

MASSACHUSETTS PERMIT APPLICATION FOR PLUMBING

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Oak Bluffs, Massachusetts			Department Use Only
Owner's Name			
Location			PERMIT
Map	Lot	Type of Occupancy	FEE
New	Renovation	Replacement	DATE
Is this application in conjunction with a building permit? Yes No			B.P. #

PROPOSED WORK	SUB BASEMENT	BASEMENT	FIRST FLOOR	SECOND FLOOR	THIRD FLOOR	FOURTH FLOOR	FIFTH FLOOR
WATER CLOSETS							
KITCHEN SINKS							
LAVATORIES							
BATHTUBS							
SHOWER STALLS							
DISHWASHER							
DISPOSALS							
LAUNDRY TRAYS							
WASHING MACHINE CONNECTIONS							
HOT WATER TANKS							
TANKLESS							
SLOP SINKS							
FLOOR DRAINS							
GAS TRAPS							
URINALS							
DRINKING FOUNTAINS							
AREA DRAINS							
WATER PIPING							
ROOF DRAINS							
BACKFLOW PREVENTION							
OTHER							
PLEASE DISCRIBE OTHER							

Installing Company		PLEASE CIRCLE ONE Corporation Partnership Firm/Company
Address		
Telephone		
Name of Licensed Plumber		
		PLEASE CIRCLE ONE Master
Signature of Licensed Plumber	License Number	Journeyman

INSURANCE COVERAGE			
I have current liability insurance or equivalent which meets the requirements of MGL Ch 142			Yes NO
If yes, please circle which type of coverage. Liability Insurance 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			PLEASE CIRCLE ONE Owner Agent

