

**P**  
**TYPE OR**  
**PRINT**  
**CLEARLY**

FIXTURES ↓	FLOOR→	BSM	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)																
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES																
WATER PIPING																
OTHER																

**VALUE OF WORK:**

**FOR OFFICE USE ONLY**

Signature, Treasurer's Office  
\*MGL c40 §57

Cash ☐ Check ☐ # \_\_\_\_\_

License/Insurance On File ☐

**FOR OFFICE USE ONLY**

**Signature, Treasurer's Office**

**\*MGL c40 §57**

Cash ☐ Check ☐ # \_\_\_\_\_

**INSURANCE COVERAGE:**

LIABILITY INSURANCE POLICY ☐ OTHER TYPE OF INDEMNITY ☐ BOND ☐

CHECK ONE ONLY: OWNER ☐ AGENT ☐

SIGNATURE OF OWNER OR AGENT

PLUMBER'S NAME		LICENSE #		SIGNATURE	
MP <input type="checkbox"/>	JP <input type="checkbox"/>	CORPORATION <input type="checkbox"/> #	PARTNERSHIP <input type="checkbox"/> #	LLC <input type="checkbox"/> #	
COMPANY NAME		ADDRESS			
CITY	STATE	ZIP	TEL		
FAX	CELL	EMAIL			