



The Commonwealth of Massachusetts

Office of Public Safety and Inspections
Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Official: _____

SECTION 1: LOCATION

No. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____
Assessors Map # _____ Block # and/or Lot # _____

SECTION 2: PROPOSED WORK

Edition of MA State Code used _____ If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 2)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief Description of Proposed Work: _____

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): _____ Proposed Use Group(s): _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐
F: Factory F-1 ☐ F2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐
I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐
S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below:

Special Use Description: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
---------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

Railroad right-of-way:
Not Applicable ☐
or Consent to Build enclosed ☐

Hazards to Air Navigation:
Is Structure within airport approach area?
Yes ☐ or No ☐

MA Historic Commission Review Process:
Is their review completed?
Yes ☐ No ☐

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____
Design Occupant Load per Floor and Assembly space: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes:

Name Street Address City/Town State Zip

to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐.

Otherwise provide construction control forms (see section 107 in the code) as required.

10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

10.2 General Contractor

Company Name

Name of Person Responsible for Construction License No. and Type if Applicable

Street Address City/Town State Zip

Telephone No. (business) Telephone No. (cell) e-mail address

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? Yes ☐ No ☐**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	Note: Minimum fee = \$ _____ (contact municipality)
		Enclose check payable to _____ (contact municipality) and write check number here _____

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

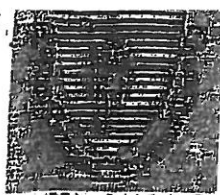
Please print and sign name Title Telephone No. Date

Street Address City/Town State Zip Email Address

Municipal Inspector to fill out this section upon application approval: _____

Name

Date



Department of Industrial Accidents

Office of Investigations

600 Washington Street

Boston, MA 02111

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual):

Address:

City/State/Zip:

Phone #:

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]†

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152 §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____

Expiration Date: _____

Job Site Address: _____

City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____

Phone #: _____

BOARD of HEALTH

Septic As Built submitted

☐ YES

☐ NO

☐ N/A

Number of bedrooms at start of job _____

Number of bedrooms at completion _____

Are there any DEED RESTRICTION by the Board of Health:

☐ YES

☐ NO

(if yes please explain)

CONSERVATION

I. Does Work Involve: WETLANDS, WATER SHED, WELLHEAD, CONSERVATION
AREAS or 310 CMR 10.00 (circle all that applies & initial) ☐ YES ☐ NO Initials:

SIGNATURES

Approved/Disapproved by Zoning Authority: _____ Date _____

Approval/Disapproval by Board of Health: _____ Date _____

Approval/Disapproval by Conservation: _____ Date _____

Approved/Disapproved by Planning Board: _____ Date _____

Approved/Disapproved by DPW: _____ Date _____

Driveway _____ Water _____ Sewer _____

DEBRIS

Disposed by _____

At Facility _____

As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, MGL c40, §54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111 §150A. I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 116. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee.*

Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

Town of Hudson
78 Main Street
Hudson, MA 01749
978-568-9625

**Existing Building Checklist
IEBC 2009 w/MA Amendments**

**TO BE SUBMITTED BY ARCHITECT/PROFESSIONAL ENGINEER WITH BUILDING
PERMIT APPLICATION**

Address: _____

Unit/Suite (location within building) _____

Occupancy: (check one) ☐ Not Previously Occupied ☐ Previously Occupied

Work Proposed: _____

Construction Control, building at 35,000 c.f. or greater: ☐ YES ☐ NO

If yes, then "Investigation & Evaluation Report" is required (780 CMR 101.5.4.0)

Compliance Method: (Only one method to be used) (Check all boxes that apply)

**Prescriptive
(Chapter 3)**

☐ Repairs
☐ Alteration
☐ Addition
☐ Change of Occupancy

**Work Area
(Chapters 4-12)**

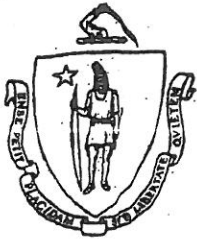
☐ Repairs: Chapter 5
☐ Alteration: (check only one box)
☐ Level 1: Chapter 6
☐ Level 2: Chapter 7 & 6
☐ Level 3: Chapter 8, 7 & 6
☐ Change of Occupancy: Chapter 9
☐ Additions: Chapter 10
☐ Historic Buildings: Chapter 11
☐ Relocated or Moved Buildings: Chapter 12

**Performance
(Chapter 13)**

☐ Repairs
☐ Alteration
☐ Addition
☐ Chg of Occupancy

Architect/Professional Engineer Name: _____

Signature: _____ Date: _____



Final Construction Control Document

To be submitted at completion of construction by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107.6.4

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a *registered design professional*, and hereby certify that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

