



CITY NORWELL, MA. DATE PERMIT #

JOBSITE ADDRESS		OWNER'S NAME	
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OWNER ADDRESS: TEL: FAX:

OCCUPANCY TYPE: COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐

NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

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 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 ☐

SIGNATURE OF OWNER OR AGENT

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/GASFITTER NAME: LICENSE # SIGNATURE _____

COMPANY NAME: ADDRESS:

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

TEL: CELL: EMAIL:

MASTER ☐ JOURNEYMAN ☐ LP INSTALLER ☐ CORPORATION ☐ # PARTNERSHIP ☐ # LLC ☐ #