



Town of Sudbury, MA
275 Old Lancaster Road
Sudbury, MA 01776
Telephone #: 978-440-5461
Fax #: 978-440-5404
Email: building@sudbury.ma.us

Liability Waiver Form

Property Owner Name: _____

Property Owner Telephone #: _____

Location Address: _____

Licensed Professional Name: _____

License #: _____

| | |
|--|-----------------|
| Type of Application: (circle one) Electrical Plumbing Gas Sheet Metal | Application No: |
|--|-----------------|

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Massachusetts General Laws (*Chapters 141, 142, 112*), and that my signature on this permit application waives this requirement.

I am the: (Check only one) Owner Owner's agent

Owner / Agent Name (print): _____

Tel. No: _____

Signature: _____ Date: _____

Email: _____