

4810

BOSTON ON LINE (WO 21)

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING



P

City/Town: Allston MA Date: Permit# 4810

Building Location: 533 Cambridge St Owners Name:

Type of Occupancy: Commercial [ ] Educational [ ] Industrial [ ] Institutional [ ] Residential [X]

New: [X] Alteration: [ ] Renovation: [ ] Replacement: [ ] Plans Submitted: Yes [ ] No [ ]

FIXTURES

Handwritten notes: 191500, 0222

Table with columns for fixture types (Area Drains, Backflow Prev., BathTubs, Dishwashers, Disposers, Floor Drains, Gas Traps, Hot Water Tanks, Kitchen Sinks, Laundry Trays, Lavatories, Roof Drains, Shower Stalls, Slop Sinks, Tankless, Urinals, Washing Mach. Conn., Water Closets, Water Piping, Other Fixtures) and rows for building levels (Sub Bsmt., Basement, 1st Floor, 2nd Floor, 3rd Floor, 4th Floor, 5th Floor, 6th Floor, 7th Floor, 8th Floor).

Installing Company Name: Willwerth Plumbing
Address: 26 Green St City/Town: Reading State: MA
Business Tel: 781-942-3233 Fax: 781-942-5754
Name of Licensed Plumber: Wade Willwerth

Check One Only Certificate #
[X] Corporation
[ ] Partnership
[X] Firm/Company

INSURANCE COVERAGE: I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes [X] No [ ]

If you have checked Yes, please indicate the type of coverage by checking the appropriate box below.
A liability insurance policy [X] 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.

Signature of Owner or Owner's Agent
Owner [ ] 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.

By: [ ] Title: [ ] City/Town: [ ] APPROVED (OFFICE USE ONLY)
Type of License: [X] Plumber [ ] Master [ ] Journeyman [ ]
Signature of Licensed Plumber: [Signature] License Number: 12524

COMMONWEALTH OF MASSACHUSETTS  
 DIVISION OF PROFESSIONAL LICENSURE  
 IN PLUMBERS AND GASFITTERS  
 LICENSED AS A MASTER PLUMBER  
 ISSUES THIS LICENSE TO

WADE WILLWERTH  
 26 GREEN STREET  
 READING MA 01867-2916

12524    05/01/08    255505

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
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*W. Willwerth*  
 Signature

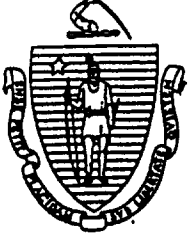
COMMONWEALTH OF MASSACHUSETTS  
 DIVISION OF PROFESSIONAL LICENSURE  
 IN PLUMBERS AND GASFITTERS  
 LICENSED AS A JOURNEYMAN PLUMBER  
 ISSUES THIS LICENSE TO

WADE J WILLWERTH  
 26 GREEN ST  
 READING MA 01867-2916

22327    05/01/08    255506

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
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*W. Willwerth*  
 Signature



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers  
 Applicant Information Please Print Legibly

Name (Business/Organization/Individual): Willwerth Plumbing Co

Address: 26 Green St

City/State/Zip: Reading Ma 01867 Phone #: 781-942-3235

Are you an employer? Check the appropriate box:

- |  |  |
|--|--|
| <p>1. <input checked="" type="checkbox"/> I am an employer with <u>8</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|--|

Type of project (required):

6.  New construction  
 7.  Remodeling  
 8.  Demolition  
 9.  Building addition  
 10.  Electrical repairs or additions  
 11.  Plumbing repairs or additions  
 12.  Roof repairs  
 13.  Other \_\_\_\_\_

\*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 their workers' comp. policy information.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.*

Insurance Company Name: The Hartford

Policy # or Self-ins. Lic. #: ORWECKK 7149 Expiration Date: April 2008

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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: [Signature] Date: 4-12-07

Phone #: 781-942-9300

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

City or Town: \_\_\_\_\_ 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: \_\_\_\_\_ Phone #: \_\_\_\_\_