



# TOWN OF WATERTOWN

## APPLICATION FOR PERMIT TO DO PLUMBING/GASFITTING

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Permit # (Plumbing) \_\_\_\_\_ (Gas) \_\_\_\_\_

Building Location \_\_\_\_\_ Type of Occupancy \_\_\_\_\_

Owner Name \_\_\_\_\_

New  Renovation  Replacement  Plans Submitted Yes  No

P FIXTURES	P											
	SUB-BSMT.	BASEMENT	1 <sup>ST</sup> FLOOR	2 <sup>ND</sup> FLOOR	3 <sup>RD</sup> FLOOR	4 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	6 <sup>TH</sup> FLOOR	7 <sup>TH</sup> FLOOR	8 <sup>TH</sup> FLOOR		
WATER CLOSETS												
KITCHEN SINKS												
LAVATORIES												
BATHTUBS												
SHOWER STALLS												
DISHWASHERS												
DISPOSERS												
LAUNDRY TRAYS												
WASH. MACH. CONN.												
HOT WATER TANKS												
TANKLESS												
SLOP SINKS												
FLOOR DRAINS												
GAS TRAPS												
URINALS												
DRINK. FOUNT.												
AREA DRAIN												
WATER PIPING												
ROOF DRAINS												
BACKFLOW PREV.												
OTHER FIXTURES												

G FIXTURES	G											
	SUB-BSMT.	BASEMENT	1 <sup>ST</sup> FLOOR	2 <sup>ND</sup> FLOOR	3 <sup>RD</sup> FLOOR	4 <sup>TH</sup> FLOOR	5 <sup>TH</sup> FLOOR	6 <sup>TH</sup> FLOOR	7 <sup>TH</sup> FLOOR	8 <sup>TH</sup> FLOOR		
RANGES												
HEATER RANGES												
OVENS												
GRILLES												
HEATING BOILERS												
FURNACES												
UNIT HEATERS												
WATER HEATERS												
DRYERS												
GAS GENERATORS												
LAB. COCKS												
CONV. BURNERS												
ROOF TOP UNITS												
VEN. RM. HEATERS												
POOL HEATERS												
TESTS												
OTHER												

Installing Company Name \_\_\_\_\_ Address \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ Name of Licensed Plumber or Gas Fitter \_\_\_\_\_

Check one:  Corporation  Partnership  Firm/Co. \_\_\_\_\_

**INSURANCE COVERAGE:**

I have a current liability insurance policy or its substantial equivalent that 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 that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent \_\_\_\_\_  
 Check One  Owner  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 compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

Signature of Licensed Plumber or Gas Fitter \_\_\_\_\_

License Number \_\_\_\_\_  
 Plumber  Gasfitter  Master  Journeyman

Type of License: Plumber  Gasfitter  Master  Journeyman

**Town of Watertown**  
**Plumbing/Gas Inspector**  
 149 Main Street  
 Watertown, MA 02472

Tel: 617-972-6480 / Fax: 617-926-7778

