



**Department of Inspectional Services
Worcester, Massachusetts**

Christopher P. Spencer
Commissioner/Building
Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

**Plumbing Permit Application
Filing Instructions**

Attached you will find a downloadable copy of a Plumbing Permit application. The PDF file fee schedule for this permit application is located on the HOME Page for the Department of Inspectional Services. It is found under the Building & Zoning Divisions Fees and Charges section.

Mail In Applications Require Prior Registration: Prior registration consists of a copy of your license, along with a copy of your Workers Compensation Insurance documentation, having been placed on file/registered with the Department of Inspectional Services. If you are registered a completed application, along with a check made out to the City of Worcester may be mailed to:

Department of Inspectional Services
Electrical Division
25 Meade Street
Worcester, MA 01610

Counter Registration and Application Process: If you are not registered with us please visit our 25 Meade Street facility, Monday through Friday between the hours of 8:00am and 4:30pm. Once you provide a copy of your official license and Workers Compensation Insurance documentation you can begin to use the mail in application process.

If you have any questions regarding this process please contact an Inspectional Services representative via email at inspections@worcesterma.gov, fax at (508) 799-8544 or phone at (508) 799-1215.

**MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK****P**
TYPE OR PRINT CLEARLY

CITY _____ MA DATE _____ PERMIT # _____

JOBBSITE ADDRESS _____ OWNER'S NAME _____

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL

NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

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																

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 CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

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 Massachusetts General Laws, and that my signature on this permit application waives this requirement.CHECK ONE ONLY: OWNER AGENT _____
SIGNATURE OF OWNER OR 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'S NAME _____ LICENSE # _____ SIGNATURE _____

MP JP CORPORATION # _____ PARTNERSHIP # _____ LLC # _____

COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL _____

FAX _____ CELL _____ EMAIL _____