MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(print or type) (City, Town) Permit #: _____ Building Location: Owner's Name: Type of Occupancy: New Renovation Replacement ___ Plans Submitted: Yes No **FIXTURES** VASH. MACH. CONN **IOT WATER TANKS** DRINKING FOUNTAIN **AUNDRY TRAYS 3ACKFLOW PREV.** SHOWER STALLS VATER CLOSETS ITCHEN SINKS FLOOR DRAINS **JISHWASHERS WATER PIPING SOOF DRAINS AVATORIES** REA DRAIN SLOP SINKS **3AS TRAPS SATHTUBS** SPOSERS ANKLESS OTHER! SUB-BSMT. **BASEMENT** 1ST FLOOR 2nd FLOOR 3rd FLOOR 4th FLOOR 5th FLOOR 6th FLOOR 7th FLOOR 8th FLOOR Check One: Certificate Installing Company Name Corporation Partnership Firm/Company Business Telephone Name of Licensed Plumber **INSURANCE COVERAGE:** I have a current liability insurance policy or its substantial equivalent which meets the requirement of MGL Ch. 142. Yes □ No □ If you have checked <u>ves</u>, please indicate the type of coverage by checking the appropriate box. A 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 Mass. General Laws, and that my signature on this permit application waives this requirement. Check one: Owner Agent Signature of Owner/Agent I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws. TYPE LICENSE By _____ Signature of Licensed Plumber Master City/Town_____ \square Journeyman License Number APPROVED (OFFICE USE ONLY)



The Commonwealth of Massachusetts Department of Industrial Accidents

Office of investigations

600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors / Gas

<u>/>3355)31X23313//333133333333333333</u>					
name:					
address:					
city sta	ate:	zip:	phone	#	
work site location (full address):					
I am a homeowner performing all work myse	elf.	Project Type:	New Const	ruction Remodel	
I am a sole proprietor and have no one worki	ing in any cap		Building A	ddition	
I am an employer providing workers' compensation	ensation for my	employees working	g on this job.		
company name:					
COMPANY MAMO					
address:		<u> </u>			
city:		phone #:			
CRY.		· · · · · · · · · · · · · · · · · · ·			
insurance co.		policy #			
☐ I am a sole proprietor, general contractor, o	or homeowner	(<i>circle one</i>) and ha	ve hired the co	ontractors listed below who	
have the following workers' compensation police		(**************************************			
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insurance co.					
company name:		<u></u>			
address:			. ,		
city:		phone #:	 		
insurance co.		policy#			
Attack additional sheet if necessary					
Failure to secure coverage as required under Section 25A of one years' imprisonment as well as civil penalties in the form	f MGL 152 can le	ad to the imposition of a	riminal penalties	of a fine up to \$1,500.00 and/or	
copy of this statement may be forwarded to the Office of Inv	vestigations of the	DIA for coverage veri	lication.	games me. I understand that a	
 I do hereby certify under the pains and penalties of po	varium that the	information provided	l above is true a	nd correct	
t do hereby certify under the pains and pendities of po	erjury inai ine	injormation provided	avove is true a	na correct.	
Signature		I	Date	· · · · · · · · · · · · · · · · · · ·	
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Print name	Property and the second state of the second st	Commence of the Commence of th	hone #	No 7-10 Parishment and the Association of the Conference of the	
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official use only do not write in this area to be comp	neted by city of to	WII OTHERA			
city or town:		permit/license #		Building Department	
check if immediate response is required				Selectmen's Office	
•	_			Health Department	
contact person:	phone	#;		UOther	
one years' imprisonment as well as civil penalties in the form copy of this statement may be forwarded to the Office of Inv I do hereby certify under the pains and penalties of possignature	aredy extractant	1445. av 2550 3750 375			

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An *employer* is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required. Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for you cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents

Office of Investigations

600 Washington Street

600 Washington Street Boston, Ma. 02111 fax #: (617) 727-7749

phone #: (617) 727-4900 ext. 406