

**TOWN OF HUDSON  
INSPECTOR OF BUILDINGS  
78 MAIN STREET  
HUDSON, MASSACHUSETTS 01749  
Tel (978) 568-9625  
rberger@townofhudson.org**

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

Project Name: \_\_\_\_\_

Project Location \_\_\_\_\_

**Construction Control Party:**

Firm Name: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**SER Party:**

Firm Name: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**PROCEDURES FOR FILING CONTROL CONSTRUCTION APPLICATION**

Prior to the issuance of ANY BUILDING PERMIT (S), the following pages 1 through 7 are to be completed and submitted to this office, unless the information is contained on the drawings.

A program for inspections and test in accordance with section 107.6 of the Massachusetts State Building Code 9<sup>th</sup> Edition is required before any building permit will be issued.

Reports are to be sent as they are completed, unless otherwise arranged with the Building Department. Failure to submit the necessary or required periodic inspection reports may result in a STOP WORK ORDER or denied the issuance of the CERTIFICATE OF USE AND OCCUPANCY.

Prior to the issuance of any type of CERTIFICATE OF OCCUPANCY, a copy of all inspections and tests must have been submitted to the building official and the final report attached to this packet.

**SER: (Structural Engineer of Record MSBC Chapter 17)**

## CONSTRUCTION CONTROL

PROJECT NUMBER: \_\_\_\_\_ PROJECT TITLE: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

NAME OF BUILDING: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**IN ACCORDANCE WITH SECTION 107.6 OF THE MASSACHUSETTS STATE BUILDING CODE 9<sup>TH</sup> EDITION,**

I, \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

BEING A REGISTERED PROFESSIONAL ENGINEER/ARCHITECT I HAVE PREPARED OR DIRECTLY SUPERVISED THE PREPARATION OF ALL DESIGN PLANS, COMPUTATIONS AND SPECIFICATIONS CONCERNING (see note #1):

☐ PROJECT COORDINATOR ☐ ARCHITECTURAL ☐ STRUCTURAL ☐ MECHANICAL  
by checking project coordinator please see note #2  
☐ FIRE PROTECTION ☐ SPRINKLER ☐ FIRE ALARM ☐ ELECTRICAL ☐ OTHER (SPECIFY) \_\_\_\_\_

for the above named project and that to the best of my knowledge, information, and belief 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.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

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'.

\_\_\_\_\_  
SIGNATURE

Note 1. Indicate with an 'x' project design plans, computations and specifications that you prepared or directly supervised. If 'other' is chosen, provide a description.

Note 2. Indicate with an 'x' Since (required) documents and reports are prepared by numerous individuals, firms and agencies, it is necessary to have a single person charged with responsibility for coordinating their submittal to the building official.

To: Inspector of Buildings  
Town of Hudson  
78 Main Street  
Hudson, MA 01749

**Existing Buildings**

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

**RESPONSIBILITY OF THE PERMIT APPLICANT**  
**For Alterations, Renovations, Additions and Repairs to existing buildings**

**In accordance with 2015 International Existing Building Code**

**104.2.1 Preliminary meeting.** When requested by the permit applicant or the *code official*, the *code official* shall meet with the permit applicant prior to the application for a construction permit to discuss plans for the proposed work or *change of occupancy* in order to establish the specific applicability of the provisions of this code.

**Exception:** *Repairs* and Level 1 *alterations*.

**104.2.1.1 Building evaluation.** The *code official* is authorized to require an *existing building* to be investigated and evaluated by a registered design professional based on the circumstances agreed upon at the preliminary meeting. The design professional shall notify the *code official* if any potential nonconformance with the provisions of this code is identified.

**105.3 Application for permit.** To obtain a permit, the applicant shall first file an application therefor in writing on a form furnished by the Department of Building Safety for that purpose. Such application shall:

1. Identify and describe the work in accordance with Chapter 3 to be covered by the permit for which application is made.
2. Describe the land on which the proposed work is to be done by legal description, street address, or similar description that will readily identify and definitely locate the proposed building or work.
3. Indicate the use and occupancy for which the proposed work is intended.
4. Be accompanied by construction documents and other information as required in Section 106.3.
5. State the valuation of the proposed work.
6. Be signed by the applicant or the applicant's authorized agent.
7. Give such other data and information as required by the *code official*.

