 

Signature of Owner or Owner's Agent \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

I hereby certify that all of the details and information I have submitted (or entered) regarding this permit application is true and accurate to the best of my knowledge. I certify that all plumbing work and installations performed under the permit issued, will be in compliance with all pertinent provisions of the Massachusetts Uniform State Plumbing Code, and Chapter 142 of the General Laws.

### (OFFICE USE ONLY)

Permit # \_\_\_\_\_

Inspector \_\_\_\_\_

Fee: \_\_\_\_\_

### TYPE OF LICENSE:

 Plumber Master Journeyman

Signature of Licensed Plumber \_\_\_\_\_

License Number: \_\_\_\_\_

