



## HUDSON FIRE DEPARTMENT

296 COX STREET

Hudson, Massachusetts 01749

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

### PERMIT TO INSTALL OR ALTER SPRINKLER SYSTEM

Date: \_\_\_\_\_ Install \_\_\_\_\_ Alter \_\_\_\_\_ Repair \_\_\_\_\_

Project Address: \_\_\_\_\_ Occupant: \_\_\_\_\_

Bldg. Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Installer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Installer Address: \_\_\_\_\_ License #: \_\_\_\_\_

Describe Project: \_\_\_\_\_

System Type: \_\_\_\_\_ # of Heads: \_\_\_\_\_

Type of Heads: \_\_\_\_\_

Monitored by: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

#### - Permit Fees Based on Number of Heads -

1-50 Heads = **\$50.00** / 51-100 Heads = **\$100.00** / 101-200 Heads = **\$150.00** / 201+ Heads = **\$250.00**

<b><u>Fire Department Use Only</u></b>	
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**