

Town Hall
6 Central Street
Brookfield, MA 01506

Telephone 508-867-2930 ext. 10
Fax: 508-867-5091

TOWN OF BROOKFIELD

PLUMBING AND GAS PERMITS RATES EFFECTIVE JULY 1, 2008
(previous rate change 7/1/2002)

PLUMBING INSPECTOR: ROBERT WALL – 508-885-2400

All fees must be paid for by check or money order and made payable to the Town of Brookfield.

PLUMBING PERMITS

RESIDENTIAL:

New Construction – Per Dwelling Unit (plus \$2.00 per fixture)	\$ 55.00
Remodel / Renovation – Per Dwelling Unit (plus \$2.00 per fixture)	\$ 35.00
Miscellaneous Installation (plus \$2.00 per additional fixture)	\$ 35.00
Each inspection per unit beyond two	\$ 35.00
Re-inspection *	\$ 35.00

COMMERCIAL:

New Construction / Additions (plus \$5.00 per fixture)	\$100.00
Repair / Replacement (plus \$5.00 per additional fixture)	\$ 40.00
Underground Inspection (if additional inspection required)	\$ 40.00
Backflow Preventers	\$100.00
Each Inspection beyond two	\$ 40.00
Re-inspection *	\$ 40.00

GAS PERMITS

RESIDENTIAL:

First Fixture, Miscellaneous repairs or Piping	\$ 55.00
Each Additional Fixture	\$ 6.00
Re-inspection (if required) *	\$ 35.00

COMMERCIAL:

First Fixture, Miscellaneous repairs or Piping	\$ 60.00
Each Additional Fixture	\$ 6.00
Re-inspection *	\$ 55.00

**Any re-inspection work required due to defective work, improper materials or other contractor-related cause will require a re-inspection fee.*

Certificates of Insurance must accompany permit if not on file.

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)



P

_____, Mass. Date _____ 19____
 City, Town Permit # _____
 Building Owner's _____
 AT: Location _____ Name _____

_____ Type of Occupancy: _____
 New Renovation Replacement

FIXTURES

Plans Submitted Yes No

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
SUB-BSMT.																						
BASEMENT																						
1ST FLOOR																						
2ND FLOOR																						
3RD FLOOR																						
4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

(Print or Type) Check One: Certificate
 Installing Company Name _____ Corp. _____
 Address _____ Partnership _____
 _____ Firm/Company _____
 Business Telephone _____ Name of Licensed Plumber or Gasfitter _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.
 I have informed the owner or his agent that I do not have liability insurance including completed operations coverage.

Signature of Owner/Agent
 I have a current liability insurance policy to include completed operations coverage.

By _____
 Title _____
 City/Town _____
APPROVED (OFFICE USE ONLY)

 Signature of Licensed Plumber
 Type of Plumbing License
 Master Journeyman
 License Number _____