

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Type or print)
NORTH ANDOVER, MASSACHUSETTS

Building Location _____

Owners Name _____

Date _____

Permit # _____

Amount _____

Type of Occupancy _____

New

Renovation

Replacement

Plans Submitted Yes

No

FIXTURES

P	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES												
SUBSMT.																																	
BASEMENT																																	
1ST. FLOOR																																	
2ND. FLOOR																																	
3RD. FLOOR																																	
4TH. FLOOR																																	
5TH. FLOOR																																	
6TH. FLOOR																																	
7TH. FLOOR																																	
8TH. FLOOR																																	

(Print or type)
Installing Company Name _____

Check one: _____ Certificate
 Corp. _____

Address _____

Partner. _____

Business Telephone _____

Firm/Co. _____

Name of Licensed Plumber: _____

Insurance Coverage: Indicate the type of insurance coverage by checking the appropriate box:

Liability insurance policy Other type of indemnity Bond

Insurance Waiver: I, the undersigned, have been made aware that the licensee of this application does not have any one of the above three insurance

Signature _____ Owner

Agent

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit Issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By: _____
Title _____
City/Town _____
APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber _____

Type of Plumbing License _____

License Number _____ Master Journeyman

