



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO DO PLUMBING

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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		DISPOSER		SINK: MOP		SERVICE	
ASPIRATOR		DRINKING FOUNTAIN		STERILIZER			
DRAIN: AREA <input type="checkbox"/> FLOOR <input type="checkbox"/>		EJECTOR <input type="checkbox"/>		STORAGE TANK			
BACKWATER VALVE		EMBALMING <input type="checkbox"/> AUTOPSY <input type="checkbox"/>		URINAL			
BAPTISM: FONT <input type="checkbox"/> SACRARIUM <input type="checkbox"/>		FOOD CHEST MISTING SYSTEM		VACUUM DRAINAGE SYSTEM			
BAR SINK		GLASS WASHER		WATER CLOSET			
BATHTUB <input type="checkbox"/> WHIRLPOOL <input type="checkbox"/>		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 <input type="checkbox"/> PREP. <input type="checkbox"/>					
DISHWASHER		SINK: CLINIC <input type="checkbox"/> FLUSH RIM <input type="checkbox"/>					

PLUMBING INSTALLER – FIRM -COMPANY INFORMATION

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TEL: _____ FAX: _____ EMAIL: _____

CHECK ONE ONLY

 Corporation Business # _____
 Partnership Business # _____
 LLC Business # _____
 DBA / Unincorporated

NAME OF LICENSED PLUMBER: _____

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 _____ OWNER CHECK ONE ONLY 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 # _____	TYPE OF LICENSE: <input type="checkbox"/> Plumber <input type="checkbox"/> Master <input type="checkbox"/> Journeyman	Signature of Licensed Plumber _____ License Number: _____
	Inspector _____		
	Fee: _____		

