



City/Town: _____, MA. Date: _____ Permit# _____

Type of Occupancy: Commercial ☐ Educational ☐ Industrial ☐ Institutional ☐ Residential ☐

FIXTURES

Installing Company Name: _____

Address: _____ City/Town: _____ State: _____

Business Tel: _____ Fax: _____

Name of Licensed Plumber/Gas Fitter:

Check One Only	Certificate #
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☐ Corporation _____

☐ Partnership _____

☐ Firm/Company _____

INSURANCE COVERAGE:
I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes ☐ No ☐

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 Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Check One Only
 Owner ☐ Agent ☐

Signature of Owner or Owner's Agent _____

By checking this box ☐; 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.

Title _____

City/Town _____
APPROVED (OFFICE USE ONLY)

☐ Plumber
☐ Gas Fitter
☐ Master
☐ Journeyman
☐ LP Installer

Signature of Licensed Plumber/Gas Fitter

License Number: _____