

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

Date _____ 20 _____



CITY OF PEABODY

Massachusetts (978) 538-5791

Permit # _____

AT:

Location _____

Building Owner's Name _____

P

Type of Occupancy: _____

New Renovation Replacement

FIXTURES

	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 FOUNTAIN	AREA DRAINS	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	WATER HEATER OIL:	HEATING BOILER OIL	WATER HEATER ELECT.	IRRIGATION METER	IRRIGATION BACKFLOW	SUPERSTOR ETC.								
SUB-BSMT.																																		
BASEMENT																																		
1ST FLOOR																																		
2ND FLOOR																																		
3RD FLOOR																																		
4TH FLOOR																																		
5TH FLOOR																																		
6TH FLOOR																																		
7TH FLOOR																																		
8TH FLOOR																																		

(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

All inspection appointments must be made by licensed plumbers only.

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

Office Use Only

1 Family 2 Family Other

Map _____ Lot _____

Fee _____

Signature of Licensed Plumber

Type of Plumbing License

Master Journeyman

License Number