	MASSACH	USET	TS UN	IIFOR	M APF	PLICAT	ION F	OR A	PERM	IT TO	PERF	ORM F	PLUME	BING V	VORK	
	CITY		, MA.				DATE PERMIT#									
Surfa Surfa	JOBSITE ADDRESS OWNER'S NAME															
P	OWNER ADDRESS:									TEL: FAX:						
TYPE OR	OCCUPANCY TYPE	NCY TYPE: COMMERCIAL EDUCATIONAL RESIDENTIAL														
PRINT CLEARLY	NEW: REN	RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐														
FIXUTRES 7	FLOORS→	Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONN DEVICE																
DEDICATED SPECIAL WASTE SYS																
DEDICATED GAS/OIL/SAND SYS												-				
DEDICATED GREASE SYSTEM														-		
DEDICATED GRAY WATER SYS															ļ	
DEDICATED WATER REUSE SYS												ļ				
DISHWASHER																
DRINKING FOUNTAIN																
FOOD WASTE GRINDER UNIT															ļ	
FLOOR / AREA DRAIN												1			1	
INTERCEPTOR INTERIOR																
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL														<u> </u>		
SERVICE / MOP SINK				<u> </u>							1					
TOILET														T	T	
URINAL		 				1			1							
WASHING MACHINE CONNECTION		 														
WATER HEATER ALL TYPES		 													T -	
WATER PIPING				_												
WATER III		1	ļ ———			<u> </u>										
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	· · · · · · · · · · · · · · · · · · ·	<u> </u>	 		1	1										
					INSL	RANCE	COVE	RAGE		· · · · · ·						
	<u>liability</u> insurance p											Ch. 14	2 Y	ES 🔳	NO []
If you have chec	cked <u>YES</u> , please ind										٧.		_			
LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND																
OWNER'S INSU	RANCE WAIVER: I a General Laws, and t	m awar	e that th	he licer	nsee <u>do</u> his ner	es not h	iave the	insura waives	nce cov	/erage uireme	require ent.	d by Ch	apter 1	42 of th	е	
Massachusetts	General Laws, and G	ilat iliy	argina ta		ino pon	me app.	- Culton					ueo 🗆	AGE	NT 🗀		
SIGNATURE OF OWNER OR AGENT CHECK ONE ONLY: OWNER AGENT																
Knowledge and t	I hereby certify that all of the details and information I have submitted (or entered) regarding this 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															
provision of the N	Massachusetts State F	Plumbing	Code	and Ch	apter 14	2 of the	Genera	l Laws.								
PLUMBER NAW	LICENSE # SIGNATURE															
COMPANY NAME: ADDRESS:																
CITY:				STA	TE:		ZI	P:				FAX;				
TEL:		CELI	-:	ACT-1		EMAI	L:		SAME HINGS							
MASTER	JOURNEYMAN 🗌		CORF	PORAT	ION 🗌	#		PARTI	NERSHI	P 🗌 #			LLC 🗌	#		