TOWN OF HUDSON
BUILDING DEPARTMENT
78 Main Street, Hudson, Massachusetts 01749
978-568-9625

BUILDING PERMIT INSTRUCTIONS AND APPLICATION
ONE & TWO FAMILY HOUSES ONLY

REVIEW PROCESS COULD TAKE UP TO 30 DAYS AND YOU WILL BE CALLED WHEN PERMIT IS READY

If applicable, the following information will be required:

- Plot plan must be to scale, stamped and signed by the Engineer
- A certified As Built foundation plan is required for all new work after foundation is set
- All plans MUST include section drawing for foundation, floor, wall, roof, and floor plans (THREE sets required). TWO sets of all engineered lumber stamped by an Engineer or Architect. ONE set of each will be returned (MUST BE ON SITE FOR INSPECTIONS)
- Res Check for NEW CONSTRUCTION and ADDITIONS. See link on town website (www.townofhudson.org). Print out two copies and attach with application.
- Copy of Construction Supervisor License and/or Home Improvement Contractor Registration for each permit.
- Certificate of Liability and Worker's Compensation is required with the Town of Hudson as Certificate Holder. Worker's Compensation Affidavit must be filled out completely.
- If a bedroom is added or changed, a complete floor plan of all floors is required with smoke detector & carbon monoxide detector location to meet current Mass. Code.

Please be advised that any incomplete and/or not legible applications will be rejected.

After reviewing application, the Building Commissioner may require ADDITIONAL INFORMATION

INSTRUCTIONS FOR FILING AN APPLICATION FOR BUILDING PERMIT
(One & Two Family Dwellings, Additions, Porches, Decks, Sheds,Siding,Roofing)

The following information **MUST** be shown on the documents (drawings) submitted with the Building Permit Application:

1.**Certified Plot Plan IS REQUIRED** (excluding interior remodel, siding, roofing permits)

2. **Foundations:**
   - **2.1** Size spacing and Depth of Footing and Foundation Walls
   - **2.2** Size and spacing of all sono tubes
   - **2.3** Size and spacing of reinforcing (if required or provided)
   - **2.4** Thickness of all floor slabs on grade

3. **Frame:**
   - **3.1** Size, spacing and all spans for all major beams including connections between beams and columns
     NOTE: *All structural steel framing members (beams & columns) must be Engineered by an Architect or Structural Engineer licensed by the Commonwealth of Massachusetts.*
   - **3.2** Size, spacing & spans for all floor and ceiling joists
   - **3.3** Size & spacing for all wall studs
   - **3.4** Size, spacing & spans for all roof rafters and collar ties
   - **3.5** Size of all structural plywood or boards (sheathing, floors, roof decking)

4. **Finishes:**
   - **4.1** Exterior finishes (walls, roofs)
   - **4.2** Interior finishes (floors, walls, ceilings)

5.**Specialties:**
   - **5.1** Electrical permit must be filed by a contractor with a current valid license within 5 days of the start of the work.
   - **5.2** Plumbing and gas permits must be filed by a contractor with a current valid license prior to the start of the work.
   - **5.3** Location of the fire detection system components (smoke detectors & carbon monoxide detectors)
     NOTE: *The Hudson Fire Department review is required for all new single and two family dwellings; also for all additions when new bedrooms are added to an existing structure or any substantial renovations*

The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a *One- or Two-Family Dwelling*

FOR MUNICIPALITY USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: _____

1.1a Is this an accepted street? yes____ no____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, § 54)
Public ☐ Private ☐

1.7 Flood Zone Information:
Zone: ___ Outside Flood Zone? Check if yes☐

1.8 Sewage Disposal System:
Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP[1]

2.1 Owner[1] of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (check all that apply)

New Construction ☐	Existing Building ☐	Owner-Occupied ☐	Repairs(s) ☐	Alteration(s) ☐	Addition ☐
Demolition ☐	Accessory Bldg. ☐	Number of Units____	Other ☐ Specify:_____		

Brief Description of Proposed Work[2]: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)
1. Building	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Mechanical (Fire Suppression)	$
6. **Total Project Cost:**	$

Official Use Only

1. Building Permit Fee: $_____ Indicate how fee is determined:
☐ Standard City/Town Application Fee
☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
2. Other Fees: $_____
List: _____

Total All Fees: $_____
Check No. _____ Check Amount: _____ Cash Amount: _____
☐ Paid in Full ☐ Outstanding Balance Due: _____

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Telephone Email address

License Number Expiration Date

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP Telephone

HIC Registration Number Expiration Date

Email address

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

Workers Compensation Insurance 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER[1] OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature) Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) _____ Habitable room count _____

Number of fireplaces _____ Number of bedrooms _____

Number of bathrooms _____ Number of half/baths _____

Type of heating system _____ Number of decks/ porches _____

Type of cooling system _____ Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

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

1. 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.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 (check one):
1.☐ Board of Health 2.☐ Building Department 3.☐ City/Town Clerk 4.☐ Electrical Inspector 5.☐ Plumbing Inspector 6.☐ Other _____

Contact Person: _____ **Phone #:** _____

TOWN of HUDSON

IECC 2015 Compliance Sheet

As of 1/2/2017

Completely fill out all information that applies. Omissions will cause denial of application.

