	MASSACI	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK														<	
	CITY NORWELL					, MA.		DAT	DATE			PERMIT #					
	JOBSITE ADDRES	s					OWNER'S NAME			IAME [
P	OWNER ADDRESS	3:								خا ر	TEL:			LAV.F	2022 E. C.		
TYPE OR																	
PRINT	RESIDENTIAL																
CLEARLY		OVATIC)N: 🔲	RE	EPLACE	MENT: [PLA	NS SU	BMITTE	D: YES	□ N	0 🗌	
FIXUTRES I BATHTUB	FLOORS→	Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
CROSS CONN DI	FVICE					 											
DEDICATED SPE	CIAL WASTE SYS				 	+	ļ						ļ				
DEDICATED GAS	S/OIL/SAND SYS			 	 	 				ļ							
DEDICATED GRE	ASE SYSTEM			 	+	-			-	 			ļ	<u> </u>	,		
DEDICATED GRA	Y WATER SYS				 	 				ļ .			<u> </u>				
DEDICATED WAT	ER REUSE SYS			<u> </u>	 	+			<u> </u>	ļ							
DISHWASHER						 			 		ļ						
DRINKING FOUN						†			<u> </u>		ļ		ļ				
FOOD WASTE GF	RINDER UNIT					+							ļ				
FLOOR / AREA DI													 		<u> </u>		
INTERCEPTOR IN	ITERIOR				†					<u> </u>				<u> </u>			
KITCHEN SINK					<u> </u>				-					 			
LAVATORY																	
ROOF DRAIN	•																
SHOWER STALL																	
SERVICE / MOP S	SINK												· · ·				
TOILET														\longrightarrow			
URINAL																	
WASHING MACHI	NE CONNECTION																
WATER HEATER	ALL TYPES																
WATER PIPING														\longrightarrow			
														+			
I have a current lia	hility incurance nel				INSUR	RANCE C	OVERA	\GE									
If we have the	ability insurance pol	icy or i	is subs	stantial	equiva	lent whi	ch mee	ts the r	equiren	nents o	f MGL.	Ch. 142	YE	4 🔲 8	10 🗌		
ii you nave cnecke	ed <u>YES</u> , please indic	ate the	type of	cover	age by	checkin	g the ap	propri	ate box	below.							
	LIABILITY INSU	RANCE	POLIC	Υ []		OTH	IER TYF	PE IMDE	=MMITV			DONE	. —				
OWNED'S INSUIDA												BONE					
Massachusetts Ge	NCE WAIVER: I am	aware t	hat the	licens	ee <u>doe</u>	s not ha	<u>ve</u> the i	nsuran	ce cove	rage re	quired	by Cha	oter 142	of the			
	neral Laws, and tha	t my sig	nature	on thi	s permi	it applica	ation <u>wa</u>	<u>aives</u> th	is requ	iremen	Ł						
									ONE								
SIGNATURE OF OV	WNER OR AGENT						,	CHECK	ONE	MLY:	OWNE	R	AGENT	. 🔲			
I hereby certify that	all of the details and	informat	ion I ha	wa cuh	mittad (or optoro	d\ ====	-di 41 :									
Knowledge and that	all plumbing work and	d installa	ations n	etturm ne sub	ed nade	or the ner	ru) regar mit issu	uing thi	s applic	ation ar	e true ar	nd accu	rate to th	ie best c	of my		
provision of the Mas	sachusetts State Plur	nbing C	ode and	d Chap	ter 142	of the Ge	nni issui	awe an ioi (i	ns appn	cation w	nii de in	complia	ince with	ı all Pert	inent		
PLUMBER NAME:		<u> </u>			-	NSE#[viul L		1			CIONI	TILDE				
COMPANY NAME: ADDRESS: SIGNATURE																	
CITY:				STATE				_00									
TEL:		ELL:		JIAIE			ZIP:	<u> </u>] · F/	¥Χ: [
11 to 15 to	JRNEYMAN 🗍	<u> </u>	ORPOR	4OLT A		EMAIL: [***************************************		_				
				v-1101/	" # [P	KINEF	RSHIP [_]#[_			C 🗆 # [,		