	MASSACHU	SETTS	JNIF	ORM A	APPLI	CATIO	ON FO	RAP	ERMI	TTOF	PERF	ORM I	PLUM	BING	WOR	<b>`</b>
	CITY MA_ DATE PERMIT #															
Sandy .	JOBSITE ADDRESS OWNER'S NAME															
P	OWNER ADDRESS TEL FAX															
TYPE OR	OCCUPANCY TYPE:							RESIDENTIAL								
PRINT	NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐															
FIXTURES 7	FLOOR→	BSMT	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONNECTION DEVICE														1	t	1
DEDICATED SPECIAL WASTE SYS								-						1.	1	1
DEDICATED GAS/OIL/SAND SYS												1	1	1	<del>                                     </del>	1
DEDICATED GREASE SYS										1	<del>                                     </del>	<b>†</b>		<del>                                     </del>		1
DEDICATD GRAY WATER SYS											<del>                                     </del>		<del> </del>	+	-	+
DEDICATED WATER RECYCLE SYS										<del> </del>	<del> </del>	+	-	-	<del> </del>	-
DRINKING FOUN					-					-			-	-		├
DISHWASHER					-	-							-			-
FOOD DISPOSER		$\vdash$			<u> </u>					<u> </u>			-			
FLOOR / AREA DI		1														
INTERCEPTOR (INTERIOR)		-														
KITCHEN SINK																
LAVATORY					-											
		$\vdash$														
ROOF DRAIN																
SHOWER STALL	NA 07	<u> </u>														
SERVICE / MOP SINK							•									
TOILET																
URINAL																
WASHING MACHINE CONNECTION			.													
WATER HEATER ALL TYPES		90														
WATER PIPING																
OTHER																
							7									
				INSL	JRANC	E CO	ERAG	E:								
I have a current	llability insurance polic	y or its s	substa	ntial e	quivale	ent whi	ch, med	ets the	requir	ements	of MG	SL 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 <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																
													П			
Signature of Owner or Owner's Agent CHECK ONE BOX ONLY: OWNER AGENT																
best of my Know	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.														o the	
PLUMBER NAME _						s	IGNATU	RE								
	MP [] JP []															- 1
COMPANY NAME _					ADD	RESS:										
	1															1
TEL			CE	ц				_		F	AX					

## Town of Phillipston

Plumbing Inspector Rick Geyster Cell: (978) 895-3924

## FEE SCHEDULE FOR PLUMBING PERMITS

## **PLUMBING**

\$175 All new residential dwelling units (covers all fixtures & includes 3 inspections, any additional inspections will be \$10)

\$ 75 per permit All residential remodel work (includes one fixture/appliance, plus \$10 per additional fixture/appliance)

\$150 per permit All commercial work under 5,000 sq. ft. (new or remodel; includes one fixture/appliance, plus \$10 per additional fixture/appliance)

\$300 per permit All commercial work over 5,000 sq. ft. (new or remodel; includes one fixture/appliance, plus \$10 per additional fixture/appliance)

All other work (residential or commercial) \$ 45 per inspection

All re-inspection fees will be \$40

All sections of the Massachusetts Plumbing & Fuel & Gas Code CMR248 will be strictly adhered to.

 All applications for permits shall be accompanied by a check made payable to the Town of Phillipston