



Town of Mendon
Building Department
18 Main St.
Mendon, MA 01756
Telephone: 508 – 473 - 2679

Liability Insurance Waiver Form

Permit # _____

Type of Application: *(pick one)*

Electrical / Plumbing / Gas / Sheet Metal

I am: *(pick one)*

Owner / Owner's Agent

Name: _____

Telephone Number: _____

Location Address: _____

License Professional Name: _____

License #: _____

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). By my signature below, I hereby waive this requirement.*

Owner/Agent Signature: _____

Date: _____