

Town of Ashby
 Inspection of Plumbing
 MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)
 Ashby, Mass Date _____ Permit # _____
 Building Location _____ Owner's Name _____
 Owner's Phone # _____ Type of Occupancy _____
 New Renovation Replacement Plans Submitted: Yes No



FIXTURES

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	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISH WASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV	OTHER FIXTURES:																	
SUB-BSMT.																																						
BASEMENT																																						
1 ST FLOOR																																						
2 ND FLOOR																																						
3 RD FLOOR																																						
4 TH FLOOR																																						
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6 TH FLOOR																																						
7 TH FLOOR																																						
8 TH FLOOR																																						

Installing Company Name _____ Check one: _____ Certificate _____
 Address _____ Corporation _____
 _____ Partnership _____
 Business Telephone _____ Firm/Co. _____
 Name of Licensed Plumber _____

INSURANCE COVERAGE:
 I have a current liability insurance 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 Mass. General Laws, and my signature on this permit application waives this requirement.

Check one: Owner Agent

 Signature of Owner or 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)

Signature of Licensed Plumber

Type of License Master Journeyman

License Number _____