

**MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK****P**
TYPE OR
PRINT
CLEARLY

CITY _____ MA DATE _____ PERMIT # _____

JOBSITE ADDRESS _____ OWNER'S NAME _____

OWNER ADDRESS _____ TEL _____ FAX _____

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

FIXTURES ↴	FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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._____
SIGNATURE OF OWNER OR AGENTCHECK ONE ONLY: OWNER ☐ 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 _____

ROUGH PLUMBING INSPECTION NOTES

BELOW FOR OFFICE USE ONLY

FINAL INSPECTION NOTES

THIS APPLICATION SERVES AS THE PERMIT Yes No
 ☐ ☐

FEE: \$ _____ **PERMIT #** _____

PLAN REVIEW NOTES



TOWN OF TRURO

The Building Department

Truro Town Hall
24 Town Hall Road
Truro, MA 02666

REQUEST FOR PLUMBING/GAS INSPECTION

DATE: _____

DATE OF INSPECTION REQUESTED: _____

OWNER: _____

JOB LOCATION: _____

PLUMBER: _____

INSPECTION TYPE REQUESTED: PLUMBING GAS

- ☐ ROUGH
- ☐ SUBFLOOR
- ☐ FINAL
- ☐ TANK
- ☐ OTHER _____

- ☐ SOMEONE WILL BE PRESENT
- ☐ NO ONE HOME BUT OK TO ENTER
- ☐ IF LOCKED, LOCATION OF KEY _____

Signature of plumber/gas fitter

PLEASE NOTE: Failure to complete this form may result in delayed inspection. It is the responsibility of the plumber/gas fitter to arrange for the inspection. WE DO NOT CONTACT THE HOMEOWNER.

Email Form to: lbudnick@truro-ma.gov; to schedule an inspection!