	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK															
	CITY/TOWN	_ MA	MA DATE PERMIT#													
- Sal	JOBSITE ADDRESS				OWNER'S NAME											
P	OWNER ADDRESS															
TYPE OR PRINT			EDUCATIONAL RESIDENTIAL													
CLEARLY	NEW: RENOVAT	ION: [] F	REPLAC	EMEN'	T: 🔲					PLAN	S SUBI	AITTED:	: YES [NO	С
FIXTURES 7	FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB												1	<u> </u>		ļ	
CROSS CONNEC													1			†
	CIAL WASTE SYSTEM										ļ	†				
	/OIL/SAND SYSTEM			ļ		<u> </u>							1	<u> </u>	†	
DEDICATED GRE	Y WATER SYSTEM			ļ	ļ											
	ER RECYCLE SYSTEM				<u> </u>	<u> </u>	<u> </u>		<u> </u>	L						
DISHWASHER	ER RECTULE STSTEM				<u> </u>	 			<u> </u>							
DRINKING FOUN	TAIN			ļ	 -	ļ			ļ	ļ		ļ				
FOOD DISPOSER				<u> </u>	 				ļ			ļ	<u> </u>			
FLOOR / AREA DI				<u> </u>	 	ļ			ļ		ļ	ļ	ļ			ļ <u></u>
INTERCEPTOR (II					 	 			 	<u> </u>	ļ	 	ļ			<u> </u>
KITCHEN SINK					 				<u> </u>	<u> </u>		ļ	ļ	<u> </u>		ļ
LAVATORY				 		 				 						 -
ROOF DRAIN						 			<u> </u>			 			 -	
SHOWER STALL												 -				ļ
SERVICE / MOP S	INK															_
TOILET									-							
URINAL									ļ —			 				\vdash
WASHING MACHINE CONNECTION										_	•	<u> </u>				
WATER HEATER	ALL TYPES											· · · · · ·				
WATER PIPING																
OTHER	· · · · · · · · · · · · · · · · · · ·															
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I have a current <u>I</u>	<u>lability</u> insurance policy o	or its su	bstant	ial equ	ivalent	which	meets t	ns: he requ	uireme	nts of N	IGL CI	ո. 142.	YES []	NO !		
	YES, PLEASE INDICATE TH															
	INSURANCE POLICY [NDEMNI				DND 🗌						
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SI	GNATURE OF OWNER O	R AGEN	T			_							NER [_	
I hereby certify that and that all plumbin Massachusetts Stat	all of the details and informing work and installations per te Plumbing Code and Cha	iation I h rformed oter 142	ave su under t of the	bmilted he pern General	or enter nit issue Laws.	red rega d for thi	arding th s applic	is appil ation wi	cation a	re true : complia	and acc nce with	urate to h all Per	the bes Unent pr	t of my ovision	knowle	dge
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n market	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK															
	CITY	E	PERMIT#													
- Gara	1								OWNER'S NAME							
G			TELFAX													
TYPE OR PRINT	OCCUPANCY TYPE						RESIDENTIAL []									
CLEARLY	NEW: 🗍 RENOVAT	ION: [REPLACEMENT: PLANS SUBMITTED: YES] NC			
APPLIANCES 1	LFLOORS→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER BOOSTER		 				ļ	ļ									
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COOK STOVE	DUNINER	 -				<u> </u>	<u> </u>		ļ	ļ <u>.</u>	ļ	<u> </u>				
DIRECT VENT H	HEATER					 	<u> </u>			ļ		<u> </u>	<u> </u>	ļ	<u> </u>	ļ
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FIREPLACE		 				 			ļ	 	ļ <u>.</u>	 				
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GENERATOR																
GRILLE									<u> </u>						 	
INFRARED HEA	<u> </u>								-						<u> </u>	
LABORATORY (
MAKEUP AIR UI OVEN	VII	<u> </u>														
POOL HEATER				 												
ROOM/SPACE	HEATED	<u> </u>	,													
ROOF TOP UNIT																
TEST										ļ				<u> </u>		
UNIT HEATER																
UNVENTED ROOM HEATER																
WATER HEATER																
OTHER																
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	<u>llability</u> insurance policy											h. 142	YES	S 🔲 I	NO 🗌	
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OWNER'S INSUI	RANCE WAIVER: I am awa	are that	tha lle	aneaa d					_					- 46		
Massachusetts (General Laws, and that m	v signal	ture on	this pe	rmit ar	niicati	on wait	urance ree this	covera	ige reqi omant	uirea b	y Chap	ter 142	of the		
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COMPANY NAME						ADDA	RESS_			 						
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FINAL INSPECTION NOTES							
7	APPLICATION SERVE	FEE: \$ PERMIT# PLAN REVIEW NOTES					
ROUGH GAS INSPECTION NOTES							