\$						M	ASS	ACH	IUSE	TTS	UNI	IFOR	RM A	\PPL	ICA ⁻	ΓΙΟΝ	l FO	R PE	ERM	IT T	O DC) PL	UM	BING	<u> </u>				
	2	City/Town:											_, MA. Date: Permit#																
No. of the last of		Building Location:										Owners Name:																	
D		Type of Occupancy: Commercial Educational Industrial Institutional Residential															-												
		тур	е от	Occ	upa	ncy:	C	.omr	nerc	iai [Eat	ucati	iona	' 📙	ır	iaus	tria	ı	ır	ISTITU	Ιτιοι	nai [Kes	siaei	ntiai	Ш	
		New: Alteration: Renovation: Replacement: Plans Submitted: Yes No																											
												F	IXT	URE	S											DFI	DICA.	TFD	
																				STEN		1							
	AREA DRAINS	BACKFLOW PREVENTER	ватнтивѕ	DISHWASHERS	DISPOSERS	FLOOR DRAINS	HOT WATER TANKS	KITCHEN SINKS	LAUNDRY TRAYS	LAVATORIES	ROOF DRAINS	SHOWER STALLS	SLOP SINKS	TANKLESS	URINALS	WASHING MACH. CONN.	WATER CLOSETS	WATER PIPING	OTHER FIXTURES:						ACID- & HAZARDOUS	GAS – OIL - SAND	GREASE	GRAY WATER	WASTE WATER
	ARE	BAC	BAT	DIS	DISF	FLO	된	KIT	LAU	ΙAΛ	ROC	SHO	SLO	TAN	URI	W	WA	WA	티						ACII	GAS	GRE	GR∕	WA
SUB BSMT. BASEMENT																													
1 ST FLOOR																													
2 ND FLOOR																													
3 RD FLOOR 4 TH FLOOR																													
5 TH FLOOR																													
6 TH FLOOR																													
7 [™] FLOOR 8 [™] FLOOR																													
Installing Cor	Check One Only Certificate # Installing Company Name:																												
Address:	Address: City/Town: State:										☐ Corporation																		
		☐ Partnersnip																											
Business Tel: Fax:										☐ Firm/Company																			
Name of Lice	nsec	d Plu	mbe	r:																									
INSURANCE COVERAGE: I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes No																													
If you have checked <u>Yes</u> , please indicate the type of coverage by checking the appropriate box below.																													
A liability insurance policy Other type of indemnity 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 <u>waives</u> this requirement. Check One Only Owner Agent																													
Signature of Owner or Owner's 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.																													
Ву							Τ\	/pe r	of Lic	ens	e:																		
,						, , , , ,		1 3	J .	s	Signature of Licensed Plumber																		

Title _____ | Type of License:

| Dlumber | Master | Journeyman | License Number: _____ |
| Dlumber | Master | License Number: _____ |

FINAL INSPECTION	BELOW FOR OFFICE USE ONLY	PROGRESS INSPECTION(S)					
	FEE: \$ PERMIT #						
	APPLICATION FOR PERMIT TO DO PLUMBING						
	NAME & TYPE OF BUILDING						
<u>SKETCH</u>	LOCATION OF BUILDING						
	PLUMBER						
	LICENSE NUMBER:						
	PERMIT GRANTED <u>DATE:</u>						
	PLUMBING INSPECTIOR						