

APPLICATION FOR PERMIT TO DO PLUMBING



TOWN OF DENNIS

**465 Route 28,
Dennisport, MA 02639
508-760-6130**

(OFFICE USE ONLY)

By _____

Fee: \$ _____

PERMIT NO. _____

MAP _____ PARCEL _____

DATE _____

P

AT: BUILDING LOCATION _____

OWNER'S NAME _____

TYPE OF OCCUPANCY _____

NEW PLANS SUBMITTED RENOVATION YES NO REPLACEMENT

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY	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																						

(PRINT OR TYPE)

INSTALLING COMPANY NAME _____

CHECK ONE:

ADDRESS _____

CORP. _____

PARTNERSHIP _____

BUSINESS TELEPHONE _____

FIRM/COMPANY _____

NAME OF LICENSED PLUMBER OR GASFITTER _____

INSURANCE COVERAGE:

CHECK ONE:

I HAVE A CURRENT LIABILITY INSURANCE POLICY OR ITS SUBSTANTIAL EQUIVALENT YES NO

IF YOU HAVE CHECKED YES, PLEASE INDICATE THE TPE 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 Section 21A of the Mass. General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE:

OWNER AGENT

Signature of Owner or Owner's Agent

Signature of Licensed Plumber

License Number Type License:

Plumber Master Journeyman

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 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.