



# HUDSON FIRE DEPARTMENT

296 COX STREET

Hudson, Massachusetts 01749

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

## PERMIT TO CONDUCT WELDING AND CUTTING OPERATIONS

Date: \_\_\_\_\_ D. B. A. \_\_\_\_\_ Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Describe work being performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with the regulations set forth in Board of Fire Prevention Regulations 527 CMR section 39.04

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

### Fire Department Use Only

**\$50.00**

Fee

Issued by: \_\_\_\_\_

Date issued: \_\_\_\_\_

Permit Expires: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Number

Note: Permit is not valid unless signed by the Head of Fire Department

Head of Fire Department