MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

TOWN of TOWNSEND

Date _____ 20_____

Permit # _____

AT: Building Location _____

Owner's Name _____

Type of Occupancy _____

Owner's Phone # _____

New ☐ Renovation ☐ Replacement ☐ Plans Submitted: Yes ☐ No ☐

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	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																											
1ST FLOOR																											
2ND FLOOR																											
3RD FLOOR																											
4TH FLOOR																											

Inspection Date Requested Rough _____ Final _____

Installing Company Name _____

Address _____

_____

Business Telephone _____

Name of Licensed Plumber or Gasfitter _____

Check One: Certificate

☐ Corp. _____

☐ Partnership _____

☐ Firm/Co. _____

INSURANCE COVERAGE: Check one:

I have a current liability insurance policy or susbstantial 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)

Type of License:
☐ Plumber
☐ Master
☐ Journeyman

_____
Signature of Licensed Plumber

License Number _____

PLUMBING INSPECTOR: RICHARD KAPENAS 597-1709