



**MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING**

Town of Clinton, Massachusetts Date \_\_\_\_\_ 20\_\_\_\_ Permit# \_\_\_\_\_

Permit Fee \_\_\_\_\_

Building Location \_\_\_\_\_

Owner's Name \_\_\_\_\_ Type of Occupancy \_\_\_\_\_

New  Renovation  Replacement  Plans Submitted Yes  No

**FIXTURE**

P	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSALS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNDATION	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:					
	SUB-BSMT																									
BASEMENT																										
1ST FLOOR																										
2ND FLOOR																										
3RD FLOOR																										
4TH FLOOR																										
5TH FLOOR																										
6TH FLOOR																										
7TH FLOOR																										
8TH FLOOR																										

Installing Company Name \_\_\_\_\_

Check One: Certificate

Address \_\_\_\_\_

Corp. \_\_\_\_\_

\_\_\_\_\_

Partnership \_\_\_\_\_

Business Telephone \_\_\_\_\_

Firm/Company \_\_\_\_\_

Name of Licensed Plumber or Gas Fitter \_\_\_\_\_

**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 have checked yes, please indicate the type of covering by checking the appropriate box

A 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 Mass. General Laws, and that my signature on this permit application waives this requirement.

Check One

Owner  Agent

Signature of Owner or Owner's 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 the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

By \_\_\_\_\_  
 Title \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 APPROVED (OFFICE USE ONLY)

Type of License \_\_\_\_\_  
 Plumber Signature of Licensed Plumber or Gas Filter  
 Gasfitter  
 Master License Number \_\_\_\_\_  
 Journeyman Inspection Date Requested \_\_\_\_\_