MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

P

City/Town: , MA. Date: Permit#

Building Location: Owners Name:

Type of Occupancy: Commercial Educational Industrial Institutional Residential

New: Alteration: Renovation: Replacement: Plans Submitted: Yes No

FIXTURES

	AREA DRAINS	BACKFLOW PREV.	BATHTUBS	DISHWASHERS	DISPOSERS	FLOOR DRAINS	GAS TRAPS	HOT WATER TANKS	KITCHEN SINKS	LAUNDRY TRAYS	LAVATORIES	ROOF DRAINS	SHOWER STALLS	SLOP SINKS	TANKLESS	URINALS	WASHING MACH. CONN.	WATER CLOSETS	WATER PIPING	OTHER FIXTURES:							
SUB BSMT.																											
BASEMENT																											
1ST FLOOR																											
2ND FLOOR																											
3RD FLOOR																											
4TH FLOOR																											
5TH FLOOR																											
6TH FLOOR																											
7TH FLOOR																											
8TH FLOOR																											

Installing Company Name:

Address: City/Town State: MA

Business Tel: Fax:

Name of Licensed Plumber:

Check One Only Certificate #

✓ Corporation

Partnership

Firm/Company

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 have checked Yes, please indicate the type of coverage by checking the appropriate box below.

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 Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Check One Only

Signature of Owner or Owner's Agent Owner 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.

By

Title

City/Town

APPROVED (OFFICE USE ONLY)

Type of License:

✓ Plumber

Master ✓

Journeyman

Signature of Licensed Plumber

License Number:

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statue, 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*** defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the forgoing 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 that 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(6) 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, MGL chapter 152 section §25(7) states "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 and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificates(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the Members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit 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. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Towns Officials

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. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The office of Investigations would like to thank you in advance for your 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
Boston, MA 02111

phone #: (617) 727-4900 ext. 406 or 1-877-MASSAFE
fax#: (617) 727-7749
www.mass.gov/dia

Revised 11-22-06

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual) : _____

Address: _____

City/State/Zip: _____ **Phone#**: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ I am a homeowner doing all work myself [No workers' comp. insurance required] +
4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
5. ☐ We are a corporation and its officers have exercised their right of exemption perm MGL c. 152, § 1(4), and we have no employees. [no workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

***Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.**
+Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡Contactors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration (date).

Failure to secure coverage as required under Section 25a of MGL 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of $250.00 a day against violator. Be advised that a copy of this statement maybe forwarded to the Office of Investigations of the DIA for coverage verification.

I do herby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ *Date:* _____

Print Name: _____ *Phone #:* _____

Official use only ***Do not write in this area to be completed by city or town official***

City or Town: _____ **Permit/license #:** _____

Issuing Authority (circle one):
1.Board of Heath **2. Building Department** **3. City/Town Clerk** **4. Electrical Inspector** **5. Plumbing Inspector**
6. Other _____

Contact person: _____ **Phone #:** _____