Welcome to Salisbury On-Line Permits

This Application is to be filled out online, printed, and brought to the Building Department for a Permit.

1. **Application** - This is a **Fillable PDF form** and works on most websites.

   - If you have trouble, upload and use **Adobe Reader;** it is a free program.

2. **Entering Information** –

   - You must type it in (no handwritten permits).
   - You must fill in all required boxes

3. **Submission via Email *and* Paper** - Once you have completed the Application form,

   - Please scroll to the **last** page and **MOUSE/CLICK** on the EMAIL and PRINT button. This will do 2 things;

     - A copy is required to be **emailed** to us for our computer records.
     - A copy must be **printed** on *your* printer to bring to the Building Department.

   - If you have troubles with the emailing, save a copy and email it through your regular email, as an attachment to permits@salisburyma.gov. *Please add the Address and Permit type in the subject heading*.

4. **To Close the Application** - Once you have printed and emailed the necessary copies, please

   MOUSE/CLICK the CLOSE button to end your session.

5. **Payment** – You may pay at the Department with credit card, cash (*exact amount, please*) or check.

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Warning – The Applicant must bring the paper copy, with attachments and signatures, to our office in order to START the review process to get a Permit.

It may take up to 30 days after we get the application to issue a permit.

P

TYPE OR PRINT CLEARLY

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

CITY **SALISBURY** MA DATE PERMIT #

JOBSITE ADDRESS OWNER'S NAME

OWNER ADDRESS TEL FAX

OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL Multi Family

NEW: RENOVATION: REPLACEMENT: FEE $ 0 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															
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															
FIXTURE SUMMARY	0	0	0	0	0	0									

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.

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

MP JP SOLE PROPRIETOR CORPORATION # PARTNERSHIP # LLC #

COMPANY NAME ADDRESS

CITY STATE ZIP TEL

FAX CELL EMAIL

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual):

Address:

City/State/Zip: Phone #:

Are you an employer? Check the appropriate box:

Check One

1. ☐ I am a 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

Check One

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

*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.
‡Contractors that check this box must attached 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.

Applicant must fill out

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: Salisbury, MA 01952

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

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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 up to $250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: Date:

Phone #:

Sign Hardcopy in Pen

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

City or Town: Salisbury, MA 01952 **Permit/License #**

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

Contact Person: Scott Vandewalle, B.I. **Phone #:** 978-462-7839

Plumbing/Gas Fee Calculation

SALISBURY eff. 9/8/2015

1. Scope of Work		Check One	Fee
Residential (1 & 2 Family, 3 Townhouse Only)	*$75 min.*		
		OR	
Residential - MultiFamily (apartments, condos, etc)	*$50 per unit*	*Units Qty* ENTER #	
		OR	
Commercial	*$90 min.*		$ 0

2. Fixture Count Fee			
Fixtures	*$10 each*	*Fixt. Qty* ENTER # 0	$ 0

3. Hot Water Heater (only)			
Residential	*$50 each*	*Heater Qty* ENTER #	
Commercial	*$60 each*	ENTER #	$ 0

TOTAL FEE $ 0

FEE RESET

CLICK on each in Order

1. EMAIL 2. PRINT 3. CLOSE

RESET