

Peabody Building Department

Liability Waiver Form

Type of Application: _____ Application # _____

Electrical

Plumbing

Gas

Sheet Metal

Owner

Owner's Agent

Name: _____

Telephone Number: _____

Location Address: _____

License Professional Name: _____

License #: _____

Owner's Insurance Waiver: *I am aware that the licensee does not have the insurance coverage required by Massachusetts General Laws (Chapters 141, 142, 112). By my signature below, I hereby waive this requirement.*

Owner/Agent Signature: _____

Date: _____