



# HUDSON FIRE DEPARTMENT

296 COX STREET

Hudson, Massachusetts 01749

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

## PERMIT TO STORE LIQUIFIED PETROLEUM GAS

Date: \_\_\_\_\_ Occupant Name: \_\_\_\_\_ Address of Installation: \_\_\_\_\_

Occupant Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Licensed Installer: \_\_\_\_\_ Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Bldg. Owner (if Different from Occupant): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

For permission to store (list size type and quantities) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 6.08.

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 Fire Department

Head of Fire Department