## Massachusetts Uniform Application for a Permit to Perform Plumbing Work

**CITY**

**MA DATE**

**PERMIT #**

**JOBSITE ADDRESS**

**OWNER'S NAME**

**OWNER ADDRESS**

**TEL**

**FAX**

**TYPE OR PRINT CLEARLY**

**OCCUPANCY TYPE**

- [ ] COMMERCIAL
- [ ] EDUCATIONAL
- [ ] RESIDENTIAL

**NEW:**

**RENOVATION:**

**REPLACEMENT:**

**PLANS SUBMITTED:**

- [ ] YES
- [ ] NO

### Fixtures

- [ ] BATH TUB
- [ ] CROSS CONNECTION DEVICE
- [ ] DEDICATED SPECIAL WASTE SYSTEM
- [ ] DEDICATED GAS/OIL/SAND SYSTEM
- [ ] DEDICATED GREASE SYSTEM
- [ ] DEDICATED GRAY WATER SYSTEM
- [ ] DEDICATED WATER RECYLE 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

### INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. **YES**

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**

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**