



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

Address: _____		Office use: Map: _____
Type of Construction: _____ Unit # _____		Lot: _____
		Zone: _____

Permit #'s

Building: _____ Electrical: _____ Plumbing: _____

Fire alarm: _____ Sprinkler: _____ Tank installation: _____

Mechanical (gas or oil): _____

Sewer or Septic Town Water or Well Fire Alarm System Yes No

Fire Sprinkler System Yes No

Commercial/Industrial Uses

Will the applicant/owner manufacture, assemble or produce any product, regardless of water use?

Yes (Need IDA Form) No (Need IDA Checklist)

*Please consult the Town Engineer at 886-6008 with any questions

(NEW BUSINESS: PLEASE SUBMIT A BUSINESS SURVEY FORM UPON APPLICATION)

Proposed Use: _____

Name to Appear on Certificate: _____

Date Certificate Requested For: _____

Signature of Applicant/Owner

Phone

Print Contact Name

Email: _____

Please Do Not Write Below This Point

State of NH Septic Approval for Operation #: _____

Dated: _____ Number of Approved Bedrooms/GPD: _____

EPA Laboratory Water Test #: _____ Dated: _____

***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.**