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, 780 CMR, 7th edition  

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

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:  

1.1a 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)  

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
</tbody>
</table>

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:  
Private □  Public □  

SECTION 2: PROPERTY OWNERSHIP  

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

SECTION 3: DESCRIPTION OF PROPOSED WORK  
(check all that apply)  
New Construction □  Existing Building □  Owner-Occupied □  Repair(s) □  Alteration(s) □  Addition □  
Demolition □  Accessory Bldg. □  Number of Units ___  
Other □  Specify:  

Brief Description of Proposed Work:  

SECTION 4: ESTIMATED CONSTRUCTION COSTS  

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
</tr>
</tbody>
</table>

Official Use Only  
1. Building Permit Fee: $___ Indicate how fee is determined:  
□ Standard City/Town Application Fee  
□ Total Project Cost * (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 Licensed Construction Supervisor (CSL)

<table>
<thead>
<tr>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>List CSL Type (see below)</td>
<td>Description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (up to 35,000 Cu. Ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1 &amp; 2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry Only</td>
</tr>
<tr>
<td>RC</td>
<td>Residential Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Residential Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Residential Solid Fuel Burning Appliance Installation</td>
</tr>
<tr>
<td>D</td>
<td>Residential Demolition</td>
</tr>
</tbody>
</table>

Name of CSL-Holder

Address

Signature

Telephone

24 Hour # or Cell

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: OWNER’ 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 ________________________ Date ________________________

(Signed under the pains and penalties of perjury)

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. 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 Enclosed Open ________________________
   Type of cooling system ________________________

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

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
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

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 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.1
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.
1 Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
2 Contractors that check this box must attach 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):
6. Other __________________________________________

Contact Person: __________________________ Phone #: ____________