



**TOWN OF HUDSON**

FIRE DEPARTMENT  
39 FERRY STREET  
HUDSON, NEW HAMPSHIRE 03051



Emergency 911  
Business 886-6021  
Fax 594-1164

**PERMIT TO INSTALL**  
**GAS BURNING EQUIPMENT**

Shawn P. Murray  
Chief of Department

\_\_\_\_\_ FURNACE                      \_\_\_\_\_ WATER HEATER                      \_\_\_\_\_ OTHER

In compliance with Chapter 205, Section 4 of the Hudson Town Code, a permit to install gas burning equipment is issued according to the following:

Address of installation: \_\_\_\_\_  
(Street Number and Street Name)

Type of occupancy: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Building owner: \_\_\_\_\_

Building owner's address and phone number: \_\_\_\_\_

Building occupant and phone number: \_\_\_\_\_

Make and model number of appliance: \_\_\_\_\_

Fuel type: \_\_\_\_\_ Vent Type: \_\_\_\_\_

Company installing appliance: \_\_\_\_\_

Installing company's address and phone number: \_\_\_\_\_

I certify that the above installation shall meet all requirements as stated in National Fire Protection Association Standard 54, National Fuel Gas Code, and Standard 211, Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances, latest edition adopted by the NH State Fire Marshal's Office and all applicable State and local laws, ordinances, regulations and standards.

\_\_\_\_\_  
Signature of Owner or Installer                      Date

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(For Fire Department Use Below This Line)

Date of permit application: \_\_\_\_\_ Permit fee paid: \_\_\_\_\_

Fire Department representative: \_\_\_\_\_

Permission is hereby granted to operate the gas burning equipment described above which has been inspected and found to be in compliance with its listing and standards listed above.

Date: \_\_\_\_\_ Fire Department representative: \_\_\_\_\_