

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)



P

_____, Mass.

Date _____

City, Town

Permit # _____

Building
Location _____

Owner's
Name _____

AT:

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-BASMT.																																
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

FINAL INSPECTIONS

SKETCHES

PROGRESS INSPECTIONS

BELOW FOR OFFICE USE ONLY

FEE _____

NO. _____

APPLICATION FOR PERMIT TO DO PLUMBING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER

PERMIT GRANTED

DATE _____

PLUMBING INSPECTOR