FAX	CITY	COMPANY NAME	MP JP L	PLUMBER'S NAME	I hereby certify the and that all plumber Massachusetts S		Massachusetts	LIABILIT	IF YOU CHECKED	I have a current		OTHER	WATER PIPING	WATER HEATER ALL TYPES	OKINAL MACE	TOILET	SERVICE / MOP SINK	SHOWER STALL	ROOF DRAIN	KITCHEN SINK	INTERCEPTOR (INTERIOR)	FLOOR / AREA DRAIN	FOOD DISPOSER	DISHWASHER	DEDICATED WA	DEDICATED GRAY WATER SYS	DEDICATED GAS	DEDICATED SPE	CROSS CONNECTION DEVICE	FIXTURES T	CLEARLY	TYPE OR	7	Ú		
CELL				ME	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.	SIGNATURE OF OWNE	OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> the insurance coverage required by Chapter Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.	LIABILITY INSURANCE POLICY	YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW	have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL				WATER HEATER ALL TYPES	INE COMMECTION		SINK				INTERIOR)	RAIN	IAIN		DEDICATED WATER RECYCLE SYSTEM	DEDICATED GREASE SYSTEM	DEDICATED GAS/OIL/SAND SYSTEM	DEDICATED SPECIAL WASTE SYSTEM	TION DEVICE	FLOOR→	NEW: RENOV	OCCUPANCY TYPE	OWNER ADDRESS	JOBSITE ADDRESS	CITY	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLU
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			CORPORATION		submitter or the per or Genera		censee on this p	OTHER TYPE OF INDEMNITY [OVERAG	ntial equ				1	T				1								H			2	REPLACEMENT: [β Π				ORM A
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FINAL INSPECTION	BELOW FOR OFFICE USE ONLY	PROGRESS INSPECTION(S)
	FEE: \$ PERMIT #	
	APPLICATION FOR PERMIT TO DO PLUMBING	
:		
	NAME & TYPE OF BUILDING	
<u>SKETCH</u>	LOCATION OF BUILDING	•
		•
	<u>PLUMBER</u>	
	LICENSE NUMBER:	
·		
	PERMIT GRANTED DATE:	
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	PLUMBING INSPECTIOR	