Owner's Name_____ Permit Applicant Name_____

Job Address_____ Applicant Phone #_____

Please check the box that applies to your project:

☐ New Home ☐ Renovation or Repair ☐ Addition ☐ Door & Window Replacement

For Window & Door Replacement Only (Table R 402.1.2)

WINDOWS

# of Windows_____

U-Factor_____

DOORS

# of Doors_____

U-Factor_____

Note: Please have the window stickers of factory affidavit on site for inspection for compliance with U-Factor requirements.

New Homes, Additions, Alterations, Renovations or Repair Compliance Options

Submittal

☐ Prescriptive (see box below)

☐ ResCheck, ComCheck or other software App (Section R405.6.1 and N1102.1.5.1)

☐ Air Leakage/Mechanical Ventilation (Table R405.5.2(1))

Please List_____

Field Compliance: All 4

☐ Blower Door Test (Section R402.4.1.2)

☐ Air Barrier & Insulation Installation Rep. (Table R402.4.1.1)

☐ Duct Testing (Section R403.3.3 - Required if ducts & handler are not completely within the conditioned space)

☐ Mechanical Ventilation (Section R403.6 and N1103.6) (Table 403.3 IMC 2009)

Prescriptive Option (Table R402.1.2)

Ceiling R-Values (R-49) _____

Wood Frame Wall R-Value (R-20)_____

Mass Wall R-Value (R-13/17)_____

Floor R-Value (R-30)_____

Basement Wall R-Value (R-15/19) _____

Slab R-Value & Depth (R-10, 2ft) _____

Crawl Space Wall R-Value (R-15/19)_____

Fenestration U-Factor (.30) _____

Compliance statement: The proposed building design described here is consistent with the building plans, specifications, & other calculations submitted with the permit application. The proposed building has been designed to meet the 2015 IECC.

Name-Title_____ Signature_____ Date_____

BOARD OF HEALTH

78 Main Street, Hudson, Massachusetts 01749
Phone (978) 562-2020
Fax (978) 562-8508

Temporary Dumpster Permit Application

Property Address	
Property or Business Owner	

✓	Category (please check one)	Permit Fee
	Temporary Dumpster for Initial 30 Days	$10
	Temporary Dumpster for Additional 30 Days	$10

Applicant (If different from Property/Business Owner)	
Mailing Address (If different from Property Address)	
Business Phone	
24-hour Emergency Phone	
Applicant email Address	
Trash Company Servicing the Dumpster	

Please note that if your dumpster is located within Zone II of Water Supply Protection Areas, as defined by the Massachusetts Department of Environmental Protection, your dumpster must be placed on an impervious surface. See attached list of addresses located within Zone II.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the pains and penalties for perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant	
Date	

TOWN OF HUDSON
Homeowner Warning Notice

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

HOMEOWNER MUST SIGN

Homeowner is defined "*as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and/or form structures.*" If you do not meet this definition a building permit cannot be issued to you as a homeowner.

You will be personally responsible for all work on this project. Any dispute between you and your contractors are civil matters.

You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.

You must supervise all work.

You have waived all rights to the Massachusetts Guaranty Fund. See MGL c. 142A 1 and 201 CMR 18.

If the homeowner subcontracts the work, the responsible party from the subcontractor shall be present for inspections.

Your subcontractors may lien your property.

Any worker injured on your project may sue you if you or the company they work for does not carry Workmen's Compensation Insurance.

Failure to carry Workmen's Compensation Insurance may result in criminal penalties, i.e. fines and or/imprisonment. (Reference MGL c.152 25)

A Building Permit is a document admissible in a court of law.

For all projects that require excavation the homeowner shall contact Dig Safe by calling 811 at a minimum of three weeks prior to the start of the project.

This warning has been assembled because we have found that a majority of those citizens who sign the Homeowner's Exemption Form are not aware of the responsibilities that go along with assuming the construction responsibilities. Your signature below verifies you have read this warning and understand its requirements.

Home Owners Signature _____ Date_____

Print Name_____