UXBRIDGE _____, Mass. Date _____ 19____ Permit # _____

Building Location _____ Owner's Name _____

_____ Type of Occupancy _____

New ☐ Renovation ☐ Replacement ☐ Plans Submitted: Yes ☐ No ☐

P

FIXTURES

	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																									
6TH FLOOR																									
7TH FLOOR																									
8TH FLOOR																									

Installing Company Name _____

Address _____

_____

Business Telephone _____

Name of Licensed Plumber _____

Check one: Certificate

☐ Corporation _____

☐ Partnership _____

☐ Firm/Co. _____

INSURANCE COVERAGE:
I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.
Yes ☐ No ☐
If you have checked yes, please indicate the type coverage by checking the appropriate box.

A liability insurance policy ☐ Other type of indemnity ☐ Bond ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Check one:

_____ Owner ☐ Agent ☐

Signature of Owner or Owner's Agent

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 the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By _____

Title _____

City/Town _____

APPROVED (OFFICE USE ONLY)

_____
Signature of Licensed Plumber

Type of License: Master ☐ Journeyman ☐

License Number _____