



The Commonwealth of Massachusetts
 Division of Professional Licensure
 1000 Washington Street Suite 710
 Boston, MA 02118-6100
Board of Registration of Cosmetology and Barbering
www.mass.gov/dpl/boards
 617-727-9940

Plumbing Inspection Form

INSTRUCTIONS: This form should be completed only if plumbing work has been done in the salon after purchase.

Date: _____

This is to certify that I am a **Plumbing** Inspector for _____, and that the plumbing alterations or installations for :
Name of city or town

Name of Salon Applicant

Street Number

Street Name

City

State

is in accordance with the specifications of the state plumbing code found at 248 CMR,

Name of Plumbing Contractor _____

License # _____

Exp. Date _____

Address _____

No. Street

City/Town

Signed: _____
Plumbing Inspector License # Exp. Date