

TOWN OF BRAINTREE

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

Braintree MA DATE _____ 20____ Permit # _____ Fee _____
 Building Location _____

Owner's Name _____ Type of Occupancy _____

New _____ Renovation _____ Replacement _____ Plans Submitted: Yes _____ No _____

P

FIXTURES

	SB	B	1st	2nd	3rd	4th	5th	6th	7th	8th
AREA DRAINS										
BATH TUBS										
BACKFLW PREV										
DRINKING F'TAIN										
DISHWASHER										
DISPOSAL										
FLOOR DRAIN										
GAS TRAP										
HOT WATER TANK										
KITCHEN SINK										
LAUNDRY TRAY										
LAVATORY										
OTHER										
ROOF DRAIN										
SLOP SINK										
SHOWER STALL										
TANKLESS										
URINAL										
WASH MACH.CONN										
WATER PIPING										
WATER CLOSET										

Installing Company Name _____
 Address _____
 Town/City _____
 Business Telephone _____
 Name of Licensed Plumber _____

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 coverage by checking the appropriate box.
 A liability insurance policy Other type of indemnity Bond

OWNER'S INSURANCE WAIVER: I am aware the 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.
 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/Town _____
APPROVED (OFFICE USE ONLY)

Type of License Plumber Master
 License Number _____

Signature of Licensed Plumber _____