



# 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 ↓                     | 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 WATER RECYCLE SYSTEM |         |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| DISHWASHER                     |         |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| DRINKING FOUNTAIN              |         |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| FOOD DISPOSER                  |         |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| 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 <input type="text"/>     |         |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
|                                |         |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
|                                |         |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
|                                |         |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |

### 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 CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

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.

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  ADDRESS

CITY  STATE  ZIP  TEL

FAX  CELL  EMAIL

