

APPLICANT: FILL IN ALL NON-SHADED INFORMATION-PLEASE PRINT

The Commonwealth of Massachusetts
State Building Board of Regulations and
Standards
Massachusetts State Building Code
780 CMR 9th edition

**OFFICE OF THE BUILDING DEPARTMENT**

78 Main St,
Hudson, MA 01749
978-568-9625

**APPLICATION TO CONSTRUCT, RENOVATE, CHANGE OF USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING
OTHER THAN A ONE OR TWO FAMILY DWELLING****This Section For Official Use Only**

Building Permit Number: _____

Date Issued: _____

Signature: _____
Building Commissioner /Inspector of Buildings

Date _____

SECTION 1 - SITE INFORMATION**1.1 Property Address:**_____
_____**1.2 Assessors Map & Parcel Number:**

Map Number _____ Lot/Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sf) _____ Frontage (lf) _____

1.6 Building Setbacks (l.f.)

Front Yard		Side Yards (R/L)		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		

1.7 Water Supply (M.G.L. c. 40 s 54)
Public ☐ Private ☐**1.8 Flood Zone Information**
Zone: _____ Outside Flood Zone ☐**1.9 Sewage Disposal Information**
Municipal ☐ On Site Disposal System ☐**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT****2.1 Owner of Record:**

Name: (Print) _____ Address _____

Signature _____ Telephone: _____

2.2 Authorized Agent:

Name: (Print) _____ Address : _____

Signature: _____ Telephone: _____

SECTION 3 - CONSTRUCTION SERVICES**3.1 License Construction Supervisor:**_____

Address _____
Signature _____ Telephone _____Not Applicable ☐

License Number _____

Expiration Date _____

E-Mail Address : _____

The 9th Edition of the Building Code will apply concurrently with the 10th Edition until June 30, 2025. Building permit applications for projects utilizing the 9th Edition need to be filed on or before June 30, 2025. Applications received on or after July 1, 2025, that are based on the 9th Edition will not be accepted and will not be granted a building permit. Breaking ground on a job site does not need to begin immediately when obtaining a permit. However, if breaking ground does not commence within 180 days of a permit being issued, the permit may expire unless extended. See 780 CMR 105.5 for more information.

9th Edition State Building Code expires June 30, 2025

Edition of State Building Code Proposing

10th Edition

9th Edition

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c.152, S 25c(6))

Workers Compensation affidavit 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.

Signed Affidavit Attached Yes.....☐ No.....☐

SECTION 5 - PROFESSIONAL AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C. F. OF ENCLOSED SPACE).

5.1 Registered Architect:

<div>Name (Registrant):</div> <div>Address</div> <div>SignatureTelephone</div>		<div>Not Applicable <input type="checkbox"/></div> <div>Registration Number</div> <div>Expiration Date</div>
5.2 Registered Professional Engineer(s):		
<div>Name</div> <div>Address</div> <div>Signature</div>		<div>Not Applicable <input type="checkbox"/></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div>
<div>Name</div> <div>Address</div> <div>Signature</div>		<div>Not Applicable <input type="checkbox"/></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div>
<div>Name</div> <div>Address</div> <div>Signature</div>		<div>Not Applicable <input type="checkbox"/></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div>
<div>Name</div> <div>Address</div> <div>Signature</div>		<div>Not Applicable <input type="checkbox"/></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div>
<div>Name</div> <div>Address</div> <div>Signature</div>		<div>Not Applicable <input type="checkbox"/></div> <div>Area of Responsibility</div> <div>Registration Number</div> <div>Expiration Date</div>

5.3 GENERAL CONTRACTOR	
Company Name _____ Responsible In Charge of Construction _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/>

SECTION 6 - DESCRIPTION OF PROPOSED WORK (Check all applicable)				
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alterations <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		
Brief Description of Work _____ _____ _____				

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE					Automatic Sprinkler System Provided		Yes	No
USE GROUP (Check as applicable)					CONSTRUCTION TYPE			
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	IA	<input type="checkbox"/>		
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		IB	<input type="checkbox"/>		
B Business	<input type="checkbox"/>				IIA	<input type="checkbox"/>		
E Educational	<input type="checkbox"/>				IIB	<input type="checkbox"/>		
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>					
H High Hazard	<input type="checkbox"/>				IIIA	<input type="checkbox"/>		
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>		IIIB	<input type="checkbox"/>		
M Mercantile	<input type="checkbox"/>				IV	<input type="checkbox"/>		
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	VA	<input type="checkbox"/>		
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		VB	<input type="checkbox"/>		
U Utility	<input type="checkbox"/>	Specify: _____						
M Mixed Use	<input type="checkbox"/>	Specify: _____						
S Special Use	<input type="checkbox"/>	Specify: _____						

SECTION 8 - 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)
International Existing Building Code Section 104.2.1.1 Building Evaluation. If Existing Building Undergoing Renovations, Additions, and / or Change of Use The code official is authorized to require an existing building to be investigated and evaluated by a registered design professional in accordance with in the 2015 International Existing Building Code.

SECTION 9 - BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		

Total Area (sf)		
Total Height (ft)		

SECTION 10 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural peer Review Required

Yes.....☐

No.....☐

SECTION 10a Structural Engineer of Record: (780 CMR 1705)

Name

Address

City

State

Zip

Section 10b (780 CMR 1705.3.1)

SER must submit a program of structural tests and inspections in accordance with 780 CMR 1705.3.1

Program submitted Yes ☐ No ☐ N/A ☐
SECTION 11a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT
To be filled out by property owner or authorize agent

I, _____ as owner of subject

Property hereby authorize

to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner/Agent

Date

SECTION 11b - OWNER/AUTHORIZE AGENT DECLARATION
(Contractor or Authorized Agent pulling Permit)

I, _____ as Owner/Authorize Agent hereby declare that all statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains of penalties of perjury.

Print Name

Signature of Owner/Agent

Date

SECTION 12 - ESTIMATED CONSTRUCTION COST

Item	Cost	For Official Use Only	Amount
1. Building		(a) Building Permit Fee	
2. Electrical		Estimated Cost (Dollars) to be completed by permit applicant	
3. Plumbing		Building Permit Fees (a)+(b)	
4. Mechanical (HVAC)		Check Number	
5. Fire Protection			
Total= 1+2+3+4+5			

Fee: _____ Permit # _____ Date Issued _____

Approved _____ Date _____