

**Commonwealth of Massachusetts  
Division of Occupational Licensure  
Board of Registration of Cosmetology and Barbering**

1 Federal Street, Suite 0600, Boston, MA 02110

<https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering>

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*

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

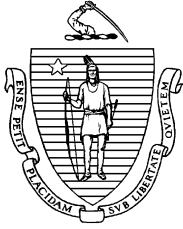
Name of Plumbing Contractor \_\_\_\_\_

License # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City/Town*

Signed: \_\_\_\_\_  
*Plumbing Inspector License # Exp. Date*



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**Electrical Inspection Form**

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

Date: \_\_\_\_\_

This is to certify that I am an **Electrical** Inspector for \_\_\_\_\_, and that the electrical alterations or installations for:

*Name of city or town*

\_\_\_\_\_  
*Name of Salon Applicant*

\_\_\_\_\_  
*Street Number*

\_\_\_\_\_  
*Street Name*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

are in accordance with the specifications of the state electrical code found at 527 CMR,

\_\_\_\_\_  
*Name of City or Town Where Shop is Located*

Name of Electrical Contractor \_\_\_\_\_

License # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City/Town*

Signed: \_\_\_\_\_  
*Electrical Inspector License # Exp. D*



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**INSTRUCTIONS:** This form should be completed only if no plumbing and/or no electrical work has been done in the salon after purchase.

**No Work Required Form**

Circle all that apply:

No Plumbing work done

No Electrical work done

Date: \_\_\_\_\_

**This is to certify that all electrical and/or plumbing work on these premises complies with the rules and regulations of state electrical and plumbing codes. There have been no changes in the electrical or plumbing systems. No changes will take place unless I first notify the Board of Registration of Cosmetology and Barbering and obtain and complete the proper forms.**

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**NAME OF SALON**

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**NAME OF SALON APPLICANT**

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**ADDRESS OF SALON**

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**TELEPHONE NUMBER**

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**SIGNATURE OF SALON APPLICANT**