



# TOWN OF PLYMOUTH

## Request for Plumbing or Gas Inspection

**PLEASE FILL IN PART 1 & 2 OF THIS REQUEST FORM COMPLETELY & FAX TO (508-830- 4028), MAIL OR HAND DELIVER TO INSPECTOR OF PLUMBING & GAS: 11 LINCOLN ST. PLYMOUTH, MA 02360. ANY QUESTIONS, PLEASE CALL THE INSPECTOR DURING OFFICE HOURS DAILY FROM: 7:30 – 10:00 AM. @ (508) 747-1620 x 114.**

**\*\*\*\*SOMEONE MUST BE AT THE LOCATION FOR AN INSPECTION.\*\*\*\***

### **PART #1:**

**APPLICATION #:** \_\_\_\_\_

**PLUMBING PERMIT #:** \_\_\_\_\_

**GAS PERMIT #:** \_\_\_\_\_

Permit number **REQUIRED** for processing Inspection.

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby request an inspection under Massachusetts General Law Chapter 142  
**CELL PHONE #:** \_\_\_\_\_

The installation is complete and ready for inspection at: \_\_\_\_\_  
(Property Location)

**Day Requested:** Monday  Tuesday  Wednesday  Thursday

Mon – Thurs: Manomet, Beaver Dam Rd. to Ship Pond Rd. 10 am – 12 pm Downtown, North & West Plymouth 2 – 5 pm.

**NOTE: Tuesday inspections are until 7:00 pm      NOTE: INSPECTION DAYS & TIMES MAY BE SUBJECT TO CHANGE.**

### **PART #2:**

### **TYPE OF INSPECTION REQUESTED:**

Rough Inspection for: \_\_\_\_\_

Re-Inspection

Final Inspection for: \_\_\_\_\_

Septic Connection / Water Service: \_\_\_\_\_

Other Type of Inspection: \_\_\_\_\_

License Number: \_\_\_\_\_ Licensee's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

This section to be completed by Plymouth Inspector of Plumbing & Gas

Inspection Date: \_\_\_\_\_  Approved  Disapproved  No Access.

Inspector: \_\_\_\_\_