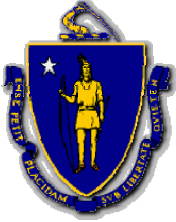


**MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING
BROCKTON, MASSACHUSETTS**



P

DATE: _____	APPLICATION# _____	PERMIT#: _____
BUILDING LOCATION: _____		MAP/ROUTE: _____
OWNER'S NAME: _____		
TYPE OF OCCUPANCY: _____		PLANS SUBMITTED: _____
NEW <input type="checkbox"/>	RENOVATION <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH MACH CONN	HOT WATER TANK	TANKLESS	SLOP SINKS	FLOOR DRAINS	URINALS	DRINKING FOUNT.	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	ELECT HW TANKS	GREASE TRAP	3 BAY SINK	OTHER FIXTURES	
SUB-BSMNT																								
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: _____	CHECK ONE:	CERTIFICATE NO. _____
ADDRESS: _____	CORPORATION _____	
	PARTNERSHIP _____	
BUSINESS TELEPHONE: _____	FIRM/CO. _____	

NAME OF LICENSED PLUMBER OR GAS FITTER: (PRINT ONLY) _____

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 INS 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 OF BROCKTON	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TYPE OF LICENSE: PLUMBER GASFITTER MASTER JOURNEYMAN	SIGNATURE OF LICENSED PLUMBER OR GAS FITTER _____ LICENSE NUMBER _____
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