



COMPLETE ALL INFORMATION

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

TOWN OF TEWKSBURY

Date _____ 200_____

Check # _____

Permit # _____

Building Location _____ Owner's Name _____

Nearest Cross or

Intersecting Street _____ Type of Occupancy _____

New Renovations 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.	SILL COCKS	OTHER FIXTURES	GREASE TRAP	MDC TRAP
SUB-BSMT.																								
BASEMENT																								
1 ST FLOOR																								
2 ND FLOOR																								
3 RD FLOOR																								
4 TH FLOOR																								
5 TH FLOOR																								
6 TH FLOOR																								
7 TH FLOOR																								
8 TH FLOOR																								

Installing Company Name _____

Address _____

Business Telephone – Area Code () _____

Home Telephone – Area Code () _____

Check One:

- Corporation
- Partnership
- Firm/Co.

Certificate

Name of Licensed Plumber _____

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 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.

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

RESIDENTIAL & COMMERCIAL FEES	
Minimum – Up to 2 Fixtures	\$30
Each Additional Fixture	\$10
Underground Inspection	\$25
Partial or Reinspection	\$25
Work without a Permit	Double the Normal Fee

NOTE: Replacement of a Gas Fired Hot Water Heater is \$30

SIGNATURE OF LICENSED PLUMBER

DESIGNATION AND LICENSE NUMBER OF PLUMBER

CURRENT SERIAL NUMBER

EXPIRATION DATE

FEE _____

NO. _____

FINAL INSPECTION

PROGRESS INSPECTION

DATE _____ 200 ____

APPLICATION FOR PERMIT TO DO PLUMBING

DATE _____ 200 ____

TOWN OF TEWKSBURY

DATE _____ 200 ____

NAME & TYPE OF BUILDING

DATE _____ 200 ____

DATE _____ 200 ____

LOCATION OF BUILDING

Street

Number

PLUMBER

LIC. NO.

PERMIT GRANTED

DATE _____ 200 ____

PLUMBING INSPECTOR

PLUMBER'S COPY