



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

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City/Town: SEEKONK, MA, MA. Date: Permit#
Building Location: Owners Name:
Type of Occupancy: Commercial Educational Industrial Institutional Residential
New: Alteration: Renovation: Replacement: Plans Submitted: Yes No

FIXTURES

Table with columns for fixture types (Area Drains, Backflow Prev., Bathubs, Dishwashers, Disposers, Floor Drains, Gas Traps, Hot Water Tanks, Kitchen Sinks, Laundry Trays, Lavatories, Roof Drains, Shower Stalls, Slop Sinks, Tankless, Urinals, Washing Mach. Conn., Water Closets, Water Piping, Other Fixtures) and rows for floor levels (Sub Bsmt. to 8th Floor).

Installing Company Name: Address: City/Town State: MA Business Tel: Fax: Name of Licensed Plumber: Check One Only Certificate # 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
If you have checked Yes, please indicate the type of coverage by checking the appropriate box below.
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.
Signature of Owner or Owner's Agent Owner Agent

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.

By Title City/Town APPROVED (OFFICE USE ONLY) Type of License: Plumber Master Journeyman Signature of Licensed Plumber License Number: