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CHARLES BORSTEL
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

**Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION OF
COSMETOLOGY AND BARBERING**

1000 Washington Street • Boston • Massachusetts • 02118

**New Barbershop
Plumbing Inspection Form**

DATE: _____

This is to certify that I am a **Plumbing Inspector** in the State of Massachusetts, and that the plumbing alterations or installations for

NAME OF SHOP OWNER

NO. _____ STREET _____

is in accordance with the specifications of the plumbing ordinances of the City or Town and the State of Massachusetts.

NAME OF CITY OR TOWN WHERE SHOP IS LOCATED

NAME OF PLUMBING CONTRACTOR: _____

LICENSE # _____

EXP. DATE _____

ADDRESS _____

SIGNED:

PLUMBING INSPECTOR

LICENSE #

EXP. DATE

