

(Print or Type)

k54\	(Time of	ТУР	<i>C)</i>																							
D G							,M	ass.	D	ate					20		Pe	ermi	t #							
	Building Location																									
	Owner Tel#																									
	Owner rei												_1,	рс	01 0	ccu	pan									
	New		R	eno	vati	on		R	epla	icen		□ XTU	IRF	S					Plar	ı Su	bmi	tted:	Yes	; 🗆	No	
n												X I C) I \ L													
-																										Ι
_																	z								1	l
		S				S			S)	NN	NKS						DRINKING FOUNTAIN					3S:			1	l
		WATER CLOSETS	KITCHEN SINKS	SS		SHOWER STALLS	띪		LAUNDRY TRAYS	WASH MACH CONN	HOT WATER TANKS		l	FLOOR DRAINS	,		FOUR	z	ING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:			1	l
		CC	IS NE	LAVATORIES	BATHTUBS	R ST	DISHWASHER	ERS	RY J	MAC	ATEI	TANKLESS	SLOP SINKS	DR.	GAS TRAPS	S	NGI	RAI	PIP))RAI	COW	FIX			1	l
		TER	CHI	VAT	THT	OWE	MH.	SPOS		\SH]	T W	NKL	OP S	OOR	S TI	URINALS	INK	EA I	\TER	OF I	CKF	HER			1	l
		/M	ΙΧ	ΓA	BA	SH	ä	ĭ	ΓĀ	/M	НО	TA	ST	FL	GA	E E	ZK	AR	M	8	BA	OI	4	_	╙	퇶
	SUB-BSMT						_							\vdash		_				L	_	$\vdash \vdash$	+	+	╀	╀
	BASEMENT	\vdash	\vdash	┢		\vdash	┝		┝	┝			\vdash	\vdash		┢	\vdash			\vdash	\vdash	Н	+	+	╀	╀
	1 ST FLOOR 2 ND FLOOR			\vdash			\vdash		\vdash	\vdash				Н		┢						H	+	+	+	t
	3 RD FLOOR																					П		士		T
	4 TH FLOOR																							\perp		Γ
	5 TH FLOOR													lacksquare								\sqcup	_	_	_	╀
	6 TH FLOOR	H	L			L								H						H	H	\vdash	+	+	╁	╀
	7^{TH} FLOOR 8^{TH} FLOOR	\vdash	\vdash		\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash		_	Н		\vdash				\vdash	\vdash	Н	+	+	+	t
~																				•		_	1.01			_
Installing Co	ompany Name																C	hecl	c on	e:		Cer	tifica	ie		
Address												_					Q	Coı	por	atio	n .					
												_					Q	Par	tner	ship						
Rusiness Tel	ephone #																	0 1	Firm	ı/Cc	,					
Justiness Ter	ерионе //																	α,		<i>I</i> CC	, .	_				
Name of Lice	ensed Plumber																									
INSURANCE	COVERAGE:																									
I have a current Yes C	nt liability insurance p No Q	olicy	or it	s sub	stant	ial e	quiva	lent	whic	h me	ets tł	ie rec	quire	ment	ts of l	MGL	Ch.	142.								
	necked <u>yes</u> , please indi	cate	the ty	pe c	overa	age b	y che	eckin	g the	appı	ropria	ate b	ox. A	1												
liability insura	ance policy Q	Othe	r type	e of i	nden	nnity	Q		Во	ond	Q															
OWNED'S IN) . I a	m 011	iara t	hat tl	aa lia	onco	a dae	na nat	t hov	a tha	incu	ron o	2 001	oro o	a ragi	irad	hv C	hont	or 1/	2 of	tha M	0.00			
	ISURANCE WAIVER , and that my signature															•	ıırea	ву С	парі	er 14	-2 01	the M	ass.			
													C		one: Own		, ,	Agen	t O							
_	Owner or Owner's Age																	_								
	that all of the details and install																									
r															2 of tl						I		r			
Ву			c.		CI		1.7	21 1																		
Title			Sigi	natur	e oi l	_icen	isea I	rium	oer																	
City/Town									T	ype c	of Lic	ense	: Ma	ster	Q		Jo	ourne	yma	n Q						
	(OFFICE USE ONLY	<u>(</u>)							Lie	cense	Nur	nber_														