

**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 (lf.)**

**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:**

Name (Registrant):  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Not Applicable

Registration Number  
\_\_\_\_\_

Expiration Date  
\_\_\_\_\_

**5.2 Registered Professional Engineer(s):**

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature \_\_\_\_\_

Not Applicable

Area of Responsibility  
\_\_\_\_\_

Registration Number  
\_\_\_\_\_

Expiration Date  
\_\_\_\_\_

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature \_\_\_\_\_

Not Applicable

Area of Responsibility  
\_\_\_\_\_

Registration Number  
\_\_\_\_\_

Expiration Date  
\_\_\_\_\_

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature \_\_\_\_\_

Not Applicable

Area of Responsibility  
\_\_\_\_\_

Registration Number  
\_\_\_\_\_

Expiration Date  
\_\_\_\_\_

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature \_\_\_\_\_

Not Applicable

Area of Responsibility  
\_\_\_\_\_

Registration Number  
\_\_\_\_\_

Expiration Date  
\_\_\_\_\_

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature \_\_\_\_\_

Not Applicable

Area of Responsibility  
\_\_\_\_\_

Registration Number  
\_\_\_\_\_

Expiration Date  
\_\_\_\_\_

**5.3 GENERAL CONTRACTOR**

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

**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"/> <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/>	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/>	IA IB	<input type="checkbox"/> <input type="checkbox"/>
B Business E Educational F Factory	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/>		IIA IIB	<input type="checkbox"/> <input type="checkbox"/>
H High Hazard I Institutional	<input type="checkbox"/> <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/>		IIIA IIIB	<input type="checkbox"/> <input type="checkbox"/>
M Mercantile	<input type="checkbox"/>		IV	<input type="checkbox"/>
R Residential S Storage	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/>		VA VB	<input type="checkbox"/> <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 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..... <input type="checkbox"/>	No..... <input type="checkbox"/>
SECTION 10a Structural Engineer of Record: (780 CMR 1705)			Section 10b (780 CMR 1705.3.1)	
Name _____ Address _____ City _____ State _____ Zip _____			SER must submit a program of structural tests and inspections in accordance with 780 CMR 1705.3.1 Program submitted Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

**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 \_\_\_\_\_