



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
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Joseph C. Sullivan
Mayor

Plumber Request for Withdrawal from Permit

I, _____ as the plumber/gas fitter of record for the
(Print Name)
property known as _____ under plumbing/gas fitting permit numbers
(Print Property Address)

_____ request to cancel the aforementioned permit(s). This request for
(Print Permit Number(s))
cancellation of the permit(s) are for reasons beyond my control.

(Signature of Licensed Plumber)

_____/_____/_____
(Date)

(Business Address of Plumber)

I understand the necessity to allow for the Town of Braintree Plumbing/Gas Fitting Inspector to inspect that work which has been completed to date in order to assess such work for compliance with the Massachusetts State Plumbing & Gas Fitting Code prior to the release from any permit(s) which have been issued.

Do not write below this line, for official use only!

Results of inspection of existing work: Approved: _____ Disapproved: _____

(Signature of Plumbing/Gas Inspector)

_____/_____/_____
(Date)

Comments: _____