The permit applicant shall submit a program of structural tests and inspections prepared by the SER as a condition for permit issuance. This program shall include a complete list of materials and work requiring structural tests and inspections, the inspections to be performed and a list of the individuals, approved agencies and forms intended to be retained for conducting such inspections.

SER:

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Please attach list to this sheet



## Construction Control Progress Checklist

To be submitted at completion of required site reviews for  
*construction progress per the ninth edition of the  
Massachusetts State Building Code, 780 CMR, Section 107*

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

I, \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
am a *registered design professional* and I or my designee have observed the following work, and to the best of  
my knowledge, information, and belief the construction work indicated below has been performed in a manner  
consistent with the approved plans and specifications:

Required Site Review and Documentation for Portions or Phases of Construction <sup>1,6</sup> (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	X	Site Review and Documentation	X
Soil condition and analysis		Energy Efficiency Requirements	
Footings and Foundation, including Reinforcement and Foundation attachment		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame - wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems (Special Inspection per Sections 909.3 and 909.18.8)	
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 and cleanouts, chemical, fume)			
Mechanical Systems			

1. Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below.

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.

### Description of Construction Work Observed:

- a. *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:

## Structural Engineer of Record (SER)

To: Inspector of Buildings  
Town of Hudson  
78 Main Street  
Hudson, MA 01749

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

### Reports and Notices

Firm Name \_\_\_\_\_

Responsible Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel No \_\_\_\_\_ Fax \_\_\_\_\_

### REQUIRED REPORTS AND NOTICES TO BUILDING OFFICIAL

**As required under Chapter 17 The Structural Engineer of Record shall submit a program of structural inspections and tests. This is a condition for issuing the building permit.**

As required under chapter 17 of the Massachusetts State Building Code 9<sup>th</sup> Edition, the SER shall inspect and submit reports, on all tests and inspections as outlined in the program of inspections submitted for the building permit for projects of Controlled Construction.

I shall submit a written statement of work completion that is under my control, as required chapter 17 of the Massachusetts State Building Code 9<sup>th</sup> Edition for this project.

\_\_\_\_\_  
Signature of Architect/Engineer

\_\_\_\_\_  
Date

To: Inspector of Buildings

# **STRUCTURAL ENGINEER OF RECORD**

## **Program Of Inspections**

Massachusetts State Building Code 9<sup>th</sup> Edition Chapter 17

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

The following is a program of ALL inspections and test to be performed on this project.

**TOWN OF HUDSON  
INSPECTOR OF BUILDINGS  
78 MAIN STREET  
HUDSON, MASSACHUSETTS 01749  
Tel (978) 568-9625**

**rberger@townofhudson.org**

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

Project Name:\_\_\_\_\_

Project Location\_\_\_\_\_

Contractor Name:\_\_\_\_\_

Responsible Party:\_\_\_\_\_

Address:\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel No \_\_\_\_\_ Fax No \_\_\_\_\_

**CONTRACTOR RESPONSIBILITIES**

IN ACCORDANCE WITH SECTION 107.6.3 OF THE MASSACHUSETTS STATE BUILDING CODE I WILL PERFORM THE CONTRACTORS SERVICES REQUIRED AS FOLLOWS:

- 1.Execution of all work in accordance with the approved construction documents.
- 2.Execution and control of all methods of construction in a safe and satisfactory manner in accordance with all applicable local, state, and federal statutes and regulations.
- 3.Upon completion of the construction, I shall to the best of his knowledge and belief that such has been done in substantial accord with 780 CMR Massachusetts State Building Code 9<sup>th</sup> Edition.

