

**MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING**

Town of Lancaster, Massachusetts      Date \_\_\_\_\_ 20 \_\_\_\_      Permit # \_\_\_\_\_

Building Location \_\_\_\_\_

Owners Name \_\_\_\_\_ Type of Occupancy \_\_\_\_\_

New \_\_\_\_\_ Renovation \_\_\_\_\_ Replacement \_\_\_\_\_ Plans submitted YES \_\_\_\_ NO \_\_\_\_

**FIXTURE**

<b>P</b>	<b>WATER CLOSETS</b>	<b>KITCHEN SINKS</b>	<b>LAVATORIES</b>	<b>BATH TUBS</b>	<b>SHOWER STALLS</b>	<b>DISHWASHERS</b>	<b>DISPOSALS</b>	<b>LAUNDRY TRAYS</b>	<b>WASH. MACH. CONN.</b>	<b>HOT WATER TANKS</b>	<b>TANKLESS</b>	<b>SLOP SINKS</b>	<b>FLOOR DRAINS</b>	<b>GAS TRAPS</b>	<b>URINALS</b>	<b>DRINKING FOUNTAIN</b>	<b>AREA DRAIN</b>	<b>WATER PIPING</b>	<b>ROOF DRAINS</b>	<b>BLACKFLOW PREV.</b>	<b>OTHER FIXTURES</b>				
SUB-BSMT																									
BASMENT																									
1 <sup>ST</sup> FLOOR																									
2 <sup>ND</sup> FLOOR																									
3 <sup>RD</sup> FLOOR																									
4 <sup>TH</sup> FLOOR																									
5 <sup>TH</sup> FLOOR																									
6 <sup>TH</sup> FLOOR																									
7 <sup>TH</sup> FLOOR																									
8 <sup>TH</sup> FLOOR																									

Installing Company Name \_\_\_\_\_ Check one Certificate \_\_\_\_\_  
 Address \_\_\_\_\_ Corp. \_\_\_\_\_  
 \_\_\_\_\_ Partnership \_\_\_\_\_  
 Business Telephone \_\_\_\_\_ Firm/Company \_\_\_\_\_  
 Name of Licensed Plumber or Gas Fitter \_\_\_\_\_

**Insurance Coverage**

I have a current liability insurance policy of its substantial equivalent, which meets the requirements of MGL CH 142 YES \_\_\_\_ NO \_\_\_\_

If you have checked yes, please indicate the type of covering 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 permits application waives this requirement.

\_\_\_\_\_  
 Signature of Owner or Owner's Agent      Owner \_\_\_\_ Agent \_\_\_\_ (check one)

I herby 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 the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

Type of License \_\_\_\_\_  
 \_\_\_\_\_ Plumber      Signature of Licensed Plumber or Gas Fitter  
 \_\_\_\_\_ Gas Fitter  
 \_\_\_\_\_ Master      License Number \_\_\_\_\_  
 \_\_\_\_\_ Journeyman      Inspection Date Requested \_\_\_\_\_

By \_\_\_\_\_  
 Title \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 APPROVED (OFFICE USE ONLY)

**Town of Lancaster**  
**Office of the Plumbing and Gas Inspector**

**Fee Schedule June 5, 2018**

New Construction- Residential and Commercial	<b>\$ 100.00 Basic Fee plus \$ 20.00 per fixture</b>
Alterations, Renovations, Repairs Single/Multi family, Commercial, Industrial, Churches, and property Owned by the Town:	<b>\$ 60.00 Basic Fee plus \$ 20.00 per fixture</b>
Replacement or Installation of gas, Oil, electric, solar, indirect storage, Tank less hot water heater	<b>\$ 60.00 Basic Fee plus \$ 20.00 per unit</b>
Approved Backflow Prevention Devices on replacement boilers, Fire protection systems and lawn Irrigation systems	<b>\$ 60.00 Basic Fee plus \$ 20.00 per unit</b>
Fees for Re-inspection	<b>\$ 50.00 per visit</b>

**Checks payable to: Town of Lancaster**

**Massachusetts Uniform Application forms are permissible**

Applications available at: Prescott Building  
Office of Inspectional Services,  
701 Main Street, Suite 4  
Lancaster, MA 01523

Please drop off applications or mail to the Office of Inspectional Services at the Prescott Building.