



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P  
TYPE OR  
PRINT  
CLEARLY

CITY \_\_\_\_\_ MA. DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_

JOB SITE ADDRESS \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

OCCUPANCY TYPE: COMMERCIAL  EDUCATIONAL  RESIDENTIAL

NEW:  RENOVATION:  REPLACEMENT:  PLANS SUBMITTED: YES  NO

FIXTURES ↓	FLOOR →	BSMT	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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																
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																

*Inspections Requested*

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 walves this requirement.

CHECK ONE BOX ONLY: OWNER  AGENT

Signature of Owner or Owner's 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 provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

LIC # \_\_\_\_\_ MP  JP  CORPORATION  # \_\_\_\_\_ PARTNERSHIP  # \_\_\_\_\_ LLC  # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

TEL \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_



# Town of Charlton

www.townofcharlton.net

DEPARTMENT of BUILDING  
INSPECTIONAL SERVICES

37 MAIN STREET  
CHARLTON, MA 01507  
508-248-2241

[Building.ZEO@townofcharlton.net](mailto:Building.ZEO@townofcharlton.net)

## Wiring Fee Schedule

September 1, 2018

Type	Effective 09-01-18	Inspections
New homes - per dwelling unit	225	3
New home with underground	300	4
Additions	150	2
Multifamily per unit	150	2
Garage	150	2
Temporary service	75	1
Service repair	75	2
Pool above ground	150	2
Pool in ground	225	3
Fire or security system	75	1
Generator	75	1
Residential solar	75	1
Other not provide for	75	1
Additional or reinspection	75	1
Commercial per inspection	75	1

## Plumbing and Gas Fee Schedule

September 1, 2018

Type	Effective 09-01-18	Inspections
New homes - per dwelling unit	150	2
New home with underground	225	3
Additions	150	2
Multifamily per unit	150	2
Gas rough and final	150	2
Other not provide for	75	1
Additional or reinspection	75	1
Commercial per inspection	75	1

Electrical, plumbing and gas; technical meetings and plan reviews are charge as an inspection.  
An inspection is any part up to one hour, including travel time.  
Fee/Fine appeal in accordance with BOS Policy #31.