



COMPLETE ALL INFORMATION

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

TOWN OF TEWKSBURY

Date _____ 20____

Check # _____

Permit # _____

Building Location _____ Owner's Name _____

Nearest Cross or

Intersecting Street _____ Type of Occupancy _____

New Renovations Replacement Plans Submitted: Yes No

P

FIXTURES

Table with columns for fixture types (Water Closets, Kitchen Sinks, etc.) and rows for floor levels (Sub-Bsmt, Basement, 1st Floor, etc.).

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.

Table with 2 columns: Fee Description and Amount. Includes Residential & Commercial Fees.

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 _____ 20 ____

APPLICATION FOR PERMIT TO DO PLUMBING

DATE _____ 200 ____

DATE _____ 200 ____

DATE _____ 200 ____

DATE _____ 200 ____

TOWN OF TEWKSBURY

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

Street

Number

PLUMBER

LIC. NO.

PERMIT GRANTED

DATE _____ 20 ____

PLUMBING INSPECTOR

PLUMBER'S COPY