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MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO DO PLUMBING

CITY/TOWN: \_\_\_\_\_, MA 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)

Table with 3 columns and 16 rows listing plumbing items like ALTERNATIVE TECHNOLOGY, ASPIRATOR, DRAIN, etc., with checkboxes for selection.

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 \_\_\_\_\_ 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 # \_\_\_\_\_
Inspector \_\_\_\_\_
Fee: \_\_\_\_\_

TYPE OF LICENSE:

- Plumber 
Master 
Journeyman

Signature of Licensed Plumber \_\_\_\_\_

License Number: \_\_\_\_\_

