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INSURANCE COVERAGE  I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142  YES NO																
HE YOU 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 <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																
Historia	Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.  CHECK ONE ONLY: OWNER AGENT															7
	SIGNATURE OF OWNER	OR AGE	NT			_			01.2.	,ı. o	_ 0		INILIA KE	d	LIE SAN	isa <b>d</b>
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														dge		
Massacnuseπs 5	State Plumbing Code and Ch	apter 142	. or the	Genera	ai Laws	) e										
PLUMBER-GASFITTER NAME			LICENSE #								SIGNATURE					
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