# Massachusetts Uniform Application for a Permit to Perform Plumbing Work

## General Information
- **City**: [Enter]
- **Date**: [Enter]
- **Permit #:** [Enter]
- **Owner's Name**: [Enter]
- **Owner Address**: [Enter]
- **Tel**: [Enter]
- **Fax**: [Enter]
- **Occupancy Type**: [Commercial, Educational, Residential]
- **New**: [Enter]
- **Renovation**: [Enter]
- **Replacement**: [Enter]
- **Plans Submitted**: [Yes, No]

## Fixtures
- **Bathtub**
- **Cross Connection Device**
- **Dedicated Special Waste System**
- **Dedicated Gas/Oil/Sand System**
- **Dedicated Grease System**
- **Dedicated Gray Water System**
- **Dedicated Water Recycle System**
- **Dishwasher**
- **Drinking Fountain**
- **Food Disposer**
- **Floor/Area Drain**
- **Interceptor (Interior)**
- **Kitchen Sink**
- **Lavatory**
- **Roof Drain**
- **Shower Stall**
- **Service/Mop Sink**
- **Toilet**
- **Urinal**
- **Washing Machine Connection**
- **Water Heater All Types**
- **Water Piping**
- **Other**

## Insurance Coverage
- I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. [Yes, No]

## Owner's Insurance Waiver
- **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 Agent
- [Signature]

## Plumber's Information
- **Plumber's Name**: [Enter]
- **License #:** [Enter]
- **Corporation #:** [Enter]
- **Partnership #:** [Enter]
- **LLC #:** [Enter]
- **Company Name**: [Enter]
- **Address**: [Enter]
- **City**: [Enter]
- **State**: [Enter]
- **Zip Code**: [Enter]
- **Tel**: [Enter]
- **Fax**: [Enter]
- **Cell**: [Enter]
- **Email**: [Enter]