



TOWN OF HUDSON
FIRE DEPARTMENT



39 FERRY STREET
HUDSON, NEW HAMPSHIRE 03051

Emergency 911
Business 886-6021
Fax 594-1164

Shawn P. Murray
Chief of Department

Application for Gas Permit

Gas Piping _____ Residential (\$50) _____ Commercial (\$75) _____ Industrial (\$100)

Gas Appliance _____ Furnace _____ Hot Water Heater _____ Fireplace
(\$15 ea. unit) _____ Boiler _____ Other _____ * Generator

*Gas Generators require a Gas Appliance and Electrical Permit. ** Appliances that do not require a permit: Cooking Stove and Gas Dryers; however, inspectors will inspect appliance upon visit to the location.

In compliance with Chapter 205, Section 4 of the Hudson Town Code a permit to install gas burning equipment or piping is issued according to the following (complete a separate application for each address):

Address of Installation: _____
(Street Number and Street Name)

Type of Occupancy: _____ Number of stories: _____

Building Owner's Name and Phone Number: _____

Occupant Name and Phone Number (if different from above): _____

Make and Model Number of Appliance(s): _____

Fuel type: _____ Vent Type: _____

Responsible Installing Party:

Company Name: _____

Address: _____

Company Phone Number: _____

Installer's Name and phone number: _____

License Number(s) and Expiration Date (S) _____

Present applicable licenses to the clerk at time of application (Examples: Gas Fitters, Plumbing, Electrical)

I certify that the above installation shall meet all requirements as stated in the National Fire Protection Association Standard 54, National Fuel Gas Code, and Standard 211, Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances, latest edition adopted by the NH State Fire Marshal's Office and all applicable State and local laws, ordinances, regulations and standards.

Signature of Installer _____ Date _____

(For Town Offices Use Below This Line)

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License(s) Verified by: _____	Tracking: Munismart / IMC	Permit Count: _____
Copy New/Renewed License(s): Yes / No	Forwarded to: _____	Total Permit Fees: _____
Responsible Inspector: Comm. Dev. / Fire	Entered by: _____	Cash or Check # _____

**Note: The Permit to operate the units noted above will be issued upon final inspection of units/equipment.