\_\_\_\_\_  
Signature of Responsible Party



# Final Construction Control Document

To be submitted at completion of construction by a  
**Registered Design Professional**  
*for work per the ninth edition of the*  
**Massachusetts State Building Code, 780 CMR, Section 107**

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

Project: Check (x) one or both as applicable:      **New construction**      **Existing Construction**

Project description: \_\_\_\_\_

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

**Architectural**  
**Fire Protection**

**Structural**  
**Electrical**

**Mechanical**  
**Other: Describe**

for the above named project. I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis. To the best of my knowledge, information, and belief the work proceeded in accordance with the requirements of 780 CMR and the design documents 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.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

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:



To: Inspector of Buildings  
Town of Hudson  
78 Main Street  
Hudson, MA 01749

**STRUCTURAL ENGINEER OF RECORD**

I HAVE SUPERVISED THE CONSTRUCTION IN ACCORDANCE WITH THE PROGRAM OF INSPECTIONS  
SUBMITTED FOR THE BUILDING OF \_\_\_\_\_  
(Street Address)

\_\_\_\_\_ UNDER PERMIT # \_\_\_\_\_ AND THAT THIS  
(City or Town)

STRUCTURE CONFORMS TO THE SUBMITTED PLANS AND TO THE CODES OF \_\_\_\_\_  
(City or town)

AND THE COMMONWEALTH. FURTHER, THAT ALL RESULTS OF INSPECTIONS AND TESTS HAVE BEEN  
SUBMITTED, AND THERE ARE NO VIOLATIONS OF LAW OF THE DEPARTMENT OF PUBLIC SAFETY PENDING.

I. AS THE AFFIDAVIT ENGINEER AND/OR ARCHITECT HEREBY CERTIFY THAT I HAVE ON THIS

DATE \_\_\_\_\_ INSPECTED THE PROPERTY LOCATED AT

\_\_\_\_\_ AND FIND THAT THE LOCUS AND ITS  
(Street Address)

STRUCTURES COMPLY WITH MY PLANS AND ALL RULES AND REGULATIONS OF THE 780 CMR MASSACHUSETTS  
STATE BUILDING CODE 9<sup>TH</sup> EDITION

THEREFORE, I REQUEST A CERTIFICATE OF USE AND OCCUPANCY FOR THE ABOVE ADDRESS.

\_\_\_\_\_  
ORIGINAL SEAL & SIGNATURE

# 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), 9<sup>th</sup> 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 (9<sup>th</sup> edition) at the completion of all construction projects performed pursuant to 780 CMR Section 107.6 *Control Construction*.

780CMR – 901.2.1 Tier Two Process  
Approves the commencement of the installation of

Fire protection systems

Page 12 of Construction Control Document or page 8 of Fire Protection

Narrative must be signed by Building and Fire Departments before any  
fire protection commencement beings

Tier Two is the process by which the Building Department and Fire Department  
approves the commencement of the installation of fire protection systems

To All Contractors:

**CONSTRUCTION AND TIER 2 REQUIRED DOCUMENTS**

For Plan Review, Approval to Install and Rough Inspections:

- Two (2) Copies of all required Tier II documents shall be submitted in separate, marked packets to the Fire Dept. and the Building Dept. or up-loaded under the Building Permit , respectively, for all required and non-required Fire Protection/Detection Systems.
- All documents shall be submitted prior to receiving an Authorization of Commencement to Install, as depicted in the Building Packet, page 11, Construction Control Document
- All required documents are to be submitted as a package.  
Partial submittals will not be accepted.
- Required documents are also needed for modifications, alterations, additions or deletions of an existing system.

## APPROVAL COMMENCEMENT to INSTALL FIRE PROTECTION SYSTEMS

### Required information for Tier Two Review as per Chapter 9 Section 901.2.1(2)

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

Project Name: \_\_\_\_\_

Project Location \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel No \_\_\_\_\_ Fax No \_\_\_\_\_

Contractor License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Installing Contractor Name: \_\_\_\_\_

Installing Contractor License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

### FIRE PROTECTION CONTRACTOR RESPONSIBILITIES

IN ACCORDANCE WITH THE MASSACHUSETTS STATE BUILDING CODE I WILL PERFORM THE CONTRACTORS SERVICES REQUIRED AS FOLLOWS:

1. Execution of all work in accordance with the approved construction documents.
2. Execution and control of all methods of construction in a safe and satisfactory manner in accordance with all applicable local, state, and federal statutes and regulations.
3. Upon completion of the construction, I shall to the best of his knowledge and belief that such has been done in substantial accord with 780 CMR Massachusetts State Building Code 9<sup>th</sup> Edition.

\_\_\_\_\_  
Signature of Responsible Party Date

\_\_\_\_\_  
Building Department Approval Date

\_\_\_\_\_  
Fire Department Approval Date