



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

CITY NEEDHAM MA. DATE PERMIT #

JOBSITE ADDRESS OWNER'S NAME

OWNER ADDRESS TEL FAX

OCCUPANCY TYPE: COMMERCIAL EDUCATIONAL RESIDENTIAL

NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

P TYPE OR PRINT CLEARLY

Table with columns for fixtures (BATHTUB, CROSS CONNECTION DEVICE, etc.) and floors (1-14). Includes a BSMT column.

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 CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

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 BOX ONLY: OWNER AGENT

Signature of Owner or Owner's 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.

PLUMBER NAME SIGNATURE

LIC # MP JP CORPORATION # PARTNERSHIP # LLC #

COMPANY NAME ADDRESS:

CITY STATE ZIP EMAIL

TEL CELL FAX