

Franklin County Cooperative  
Inspection Program  
12 Olive St, Ste 2, Greenfield MA 01301  
phone: 413-774-3167; fax: 413-774-3169

## Owner Authorization Form

To Franklin County Cooperative Inspection Program:

I, \_\_\_\_\_, as property owner, give permission to  
our plumbing/gas contractor, \_\_\_\_\_, to  
obtain a plumbing/gas permit for (description of work):

\_\_\_\_\_,  
located at \_\_\_\_\_.

I am aware that the licensee does not have the liability insurance coverage required by Chapter  
142 of the Massachusetts General Laws, and that my authorization waives this requirement.

Thank you,

\_\_\_\_\_  
Please Print Name of Owner

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date