MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

WINTHROP, Mass.
City, Town

Date _____ 19 _____

Permit # _____

Owner's Name _____

AT: Building Location _____

Type of Occupancy: _____

New ☐ Renovation ☐ Replacement ☐

VALUE OF PLUMBING WORK _____ FIXTURES

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																												
5TH FLOOR																												
6TH FLOOR																												
7TH FLOOR																												
8TH FLOOR																												

(Print or Type)

Installing Company Name _____

Address _____

_____

Check One: Certificate

☐ Corp. _____

☐ Partnership _____

☐ Firm/Company _____

Business Telephone _____ Name of Licensed Plumber

I HAVE INFORMED THE OWNER OR HIS AGENT THAT I DO NOT HAVE LIABILITY INSURANCE, INCLUDING COMPLETED OPERATION COVERAGE.

SIGNATURE OF OWNER/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 Plumbing Code and Chapter 142 of the General Laws.

By _____

Title _____

City/Town: _____

_____

Signature of Licensed Plumber

Type of Plumbing License

_____

License Number ☐ Master ☐ Journeyman