



### **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](mailto: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 \_\_\_\_\_