	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK																
	CITY					MA DATE PERMIT#											
	JOBSITE ADDRESS					OWNER'S NAM					ME						
P	OWNER ADDRESS								TI	EL				FAX			
TYPE OR	OCCUPANCY TYPE	CON	MERC	IAL 🗌		ED	UCATI	ONAL		R	RESIDE	NTIAL [
PRINT CLEARLY	NEW: RENOVA	ΓΙΟΝ: [ION: REPLACEMENT: PLANS SUBMITTED:								YES [□ NC	D 🗆				
FIXTURES 7	FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
BATHTUB CROSS CONNECTION DEVICE																	
DEDICATED SPECIAL WASTE SYSTEM																	
DEDICATED GAS/OIL/SAND SYSTEM																	
DEDICATED GREASE SYSTEM																	
DEDICATED GRAY WATER SYSTEM																	
DEDICATED CIVAT WATER GTOTEM DEDICATED WATER RECYCLE SYSTEM																	
DISHWASHER																	
DRINKING FOUNTAIN																	
FOOD DISPOSEI																	
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																	
							1/55 4										
INSURANCE COVERAGE: I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. YES NO NO NO NO NO NO NO N																	
Thave a current <u>naminty</u> insurance policy of its substantial equivalent which fleets the requirements of wor. 142. Tes 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 BOND																	
OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> 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 ONLY: OWNER AGENT SIGNATURE OF OWNER OR 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'S NAME LICENSE #					SIGNATURE												
MP ☐ JP ☐ CORPORATION ☐			 #	PARTNERSHIP ☐ # LLC ☐ #													
COMPANY NAME		ADDRE				RESS	SS										
CITY		STA	ATE		ZIP					TEL							
FAX	CELL	E	MAIL														
Estimated \	/alue of Work:																

ROUGH PLUMBING INSPECTION NOTES	BELOW FOR OFFICE USE ONLY Yes No THIS APPLICATION SERVES AS THE PERMIT	FINAL INSPECTION NOTES				
	FEE: \$ PERMIT # PLAN REVIEW NOTES					