



TOWN OF SALISBURY

BOARD OF HEALTH

JOHN W. MORRIS, DIRECTOR

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SALISBURY TOWN HALL
5 BEACH RD
SALISBURY, MA 01952

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APPLICATION FOR HABITABILITY INSPECTION ONE APPLICATION PER UNIT

Please Print

Fee \$ _____ To Be Submitted with Application

Assessor Map: _____ Parcel(s) _____

Location of Property _____ Number of Bedrooms _____

Check One: Year round _____ Seasonal _____

Property Owner _____

Property Owners Address _____

Property Owner Telephone _____ Email: _____

Cell Phone _____ Best time to Call: _____

ARE THESE UNITS CURRENTLY OCCUPIED _____ (YES) _____ (NO)

Please provide contact information if other than Property Owner:

Name

Telephone Number

I am the legal owner of the property that I am requesting this inspection(s) for. I am aware that my property must comply with the Massachusetts State Sanitary Code 105 CMR 410.000 at all times.

Print Name

Date

Signature

FOR OFFICE USE ONLY

Inspection Scheduled For (Date) _____ (Time) _____

Inspector Assigned _____

Re-Inspection Date(s) _____

UNIT HAS PASSED INSPECTION (Date)_____

HOUSING INSPECTION FEES

RENTAL INSPECTIONS / APARTMENTS & SEASONAL RENTALS

Studio / 1 Bedroom	\$ 100.00
2 – 3 Bedroom	\$ 125.00
4 + Bedrooms	\$ 135.00
Re – inspection	\$ 65.00
Certificate of Habitability	\$ 30.00

(Every 5 years)

RENEWAL INSPECTION FEES ONLY:

Studio / 1 Bedroom	\$ 85.00
2 – 3 Bedroom	\$ 110.00
4 + Bedrooms	\$ 120.00
Re – inspection	\$ 50.00
Certificate of Habitability	N/A