



HUDSON FIRE DEPARTMENT

296 COX STREET

Hudson, Massachusetts 01749

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

PERMIT TO STORE FLAMMABLES, COMBUSTIBLES AND OR CORROSIVES

Date: _____ D. B. A. _____ Address: _____

Business Phone: _____ Contact Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Bldg. Owner: _____ Owner Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____

For permission to store (list maximum quantities of each classification)

In accordance with the provisions of M. G. L. Chapter 148, as provided in Section 10A and in accordance with the regulations set forth in Board of Fire Prevention Regulations 527 CMR section 14.

Applicant's Signature: _____

Fire Department Use Only

\$50.00			
Fee			
Issued by: _____	Date issued: _____		
Permit Expires: _____	1 year from date of issue		
Inspected by: _____	Date: _____		
Permit Number			
	Note: Permit is not valid unless signed by the Head of FireDepartment _____		
	Head of Fire Department		