

Town of West Boylston

CHECK # _____

Inspection of Plumbing

\$ _____

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)



WEST BOYLSTON _____, Mass. Permit # _____ Date _____

Building Location _____ Owner's Name _____

_____ Type of Occupancy _____

P

New Renovation Replacement Plans Submitted: Yes No

FIXTURES

	AREA DRAIN	BACKFLOW PREV.	BATHTUBS	BOILER	BY-PASS METER	DISHWASHERS	DISPOSERS	DRINKING FOUNTAIN	FLOOR DRAINS	HOT WATER TANKS	KITCHEN SINK	LAUNDRY TRAYS	LAVATORIES	ROOF DRAINS	SHOWER STALLS	SLOP SINK	TANKLESS	URINALS	WASH. MACH. CONN.	WATER CLOSET	WATER PIPING	OTHER FIXTURES	
SUB-BSMT.																							
BASEMENT																							
1 ST FLOOR																							
2 ND FLOOR																							
3 RD FLOOR																							
4 TH FLOOR																							

Installing Company Name _____

Address _____

Business Telephone _____

Name of Licensed Plumber _____

Check One:

Corporation

Partnership

Firm/Co.

Certificate

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 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.

Check One:

Owner

Agent

Signature of Owner or Owner's 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 in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

BY _____
TITLE _____
CITY/TOWN _____
APPROVED (OFFICE USE ONLY)

TYPE OF LICENSE:

PLUMBER

GASFITTER

MASTER

JOURNEYMAN

SIGNATURE OF LICENSED PLUMBER OR GASFITTER

LICENSE NUMBER

Town of West Boylston Plumbing Permit Fee Schedule

Individuals that perform plumbing work in the Commonwealth of Massachusetts must be licensed.

All licensed persons must register with the Town's Building Department and provide a Certificate of Insurance prior to beginning any work. No permits will be given unless there is a currently valid license and Certificate of Insurance on file.

Plumbing permit fees include one rough inspection and one final inspection by the Plumbing Inspector. If additional inspections are required, they are subject to additional fees.

RESIDENTIAL RATES:

* Hot Water Heaters residential or commercial	\$ 20.00	
		Plus Gas Permit if required
* One and two family dwellings	\$ 40.00	one fixture
	\$ 4.00	each additional
* Multi-family (three or more apartments)	\$ 60.00	one fixture
	\$ 5.00	each additional
* Condominiums/town houses (where common building drain is installed underground)	\$ 60.00	each inspection
* Each unit will have a separate permit at the rate of multi-family dwellings	\$ 60.00	one fixture
	\$ 5.00	each additional
* Replacement of fixtures residential	\$ 25.00	one fixture
	\$ 3.00	each additional
* Additional inspections or re-inspections	\$ 50.00	each inspection
* Miscellaneous repairs or piping	\$ 30.00	
* Sewer Connections	\$ 30.00	
* Backflow Preventors	\$ 30.00	

COMMERCIAL RATES:

* Hot Water Heaters	\$ 20.00	
		Plus a Gas Permit if required
* First \$2,000 of work	\$ 100.00	
* Each additional \$1,000 of work	\$ 15.00	
	\$ 6.00	for each fixture