

# Massachusetts Uniform Application For Permit to do Plumbing

(print or type)



Lenox, Massachusetts

Date: \_\_\_\_\_, 20

At: Location: \_\_\_\_\_

Permit # \_\_\_\_\_

Owner: \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_

**P**

New   
Plans Submitted

Renovation   
Yes

Replacement   
No

	Water Closets	Kitchen Sinks	Lavatories	Bathtubs	Shower Stalls	Dishwashers	Disposers	Laundry Tray	Wash Mach. Connect	Hot Water Tank	Tankless hot water	Stop Sinks	Floor Drains	Gas traps	Urinals	Drinking Fountain	Area Drain	Water Piping	Roof Drains	Back flow Prevent.	Grease Traps	Building Sewer	Other
Sub-Bsmt																							
Basement																							
1 <sup>st</sup> floor																							
2 <sup>nd</sup> floor																							
3 <sup>rd</sup> floor																							
4 <sup>th</sup> floor																							
5 <sup>th</sup> floor																							
6 <sup>th</sup> floor																							
7 <sup>th</sup> floor																							
8 <sup>th</sup> floor																							

(Print or Type)

Check one

Cert. #

Installing Company Name: \_\_\_\_\_

Corporation \_\_\_\_\_

Address: \_\_\_\_\_

Partnership \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Firm / Company \_\_\_\_\_

Business Tel. #: \_\_\_\_\_

**PRINT** Name of Licensed Plumber: \_\_\_\_\_

**Insurance Coverage:**

I have current liability insurance policy or its substantial equivalent, which meets the requirements of M.G.L. Ch. 142.

Yes

No

If you have checked yes, please indicate the type of coverage by checking the appropriate box.

A 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 Mass. General Laws

Check One

\_\_\_\_\_  
Signature of Owner or Owner's Agent

Owner

Owner's Agent

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

**Type License**

Plumber

Gasfitter

Master

Journeyman

\_\_\_\_\_  
Signature of licensed plumber / gasfitter

\_\_\_\_\_  
License Number

By \_\_\_\_\_  
Title \_\_\_\_\_  
City / Town \_\_\_\_\_

**Approved**

**BELOW FOR OFFICE USE ONLY**

FINAL INSPECTIONS

SKETCHES

PROGRESS INSPECTIONS

FEE \_\_\_\_\_

NO. \_\_\_\_\_

APPLICATION FOR PERMIT TO DO PLUMBING

\_\_\_\_\_

**NAME & TYPE OF BUILDING**

\_\_\_\_\_

\_\_\_\_\_

**LOCATION OF BUILDING**

\_\_\_\_\_

\_\_\_\_\_

**PLUMBER**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERMIT GRANTED

DATE \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLUMBING INSPECTOR

\_\_\_\_\_