

Massachusetts Uniform Application For Permit to do Plumbing

(print or type)



Great Barrington, Massachusetts Date: _____, 20

At: Location: _____ Permit # _____

Owner: _____ Type of Occupancy: _____

P

New Renovation Replacement
 Plans Submitted Yes No

	Water Closets	Kitchen Sinks	Lavatories	Bathtubs	Shower Stalls	Dishwashers	Disposers	Laundry Tray	Wash Mach. Connect	Hot Water Tank	Tankless hot water	Slop 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 st floor																							
2 nd floor																							
3 rd floor																							
4 th floor																							
5 th floor																							
6 th floor																							
7 th floor																							
8 th 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.

By _____
 Title _____
 City / Town _____

Approved

Type License

Plumber _____
 Signature of licensed plumber / gasfitter

Gasfitter

Master _____
 License Number

Journeyman

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