						Μ	ASS	ACH	IUSE	TTS	UN	FOR	RM A	APPL	ICA.	ΓΙΟΝ	N FO	R PI	ERM		O D	O PL	.UM	BING	G				
	÷ –	City/Town:, MA. Date:													Permit#														
Con Sur Li		Building Location: Owners Name:												_															
Ρ								Commercial Educational Indus																					
┻																													
New: Alteration: Renovation: Replacement: Plans Submitted: Yes No FIXTURES																													
																CONN.									s	SY	STEN	ΛS	
	AREA DRAINS	BACKFLOW PREVENTER	BATHTUBS	DISHWASHERS	DISPOSERS	FLOOR DRAINS	HOT WATER TANKS	KITCHEN SINKS	LAUNDRY TRAYS	LAVATORIES	ROOF DRAINS	SHOWER STALLS	SLOP SINKS	TANKLESS	URINALS	WASHING MACH. CC	WATER CLOSETS	WATER PIPING	OTHER FIXTURES:						ACID- & HAZARDOUS	GAS – OIL - SAND	GREASE	GRAY WATER	WASTE WATER
	AR	ΒA	ΒA	Ö	Ö	FLO	Ŧ	ГУ	۲	P	RC	HS	SLO	ТА	UR	Ň	Ň	Ň	5						AC	ď	В В	GR	Š
SUB BSMT. BASEMENT																													
1 ST FLOOR 2 ND FLOOR																													
3 RD FLOOR																													
4 [™] FLOOR																													
6 TH FLOOR 7 TH FLOOR																													
8 TH FLOOR																													
Installing Con	Installing Company Name:																												
Address:						City/	'Tow	n:					Sta	te:		-				ners									
Business Tel:	ess Tel: Fax: Fax: Fax:																												
Name of Lice	ime of Licensed Plumber:																												
INSURANCE COVERAGE: I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes 🗌 No 🗌																													
If you have checked <u>Yes</u> , 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 <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement. Check One Only																													
Owner Agent 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 Type of License:																													
								Signature of License						ed Plumber															
Citv/Town							 Plumber Master Journeyman 					•																	
APPROVED (O	FFIC	CE US	SE O	NLY)				,50u		mai																			

FINAL INSPECTION	BELOW FOR OFFICE USE ONLY	PROGRESS INSPECTION(S)
	FEE: \$ PERMIT #	
	APPLICATION FOR PERMIT TO DO PLUMBING	
	NAME & TYPE OF BUILDING	
	LOCATION OF BUILDING	
	PLUMBER	
	LICENSE NUMBER:	
	PERMIT GRANTED DATE:	
	PLUMBING INSPECTIOR	