MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

Town of Wakefield, Massachusetts Date _____ 20_____ Permit #_____

Permit Fee _____

Building Location _____

Owner's Name_____ Type of Occupancy _____

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

FIXTURE

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSALS	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																											

Installing Company Name _____ Check One Certificate

Address_____ ☐ Corporation _____

_____ ☐ Partnership _____

Business Telephone_____ ☐ Firm/Co _____

Name of Licensed Plumber or Gas Fitter _____

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 of covering 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 Gas Code and Chapter 142 of the General Laws.

By_____

Title _____

City/Town_____

APPROVED (OFFICE USE ONLY)

Type of License

☐ Plumber
☐ Gasfitter
☐ Master
☐ Journeyman

_____

Signature of Licensed Plumber or Gas Fitter

License Number_____

Inspection Date Requested_____