MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

P

_____, Mass.
City, Town

Date_____ 19_____

Permit #_____

AT: Building Location_____

Owner's Name_____

_____

Type of Occupancy:_____

New ☐ Renovation ☐ Replacement ☐

FIXTURES

Plans Submitted Yes ☐ No ☐

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:							
SUB-BSMT.																												
BASEMENT																												
1ST FLOOR																												
2ND FLOOR																												
3RD FLOOR																												
4TH FLOOR																												
5TH FLOOR																												
6TH FLOOR																												
7TH FLOOR																												
8TH FLOOR																												

(Print or Type)

Installing Company Name _____

Address _____

_____

Business Telephone _____

Check One: Certificate

☐ Corp. _____

☐ Partnership _____

☐ Firm/Company _____

Name of Licensed Plumber or Gasfitter

_____

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

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

_____
Signature of Owner/Agent

I have a current liability insurance policy to include completed operations coverage. ☐

By _____

Title _____

City/Town _____

APPROVED (OFFICE USE ONLY)

_____
Signature of Licensed Plumber

Type of Plumbing License

☐ Master ☐ Journeyman

_____
License Number