

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

APPLICATION NUMBER:
21-00638

APPLICATION DATE:
March 2, 2021

PERMIT NUMBER:



P

JOB ADDRESS 25 LYMAN ST, WESTBOROUGH MA 01581 **CITY/TOWN** WESTBOROUGH **STATE** MA

[Enter Unit# if applicable] Unit #:

OWNER'S NAME MAINS FRANK A JR, MAINS CAROLYN L **PARCEL ID** 28-40-0

OWNER'S ADDRESS 25 LYMAN ST **PHONE** (XXX) XXX-XXXX **EMAIL** XXXXXXXXXXXX@XXXXX.XXX

OCCUPANCY TYPE Commercial Residential Educational **PLANS SUBMITTED** Yes No

PROPOSED WORK New Renovation Replacement

FIXTURES↓	FLOORS→	BSMT	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)																

FIXTURES↓	FLOORS→	BSMT	1	2	3	4	5	6	7	8	9	10	11	12	13	14
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE/MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES		<u>1</u>														
WATER PIPING																

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of M.G.L. 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 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

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.

APPLICANT SIGNATURE Richard Martinez

LICENSE # 16014

EXPIRATION DATE

MP JP

CORPORATION #

PARTNERSHIP #

LLC # 3617

REQUIRED DOCUMENTS [Click for Instructions!](#)

Workers' Compensation Insurance Affidavit Required

Click here to:

Certificate of Liability Insurance Required

Click here to:

COMPANY NAME Rooter Master Plumbing and Drains

APPLICANT ADDRESS 1-410 Archstone Circle

CITY Reading

STATE MA

ZIP 01867

APPLICANT PHONE (XXX) XXX-XXXX

FAX (XXX) XXX-XXXX

CELL PHONE (XXX) XXX-XXXX

APPLICANT EMAIL XXXXXXXXXXXX@XXXXX.XXX