

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

1000 Washington Street, Suite 710, Boston, MA 02118
<https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering>
617-701-8792

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,

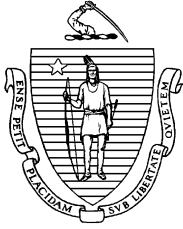
Name of Plumbing Contractor _____

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.

NAME OF SALON

NAME OF SALON APPLICANT

ADDRESS OF SALON

TELEPHONE NUMBER

SIGNATURE OF SALON APPLICANT