PLUMBING PERMIT APPLICATION

APPLICATION DETAILS										
Application #:	P-24-119900	Date Issued:	12/01/15		Permit #:	P-15-	-0214		Pate Paid :	12/02/15
Fee Payable: (\$)	0.00	Fee Paid: (\$)	105.00	Receipt # :		67602		_		
SECTION 1 - SIT	E INFORMATION									
Street Name	SAMPSON PKWY				Map Block Lot					
Street Number	86				Zoning					
Unit Number										
SECTION 2 - OV	VNER INFORMATION									
Owner Name	Michael McNeil									
Street Number	0		Street Name	PO Box 6	2					
City			State					Zip		
Telephone	2399948747		Email	mokemcn	eil@hotmai	l.com				
SECTION 3 - AP	PLICANT INFORMATIO	N								
Applicant Name	Michael McNeil									
Street Number	0		Street Name	PO Box 6	2					
City	Hinsdale		State	MA				Zip	123	5
Telephone	2399948747		Email							
SECTION 4 - MA	ALLING ADDRESS									
Street Number	0		Street Name	PO Box 6	2					
City	Hinsdale		State	MA				Zip	123	5

New Renov	ation	\bigcirc	Replac	ement				Plar Sub	is mitted		0	Yes	\bigcirc	No		
Certificate Corporat	ion (Partr	nership	· O	LLC			Sole oroprie	etor	26	5592					
ype of Occupancy	Resid	ential														
						FIX	TURES									
PROPOSED WORK	SUB BSMT	BSMT	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th
BATHTUB																
CROSS CONNECTION DEVICE																
DEDICATED SPECIAL WASTE SYS																
DEDICATED GAS/OIL/SAND SYS																
DEDICATED GREASE SYS																
DEDICATED GRAY WATER SYS																
DEDICATED WATER RECYCLE SYS																
DRINKING FOUNTAIN																
DISHWASHER			1													
FOOD DISPOSER																
FLOOR/AREA DRAIN																
NTERCEPTOR(INTERIOR)																
KITCHEN SINK			1													
_AVATORY			1	1												
ROOF DRAIN																
SHOWER STALL																
SERVICE/MOP SINK																
TOILET																
JRINAL																
WASHING MACHINE				1												
WATER HEATER ALL TYPES																
VATER PIPING			1	1												
OTHER		1														
JNDERGROUND PLUMBING																

SECTION 6 - CO	NTRACTOR INFORMATION								
Name			Туре						
LIC No.		VERIFY	Expiration Date						
Business Name			Туре						
LIC No.	26592		Expiration Date	05/01/16					
Street Number	52		Street Name	John St					
City	Dalton State	MA		Zip <u>01226</u>					
Telephone No.	4138224951		Alternate Tel. No.						
Email			Fax						
SECTION 7 - EST	IMATED COST								
Estimated Value	of Work \$ 2000.00								
	<u> </u>								
SECTION 9 OW	VALEDIS INICUDANISE (AUTUODIZATION	•							
	NER'S INSURANCE/AUTHORIZATION	l							
INSURANCE COVERAGE: I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.									
Yes No									
A liability insurance policy Other type of indemnity Bond									
OWNER'S INSUR	RANCE 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.									
Owner Agent									
Owner Email mokemcneil@hotmail.com OR Copy of Signed Contract to be attached after submitting application									
I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.									
DECLARATION									
I, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing									
application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.									
I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct. I hereby 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 Plumbing Code and Chapter 142 of the General Laws.									