

**MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK****P**
TYPE OR PRINT CLEARLY

CITY _____ MA DATE _____ PERMIT # _____

JOBBSITE 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 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

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 _____

