



CITY  MA DATE  PERMIT #

JOB SITE ADDRESS  OWNER'S NAME

OWNER ADDRESS  TEL  FAX

OCCUPANCY TYPE      COMMERCIAL ☐      EDUCATIONAL ☐      RESIDENTIAL ☐

NEW: ☐      RENOVATION: ☐      REPLACEMENT: ☐      PLANS SUBMITTED: YES ☐ NO ☐

## INSURANCE COVERAGE

**IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW**

**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.

SIGNATURE OF OWNER OR AGENT

PLUMBER-GASFITTER NAME  LICENSE #  SIGNATURE

MP ☐ MGF ☐ JP ☐ JGF ☐ LPGI ☐ CORPORATION ☐ #  PARTNERSHIP ☐ #  LLC ☐ #

COMPANY NAME: ADDRESS:

CITY  STATE  ZIP  TEL   
FAX  CELL  EMAIL