



HUDSON FIRE DEPARTMENT

296 COX STREET

Hudson, Massachusetts 01749

Phone: 978-562-5565 Fax 978-568-9609

PERMIT TO INSTALL OR ALTER FIRE ALARM MONITORING EQUIPMENT

Date: _____ Install _____ Alter _____ Repair _____

Project Address: _____ Occupant: _____

Bldg. Owner: _____

Owner Address: _____ Phone #: _____

Installer: _____ Phone #: _____

Installer Address: _____ License #: _____

Describe Project: _____

Total sq.ft. _____

Monitored by: _____

- Permit Fees Based on Square Footage of Project -

\$10.00 per 1,000 sq.ft. with a \$50.00 minimum and a \$500.00 maximum

<u>Fire Department Use Only</u>	
Fee	
Issued by: _____	Date: _____
Permit Expires: _____	
Inspected by: _____	Date: _____
Permit Number	
	Head of Fire Department

**** Re-Inspection fee is equal to permit fee and will be paid prior to scheduling of re-inspection****
NO EXCEPTIONS