☐ Entire Project
☐ Fire Protection

☐ Architectural
☐ Electrical

☐ Structural
☐ Other: _____

☐ Mechanical

for the above named project. I certify that I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis to determine that the work proceeded in accordance with the requirements of 780 CMR and the design documents prepared by me and approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: _____

Email: _____

Building Official Use Only

Building Official Name: _____ Permit No.: _____ Date: _____



Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8th Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: _____ Date: _____

Property Address: _____ Building Permit No.: _____

Required Inspections to be performed by the Building Official ^{1,6}			
Inspection	R	Inspection	R
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System ²	
Concrete Slab/Under Floor		Carbon Monoxide System ⁴	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump ³	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage		Final inspection	
All Means of Egress Components		All items listed in this table	

Required Site Review and Documentation for Phased Construction ^{1,6,7} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	R	Site Review and Documentation	R
Soil condition/analysis/report		Energy efficiency	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation ²	
Concrete Floor and Under Floor		Fire Suppression Installation ³	
Lowest Floor Flood Elevation		Field Reports ³	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System ⁴	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage		Special Inspections (Section 1704):	
Means of Egress Components			
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume)			
Mechanical Systems		All items listed in this table	

1. The inspections indicated (x) are required by the building official. It is the responsibility of the permit applicant to request these inspections.

2. Include NFPA 72 test and acceptance documentation

3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation

4. Include NFPA 720 Record of Completion and Inspection and Test Form

5. Include field reports and related documentation

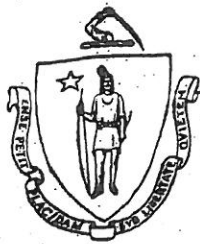
6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type or print name) _____ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals.

Signature: _____ Phone No.: _____ Email: _____
Signature or type name if electronic signature

Building Official Name: _____ Building Official Use Only Date: _____



Initial Construction Control Document

To be submitted with the building permit application by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107.6.2

Project Title: _____ Date: _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a
registered design professional, and hereby certify that I have prepared or directly supervised the preparation of all design
plans, computations and specifications concerning:

☐ Entire Project
☐ Fire Protection

☐ Architectural
☐ Electrical

☐ Structural
☐ Other _____

☐ Mechanical

for the above named project and that such plans, computations and specifications meet the applicable provisions of the
Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I
understand and agree that I (or my designee) shall perform the necessary professional services and be present on the
construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or
electronic signature and seal:

Phone number: _____

Email: _____

Building Official Use Only

Building Official Name: _____

Permit No.: _____ Date: _____



Phase Construction Control Document

To be submitted at completion of required site reviews of phase construction
for work per the 8th edition of the
Massachusetts State Building Code, 780 CMR, Section 107.6.2.2

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

I, _____ MA Registration Number: _____ Expiration date: _____
am a registered design professional and I hereby certify that I or my designee have inspected the following work, and I
certify that the work has been performed in a manner consistent with the approved plans and specifications for the
following phase of construction as indicated:

Required Site Review and Documentation for Phase Construction ^{1,2} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c. 112 §81R contractor)			
Site Review and Documentation		Site Review and Documentation	
Soil condition and analysis	R	Energy efficiency	R
Footings and Foundation, including Reinforcement and Foundation attachment		Fire Alarm Installation ³	
Concrete Floor and Under Floor		Fire Suppression Installation ³	
Lowest Floor Flood Elevation		Field Reports ⁵	
Structural Frame - wall/floor/roof		Carbon Monoxide Detection System ⁴	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage		Special Inspections (Section 1704):	
Means of Egress Components			
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume)			
Mechanical Systems			

- Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below. 1.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Nothing contained within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

Work Description¹:

1. Describe in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submittal documents that pertain to the work which was inspected.

Enter in the space to the right a "wet" or
electronic signature and seal:

Phone number: _____

Email: _____

Building Official Use Only

Building Official Name: _____

Date: _____

Ninth Edition 780 CMR 107.6 Construction Control Document

Construction Contractor Services Certification Pursuant to Section 107.6.3

Name of Contractor: _____

If a Corporation, name of responsible Corporate Officer:

If a DBA or Partnership, name of individual:

I hereby certify that, to the best of my knowledge and belief, construction performed under permit number _____ issued on _____ has been completed in substantial accord with the approved construction documents, with all pertinent deviations specifically noted per Section 107.6.3 of the Massachusetts State Building Code (780 CMR), 9th Edition Base Volume.

Name of Project: _____

Address of Project: _____

List of Pertinent Deviations:

Print Name: _____

Signature: _____

Date: _____

Notarized by: _____

Standard Notary Statement:

This document shall be submitted to the *Responsible Registered Design Professional* (RDP) and, when requested, to the Building Official in accordance with 780 CMR section 107.6.3 (9th edition) at the completion of all construction projects performed pursuant to 780 CMR Section 107.6 *Control Construction*.