## CERTIFICATE OF OCCUPANCY APPLICATION

This Certification of Occupancy Application shall be completed and submitted to the Inspectional Services Division a minimum of two weeks prior to the date of the desired permit.

All applicable fees due to the Town of Hudson shall be paid in full at the time of submission.

Certificate of Occupancy Application fees:

Residential \$100.00

Commercial/Industrial \$200.00

Please confirm the exact amount due with the Inspectional Services Division at the time of submission.



## **TOWN OF HUDSON**

## FIRE DEPARTMENT - INSPECTIONAL SERVICES DIVISION

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

## **CERTIFICATE OF OCCUPANCY - PLEASE PRINT**

	Office use:
	Office use:
Address:	Map:
Address.	 Lot:
Type of Construction: Ur	nit # Zone:
Permit #'s	
	DI 1:
Building: Electrical:	Plumbing:
Fire alarm: Sprinkler:	Tank installation:
Mechanical (gas or oil):	
Sewer $\square$ or Septic $\square$ Town Water $\square$ or Well $\square$	Fire Alarm System Yes $\square$ No $\square$
Fire Sprinkler System Yes $\square$ No $\square$	
Commercial/Industrial Uses	
Will the applicant/owner manufacture, assemble or produce	any product, regardless of water use?
	A Checklist)
*Please consult the Town Engineer at 886-6008 with any que	estions
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INEW BUSINESS: PLEASE SUBMIT A BUSINESS	SURVEY FORM UPON APPLICATION)
·	SURVEY FORM UPON APPLICATION)
	SURVEY FORM UPON APPLICATION)
Proposed Use:	· · · · · · · · · · · · · · · · · · ·
Proposed Use:	·
Proposed Use:  Name to Appear on Certificate:	· · · · · · · · · · · · · · · · · · ·
Proposed Use:	
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Proposed Use:  Name to Appear on Certificate:	· · · · · · · · · · · · · · · · · · ·
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:	Phone
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:	
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:  Signature of Applicant/Owner	Phone
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:  Signature of Applicant/Owner	Phone Print Contact Name
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:  Signature of Applicant/Owner  Email:  Please Do Not Write Bel	Phone Print Contact Name  Ow This Point
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:  Signature of Applicant/Owner  Email:	Phone Print Contact Name  Ow This Point
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:  Signature of Applicant/Owner  Email:  Please Do Not Write Bel  State of NH Septic Approval for Operation #:	Phone Print Contact Name  Ow This Point
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:  Signature of Applicant/Owner  Email:  Please Do Not Write Bel	Phone Print Contact Name  Ow This Point
Proposed Use:  Name to Appear on Certificate:  Date Certificate Requested For:  Signature of Applicant/Owner  Email:  Please Do Not Write Bel  State of NH Septic Approval for Operation #:	Phone Print Contact Name  ow This Point  poms/GPD:

\*Copies of the State of NH Septic Approval of Operation and EPA Laboratory Water Test are required at the time of Certificate of Occupancy application.