



# TOWN OF HUDSON

## FIRE DEPARTMENT - INSPECTIONAL SERVICES DIVISION

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

### MECHANICAL PERMIT APPLICATION

Installation Address: _____ Business Name: _____ Unit: _____ Type of Occupancy: Residential <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Estimated Cost: _____ Permit Fee: _____		<b>Office Use:</b> Permit#: _____ Map: _____ Lot: _____ Zone: _____
Appliance: New <input type="checkbox"/> Replacement <input type="checkbox"/> Type of Appliance: _____		
Make : _____ Model: _____ Serial: _____ Install Date: _____		
Owner: _____ Mailing Address: _____ _____ Daytime Phone #: _____ Cell Phone #: _____ Email: _____	Contractor: _____ Mailing Address: _____ _____ Daytime Phone #: _____ Cell Phone #: _____ Email: _____	
Installer: _____ Cell Phone #: _____ License Class: _____ License #: _____ Expiration Date: _____ <small>**License/photo ID will be required at the time of application.</small>		
Permits shall be issued in accordance with Chapter 205, Section 4 of the Hudson Town Code. Installation shall meet all applicable codes and standards. **** Note: Permit to operate the units noted above will be issued upon final inspection and approval.****		
My signature below indicates that the installation has met all applicable National Fire Protection Association and ICC codes and standards.		
_____ Signature of Installer		_____ Date
_____ Signature of Authorized Representative		_____ Date