



TOWN OF HUDSON

FIRE DEPARTMENT - INSPECTIONAL SERVICES DIVISION

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

UNDERGROUND TANK REMOVAL PERMIT APPLICATION

Removal Address: _____	Office Use:
Business Name: _____	Permit#: _____
Type of Occupancy: Residential <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/>	Map: _____
Estimated Cost: _____ Permit Fee: _____	Lot: _____
	Zone: _____
Scheduled Removal Date: _____ Fuel: Propane <input type="checkbox"/> Oil <input type="checkbox"/>	
Tank Size: _____ Number of Tanks: _____ Tank Serial #: _____	
Removal Company: _____ Phone #: _____	
Transporting Company: _____ Phone #: _____	
Cleaning/Purging Company: _____ Phone #: _____	
Has the tank been prepared in accordance with all applicable standards? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the tank be cut on-site or transported intact? On-site <input type="checkbox"/> Transported Intact <input type="checkbox"/>	
Where will the removed tank being transported to? _____	
Property Owner: _____ Phone #: _____	
Mailing Address: _____	
Email: _____	
NOTE: An appointment must be scheduled prior to the removal of the tank to arrange for any fire protection that may be required. The Inspectional Services Division must witness the tank before the site is filled in and must inspect the tank before it leaves the site.	
My signature indicates that the removal for the above mentioned tank is in compliance with all applicable state and local laws and codes.	
_____ Signature of Responsible Party	_____ Date
_____ Signature of ISD Authorized Representative	_____ Date