

**MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING**

(Print or Type)



COHASSET, Mass. Date \_\_\_\_\_ 20\_\_\_\_ Permit # \_\_\_\_\_

Building Location \_\_\_\_\_ Owner's Name \_\_\_\_\_

Owner Tel# \_\_\_\_\_ Type of Occupancy \_\_\_\_\_

New  Renovation  Replacement  Plan Submitted: Yes  No

**FIXTURES**

**P**

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHER	DISPOSERS	LAUNDRY TRAYS	WASH MACH CONN	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
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																						

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

Check one: Certificate

Address \_\_\_\_\_

Corporation \_\_\_\_\_

\_\_\_\_\_

Partnership \_\_\_\_\_

Business Telephone # \_\_\_\_\_

Firm/Co. \_\_\_\_\_

Name of Licensed Plumber \_\_\_\_\_

**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 have checked yes, please indicate the type 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, and that my signature on this permit application waives this requirement.  
 Check one:  
 Owner  Agent   
 Signature of Owner or 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 the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By \_\_\_\_\_  
 Title \_\_\_\_\_  
 City/Town \_\_\_\_\_  
**APPROVED (OFFICE USE ONLY)**

Signature of Licensed Plumber \_\_\_\_\_

Type of License: Master  Journeyman

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