



**MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK**

**P**  
**TYPE OR PRINT CLEARLY**

CITY \_\_\_\_\_, MA. DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_  
JOBSITE ADDRESS \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_  
OWNER ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_  
OCCUPANCY TYPE: COMMERCIAL  EDUCATIONAL  RESIDENTIAL   
NEW:  RENOVATION:  REPLACEMENT:  PLANS SUBMITTED: YES  NO

FIXTURES ↓	FLOORS →	Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONN DEVICE																
DEDICATED SPECIAL WASTE SYS																
DEDICATED GAS/OIL/SAND SYS																
DEDICATED GREASE SYSTEM																
DEDICATED GRAY WATER SYS																
DEDICATED WATER REUSE SYS																
DISHWASHER																
DRINKING FOUNTAIN																
FOOD WASTE GRINDER UNIT																
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																

**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.

LIABILITY INSURANCE POLICY  OTHER TYPE 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 AGENT CHECK ONE ONLY: OWNER  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 NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_  
TEL: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
MASTER  JOURNEYMAN  CORPORATION  # \_\_\_\_\_ PARTNERSHIP  # \_\_\_\_\_ LLC  # \_\_\_\_\_