

TOWN OF WINCHENDON



Building Department

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING



_____, Mass. Date _____ 20____ Permit # _____
 Building Location _____ Owner's Name _____
 _____ Type of Occupancy _____

New Renovation Replacement Plans Submitted: Yes No

FIXTURES

P

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH MACH. CONN.	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES
SUB-BASEMENT																				
BASEMENT																				
FIRST (1ST) FLOOR																				
SECOND (2ND) FLOOR																				
THIRD (3RD) FLOOR																				
FOURTH (4TH) FLOOR																				
FIFTH (5TH) FLOOR																				
SIXTH (6TH) FLOOR																				
SEVENTH (7TH) FLOOR																				
EIGHTH (8TH) FLOOR																				

Installing Company Name _____
Address _____

Business Telephone _____
Name of Licensed Plumber or Gasfitter _____

Check one: Certificate _____
 Corporation _____
 Partnership _____
 Firm/Co. _____

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.
 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 MGL, and that my signature on this permit application waives this requirement.

 Signature of Owner or Owner's Agent Owner 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/Town _____
APPROVED (OFFICE USE ONLY)

Type of License:
 Master _____
 Journeyman _____
 Signature of Licensed Plumber _____
 License Number _____

BELOW FOR OFFICE USE ONLY

FINAL INSPECTIONS

SKETCHES

PROGRESS INSPECTIONS

FEE _____

NO. _____

APPLICATION FOR PERMIT TO DO PLUMBING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER

PERMIT GRANTED

DATE _____

PLUMBING INSPECTOR