

TOWN of HUDSON

78 Main Street, Hudson, MA 01749

978-568-9625/Fax – 978-562-8508

ONE & TWO FAMILY RESIDENTIAL

BUILDING PERMIT INSTRUCTIONS and APPLICATION

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

IF APPLICABLE THE FOLLOWING INFORMATION Will BE REQUIRED

◇ Check Off (Below) Information That Is Submitted With Permit ◇

- Plot Plan must be to scale stamped & 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 set 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 4.0.1 for NEW CONSTRUCTION and ADDITIONS (energy check) see link on town web site at (townofhudson.org) go to town departments, click Building Department, go to Energy Codes, click to open fill out information and print two copies.
- Septic *As Built* plans are required for new construction, additions, garages, swimming pools, sheds, decks, site work and etc. Homeowner supplied or research at Board of Health.
- Certificate of Insurance for Liability and Workman's Compensation is required with the Town of Hudson as Certificate Holder. Workers Compensation Affidavit must be filed.
- Copy of Construction Supervisor License and or Home Improvement Contractor Registration for each permit.
- Copy of the Federal (EPA) storm water permit. If your project disturbs 1 acre or more.
- If demolition of a structure (house, barn, garage, etc.) is involved you need to receive a **Demolition Application** form from the building department.
- If a bedroom is added or changed a complete floor plan of all floors is required with smoke detector & carbon monoxide detector locations to meet current Mass. Code.
- For **Roofing, Siding, Windows** Complete Sections: 1.1, 1.2, 2, 3, 4, 5, 6, 7a, 7b. attach copies of CSL License, HIC Registration, insurance certificates, Workers Compensation Affidavit and have the Treasurer sign off on back page.
- Make check payable to: Town of Hudson**

Applicant MAY need to contact the Town Departments listed on the back for approval

ADDITIONAL INFORMATION MAY BE REQUIRED

Fill out all sections or mark with N/A (not applicable)



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 7th edition

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

**Town of
Hudson**
Revised January
1, 2008

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address: _____ **1.2 Assessors Map & Parcel Numbers**
1.1a Is this an accepted street? yes _____ no _____ Map Number _____ Parcel Number _____

1.3 Zoning Information: _____ **1.4 Property Dimensions:**
Zoning District _____ Proposed Use _____ 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) **1.7 Flood Zone Information:** **1.8 Sewage Disposal System:**
Public Private Zone: _____ Outside Flood Zone?
Check if yes Private Public

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
Name (Print) _____ Address for Service: _____
Signature _____ Telephone _____ 24 Hour # or Cell _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

 Name of CSL- Holder

 Address

 Signature

 Telephone 24 Hour # or Cell

License Number _____		Expiration Date _____	
List CSL Type (see below) _____			
Type	Description		
U	Unrestricted (up to 35,000 Cu. Ft.)		
R	Restricted 1&2 Family Dwelling		
M	Masonry Only		
RC	Residential Roofing Covering		
WS	Residential Window and Siding		
SF	Residential Solid Fuel Burning Appliance Installation		
D	Residential Demolition		

5.2 Registered Home Improvement Contractor (HIC)

 HIC Company Name or HIC Registrant Name

 Address

 Signature

 Telephone

 Registration Number

 Expiration Date

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.

 Signature of Owner _____
 Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

 Print Name

 Signature of Owner or Authorized Agent _____
 (Signed under the pains and penalties of perjury) Date

NOTES:

- 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
- When substantial work is planned, provide the information below:
 Total floors 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"

MISCELLANEOUS INFORMATION

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.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

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 an 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. 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.‡
- 6. 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):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: _____