



TOWN OF HUDSON

FIRE DEPARTMENT - INSPECTIONAL SERVICES DIVISION

12 School Street • Hudson, New Hampshire 03051 • Tel: 603-886-6005 • Fax: 603-594-1142

FIRE AND EMERGENCY ALARM PERMIT APPLICATION

Installation Address: _____ Business/Complex Name: _____ Type of Occupancy: Residential <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Building Square Footage: _____ Number of Floors: _____	Office Use: Permit #: _____ Map: _____ Lot: _____ Zone: _____
Requested Work: New System <input type="checkbox"/> Existing System Modification <input type="checkbox"/> Renewal <input type="checkbox"/> Type: Master Box <input type="checkbox"/> Private Alarm <input type="checkbox"/> DACT* <input type="checkbox"/> *Make/Model of DACT: _____	
Fire Alarm Control Panel (FACP) Make: _____ Model: _____ Addressable System: Yes <input type="checkbox"/> No <input type="checkbox"/> Zones in FACP: _____ Sprinkler Zones: _____ Heat Detectors: _____ Smoke Detectors: _____ Manual Actuated Devices: _____ Other Activation Devices: _____ Prerecorded Message*: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>*If yes, message to be approved by Hudson Fire Department and comply with Saf-C 803.</small> Fire Alarm System Description: _____	
Person Responsible for Alarm System Operation: _____ Address: _____ Telephone #: _____ Mobile Phone #: _____ Second Responsible Person (Required): _____ Address: _____ Telephone #: _____ Mobile Phone #: _____	
Alarm Monitoring Company: _____ Address: _____ Telephone #: _____ Email: _____	
Alarm Service Company: _____ Address: _____ Telephone #: _____ Email: _____	
_____ Applicant Signature	_____ Application Date