MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

NOTE: PLEASE POST PERMIT AT JOB SITE.

STOW, Mass. Date ____ Yr.

Town

Permit # ____

Tel# ____

Owner/Tenant

Type of Occupancy: ____

Address

New ☐ Renovation ☐ Replacement ☐

FIXTURES

Plans Submitted: Yes ☐ No ☐

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	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:							
SUB-BSMT.																												
BASEMENT																												
1ST FLOOR																												
2ND FLOOR																												
3RD FLOOR																												
4TH FLOOR																												
5TH FLOOR																												

Estimated value of Plumbing work ____

Work to Start ____

Inspection Date Request: Rough ____ Final ____

(Print or Type)

Check One: Certificate

Installing Company Name ____ ☐ Corp. ____

Address ____ ☐ Partnership ____

☐ Firm/Company ____

Business Telephone ____ Name of Licensed Plumber or Gasfitter

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 Gas Code and Chapter 142 of the General Laws.

I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

Signature of Owner/Agent

I have a current liability insurance policy to include completed operations coverage. ☐

Eric Sahlberg - PLUMBING INSPECTOR
TEL; 978-835-1566

Permit Fee: .....

Please call between 8:30 AM and 5:00 PM to schedule inspection.

Signature of Licensed Plumber

Type of Plumbing License ☐ Master ☐ Journeyman

License Number

FORM 1240 A.M. SULKIN CO.