Devens Enterprise Commission – 33 Andrews Parkway – Devens, MA 01434

	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK															
	CITY MA DATE PERMIT #															
	JOBSITE ADDRESS OWNER'S NAME															
P	OWNER ADDRESS FAX													aconomica consensati		
TYPE OR	OCCUPANCY TYPE						UCATI	ONAL						* *************************************		
PRINT CLEARLY	NEW: RENOVAT	ΓΙΟΝ: 🔼	R	EPLAC	EMEN	T: [_]					PLANS	S SUBN	MITTED	: YES	NO	
FIXTURES 1	FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB					L				en e							
CROSS CONNECTION DEVICE											_					
DEDICATED SPECIAL WASTE SYSTEM						ļ.,			ALEX TRACE							
DEDICATED GAS/OIL/SAND SYSTEM DEDICATED GREASE SYSTEM		 		***************************************									 			
DEDICATED GRAY WATER SYSTEM																
DEDICATED WATER RECYCLE SYSTEM				550000000												
DISHWASHER							Annual Control	MARKET MARK								
DRINKING FOUNTAIN			ALUMN THE STATE OF								Service property					
FOOD DISPOSER																
FLOOR / AREA DRAIN										Allerton and the state of the						
INTERCEPTOR (INTERIOR)														Lastin Person		
KITCHEN SINK						Les executes	CARCINO MATERIAL DE					Print Carlos and				
LAVATORY ROOF DRAIN		ļ.		CONT. THE REST OF THE PARTY.	and the same of								-			
SHOWER STALL																
SERVICE / MOP SINK								***************************************				-				
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WASHING MACHINE CONNECTION					CZe/MONEGO MONEGO										***************************************	and the second
WATER HEATER ALL TYPES									2004							
WATER PIPING														200000000000000000000000000000000000000		
OTHER																
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				INS	URAN	CF CO	VERA	l	Laurence and a second		L	LIEU-LANDON .	<u></u>			<u> </u>
I have a current <u>liability</u> 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 NAM	E		***************************************		ADDR	RESS										
CITY		STA	TE [***************************************	ZIP [it of the latest and			TEL [Marie de la companya					
FAX CELL EMAIL													*******************************			