MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P

TYPE OR PRINT CLEARLY

CITY Topsfield 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															

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 _____

ROUGH PLUMBING INSPECTION NOTES

BELOW FOR OFFICE USE ONLY

	Yes	No
THIS APPLICATION SERVES AS THE PERMIT	☐	☐

FEE: $_____ PERMIT # _____

PLAN REVIEW NOTES

FINAL INSPECTION NOTES