



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P

**TYPE OR
PRINT
CLEARLY**

CITY _____ 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 ↗	FLOOR→	BSMT	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONNECTION DEVICE																
DEDICATED SPECIAL WASTE SYS																
DEDICATED GAS/OIL/SAND SYS																
DEDICATED GREASE SYS																
DEDICATED GRAY WATER SYS																
DEDICATED WATER RECYCLE SYS																
DRINKING FOUNTAIN																
DISHWASHER																
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 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.

CHECK ONE BOX ONLY: OWNER AGENT

Signature of Owner or Owner's 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 NAME _____ SIGNATURE _____

LIC # _____ MP JP CORPORATION # _____ PARTNERSHIP # _____ LLC # _____

COMPANY NAME _____ ADDRESS: _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

TEL _____ CELL _____ FAX _____

ROUGH PLUMBING INSPECTION NOTES

THIS PAGE FOR INSPECTOR USE ONLY

FINAL INSPECTION NOTES

THIS APPLICATION SERVES AS THE PERMIT **Yes** **No**

FEES: \$ _____ **PERMIT #** _____

PLAN REVIEW NOTES