Dracut Online Permitting Instructions

Please read carefully before proceeding.

1. **Save this form to your computer first.** We recommend creating a folder especially for your permit applications, and naming each one for the street address. (e.g. PlumbingPermit.62.ArlingtonSt.07.01.2016.pdf) You will need to be able to find it later and open it using Adobe Acrobat Reader. if you have other documents to include such as a WC affadavit, plans, etc. please also save them as PDFs. You will be able to upload them after paying for the permit.

2. Open your saved PDF and fill in the application in the normal manner, including the cost calculator at the end. Don't forget to hit "save" when you're done.

3. Next, log in to the Dracut online permitting website. Follow the instructions to upload your completed form. It will then allow you to pay for the permit.

4. Having completed the payment you will be able to upload any additional documents and download and print a copy of the submitted application for your records. When the application has been approved you will receive an email with the permit number.

Thank you.

Please continue below.

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P

TYPE OR PRINT CLEARLY

CITY DRACUT MA DATE _____ PERMIT # _____

JOBSITE ADDRESS _____ _____ OWNER'S NAME _____

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐

NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

FIXTURES ↴ FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB															
CROSS CONNECTION DEVICE															
DEDICATED SPECIAL WASTE SYSTEM															
DEDICATED GAS/OIL/SAND SYSTEM															
DEDICATED GREASE SYSTEM															
DEDICATED GRAY WATER SYSTEM															
DEDICATED WATER RECYCLE SYSTEM															
DISHWASHER															
DRINKING FOUNTAIN															
FOOD DISPOSER		2													
FLOOR / AREA DRAIN															
INTERCEPTOR (INTERIOR)															
KITCHEN SINK															
LAVATORY															
ROOF DRAIN															
SHOWER STALL															
SERVICE / MOP SINK															
TOILET		2													
URINAL															
WASHING MACHINE CONNECTION															
WATER HEATER ALL TYPES															
WATER PIPING															
OTHER															

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 waives this requirement.

Plumbers not carrying Liability Insurance must use the paper application form.

CHECK ONE ONLY: OWNER ☐ AGENT ☐

_____
SIGNATURE OF OWNER OR 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.

PLUMBER'S NAME _____ LICENSE # _____ _____
SIGNATURE
Complete all edits before signing!

MP ☐ JP ☐ CORPORATION ☐ # _____ PARTNERSHIP ☐ # _____ LLC ☐ # _____

COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL _____

FAX _____ CELL _____ EMAIL _____

PLUMBING PERMIT FEE CALCULATOR

Tracking Number

			Number	
1	**Proposed Work**			**Fee**
2	Residential renovation	Number of fixtures ?		$ 0
3	New Home	Number of bathrooms?		$ 0
4	Multi-family dwelling	Number of Units?		$ 0
5	Commercial New Construction	Number of fixtures?		$ 0
6	Commercial remodeling	Number of Fixtures		$ 0
7	Single Replacement boiler / HW			$ 0
8	Backflow preventer	Number of Devices?		$ 0
9				
10			Total	$ 0