MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO DO PLUMBING

P

CITY/TOWN: _____ 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		DISP0SER		SINK: MOP ☐ SERVICE ☐	
ASPIRATOR		DRINKING FOUNTAIN		STERILIZER	
DRAIN: AREA ☐ FLOOR ☐		EJECTOR		STORAGE TANK	
BACKWATER VALVE		EMBALMING ☐ AUTOPSY ☐		URINAL	
BAPTISM: FONT ☐ SACRARIUM ☐		FOOD CHEST MISTING SYSTEM		VACUUM DRAINAGE SYSTEM	
BAR SINK		GLASS WASHER		WATER CLOSET	
BATHTUB ☐ WHIRLPOOL ☐		ICE MAKER		WATER HEATER: ALL TYPES	
BIDET		INTERCEPTOR: ALL INTERIOR		WATER PIPING:	
CROSS CONNECTION DEVICE		KITCHEN SINK		↓ OTHER NOT LISTED ↓	
DEDICATED: ACID WASTE SYSTEM		LAUNDRY CONNECTION			
DEDICATED: GAS/OIL/SAND SYSTEM		LAVATORY			
DEDICATED: GREASE SYSTEM		PIPE RELINING WORK ONLY			
DEDICATED: RECLAIMED WATER		ROOF DRAIN			
DENTAL FIXTURE / EQUIPMENT		SINK: 1-2-3 BAY ☐ PREP. ☐			
DISHWASHER		SINK: CLINIC ☐ FLUSH RIM ☐			

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.

_____

Signature of Owner or Owner's Agent

CHECK ONE ONLY

OWNER ☐ 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: _____

ROUGH PLUMBING INSPECTION NOTES

BELOW FOR OFFICE USE ONLY

THIS APPLICATION SERVES AS THE PERMIT Yes ☐ No ☐

FEE: $_____ PERMIT # _____

PLAN REVIEW NOTES

FINAL INSPECTION NOTES