



**City of Lowell**  
 Division of Development Services  
 375 Merrimack Street, Room 55  
 Lowell, MA 01852  
 P: 978.674.4144 F: 978.446.7103

# PLUMBING PERMIT

**Fee: Calculated**

**Property Address (include unit #s):** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Owner Address (if different):** \_\_\_\_\_

**Owner City, State, Zip (if different):** \_\_\_\_\_

**Owner Phone Number:** \_\_\_\_\_ **Owner Email:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Company City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**License No:** \_\_\_\_\_ **Expiration:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**License Type**     Master                       Journeyman

**Type of Work**     Residential     Commercial/Industrial                      **Number of Units:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

App #: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Permit #: \_\_\_\_\_

*Get instant email notification when your permit is issue and inspections completed. Don't forget to give us your email.*

Indicate # of Fixtures	Common Area/BSMT	UNIT 1	UNIT 2	UNIT 3	UNIT 4	UNIT 5	UNIT 6	UNIT 7	UNIT 8	UNIT 9	UNIT 10
Bathtub											
Dishwasher											
Drinking Fountain											
Food Disposer											
Floor/Area Drain											
Interceptor											
Kitchen Sink											
Lavatory											
Roof Drain											
Shower Stall											
Service/Mop Sink											
Toilet											
Urinal											

**TOTAL FIXTURES ON THE NEXT PAGE**

Indicate # of Fixtures	Common Area/BSMT	UNIT 1	UNIT 2	UNIT 3	UNIT 4	UNIT 5	UNIT 6	UNIT 7	UNIT 8	UNIT 9	UNIT 10
Washing Machine Conn											
Water Heater											
Water Piping											
Cross Connection Device											
Dedicated Special Waste											
Dedicated Gas/Oil/Sand											
Dedicated Grease											
Dedicated Gray Water											
Back Flow Preventer											
Laundry Tray											
Water Recycle											
<b>TOTAL FIXTURES PER UNIT (Pgs 1 &amp; 2)</b>											

**Dig Safe Ticket Number** (Required for ground work only): \_\_\_\_\_

**Insurance Coverage:** Unless waived by the owner, no permit for the performance of plumbing work may be issued unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent.  Insurance  Bond  Other

**Owner's Insurance Waiver:** I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the  owner  owner's agent

Owner/Agent Signature: \_\_\_\_\_

**Taxes and Financial Obligations:** In accordance with City of Lowell policy, all taxes, fees, fines and financial obligations must be current before a permit will be issued.

**Applicant's/Owner's Responsibility to Have Work Inspected**

Failure to obtain proper permits or to have the work inspected and signed off on can result in loss of homeowner's insurance, impact the sale or transfer of the property, result in the suspension or revocation of contractor's state licenses and subject the owner or contractor to fines of up to \$1,000.

As the Applicant, I hereby declare, under the pains and penalties of perjury that the statements and information provided herein are true and accurate, to the best of my knowledge and behalf, and that I understand the requirements, regulations and laws applicable to the work described herein.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_