



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

CITY [] MA DATE [] PERMIT # []

JOBSITE ADDRESS [] OWNER'S NAME []

OWNER ADDRESS [] TEL [] FAX []

P
TYPE OR
PRINT
CLEARLY

OCCUPANCY TYPE COMMERCIAL [] EDUCATIONAL [] RESIDENTIAL []
NEW: [] RENOVATION: [] REPLACEMENT: [] PLANS SUBMITTED: YES [] NO []

Table with columns: FIXTURES, FLOOR, BSM, 1-14. Rows include: BATHTUB, CROSS CONNECTION DEVICE, DEDICATED SPECIAL WASTE SYSTEM, DEDICATED GAS/OIL/SAND SYSTEM, DEDICATED GREASE SYSTEM, DEDICATED GRAY WATER SYSTEM, DEDICATED WATER RECYCLE SYSTEM, DISHWASHER, DRINKING FOUNTAIN, FOOD DISPOSER, FLOOR / AREA DRAIN, INTERCEPTOR (INTERIOR), KITCHEN SINK, LAVATORY, ROOF DRAIN, SHOWER STALL, SERVICE / MOP SINK, TOILET, URINAL, WASHING MACHINE CONNECTION, WATER HEATER ALL TYPES, WATER PIPING, OTHER.

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

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 Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE ONLY: OWNER [] AGENT []

SIGNATURE OF OWNER OR AGENT

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 Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER'S NAME [] LICENSE # [] SIGNATURE []

MP [] JP [] CORPORATION [] # [] PARTNERSHIP [] # [] LLC [] # []

COMPANY NAME [] ADDRESS []

CITY [] STATE [] ZIP [] TEL []

FAX [] CELL [] EMAIL []



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Town of Watertown Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other Plumbing Inspector

Contact Person: John MacDonald, Plumbing Inspector Phone #: 617-972-6480

