



CITY NORWELL, MA. DATE  PERMIT #   
JOBSITE ADDRESS  OWNER'S NAME   
OWNER ADDRESS:  TEL:  FAX:   
OCCUPANCY TYPE: COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐  
NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

### INSURANCE COVERAGE

If you have checked YES, please indicate the type of coverage by checking the appropriate box below.

**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.

PLUMBER NAME:  LICENSE #  SIGNATURE \_\_\_\_\_

COMPANY NAME:  ADDRESS:

CITY:  STATE:  ZIP:  FAX:

TEL:  CELL:  EMAIL:

MASTER ☐ JOURNEYMAN ☐ CORPORATION ☐ #  PARTNERSHIP ☐ #  LLC ☐ #