



DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET – ROOM 308
NEW BEDFORD, MA 02740

CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

Plumbing Permit Owner's Insurance Waiver

Owner Name: _____

Owner Address: _____

Job Site Address: _____

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 form **waives** this requirement.

_____ Check One Only: Owner ☐ Agent ☐

SIGNATURE OF OWNER OR AGENT

DATE



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