



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P
TYPE OR
PRINT
CLEARLY

CITY [] MA. DATE [] PERMIT # []
JOBSITE ADDRESS [] OWNER'S NAME []
OWNER ADDRESS: [] TEL: [] FAX: []
OCCUPANCY TYPE: COMMERCIAL [] EDUCATIONAL [] RESIDENTIAL []
NEW: [] RENOVATION: [] REPLACEMENT: [] PLANS SUBMITTED: YES [] NO []

FIXTURES ↓	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																
DEDICATED WATER REUSE SYS																
DISHWASHER																
DRINKING FOUNTAIN																
FOOD WASTE GRINDER UNIT																
FLOOR / AREA DRAIN																
INTERCEPTOR INTERIOR																
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES																
WATER PIPING																

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 of coverage by checking the appropriate box below.

LIABILITY INSURANCE POLICY [] OTHER TYPE INDEMNITY [] BOND []

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

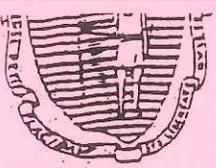
CHECK ONE ONLY: OWNER [] AGENT []

SIGNATURE OF OWNER OR AGENT

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 Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER NAME: [] LICENSE # [] SIGNATURE []
COMPANY NAME: [] ADDRESS: []
CITY: [] STATE: [] ZIP: [] FAX: []
TEL: [] CELL: [] EMAIL: []
MASTER [] JOURNEYMAN [] CORPORATION [] # [] PARTNERSHIP [] # [] LLC [] # []

OVER →→→



Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.
- 5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other _____

Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information. Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such. Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____