



**TOWN OF HUDSON**

**FIRE DEPARTMENT**  
**39 FERRY STREET**  
**HUDSON, NEW HAMPSHIRE 03051**



Emergency 911  
Business 886-6021  
Fax 594-1164

Shawn P. Murray  
Chief of Department

**SOLID FUEL BURNING PERMIT**

Owner/Occupant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Equipment Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Fuel: Wood \_\_\_\_\_ Pellet \_\_\_\_\_ Coal \_\_\_\_\_

Installer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Installer's Address: \_\_\_\_\_

The unit shall be installed according to latest rules and regulations of manufacturer, NFPA 211 and the Hudson Fire Department.

Applicant's Signature: \_\_\_\_\_

This unit has been inspected and found to be in compliance with requirements at time of inspection.

Fee Paid: \_\_\_\_\_ Inspecting Officer: \_\_\_\_\_

Date: \_\_\_\_\_