

TOWN OF SALISBURY

HEALTH DEPARTMENT

5 Beach Road

Salisbury, MA 01952

Telephone: 978-462-7839 Fax: 978-462-4176

APPLICATION FOR HABITABILITY INSPECTION ONE APPLICATION PER UNIT

Please Print

Fee \$ _____ (See Back of Application)

Assessor Map: _____ Parcel(s) _____

Location of Property _____ Number of Bedrooms _____

Check One: Year round _____ Seasonal _____

Property Owner _____

Property Owners Address _____

Property Owner Telephone _____ Cell Phone _____

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

Please provide contact information:

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) _____

CERTIFICATE OF HABITABILITY ISSUED (Date) _____

HOUSING INSPECTION FEES

RENTAL INSPECTIONS / APARTMENTS & SEASONAL RENTALS

Studio / 1 Bedroom	\$ 75.00
2 – 3 Bedroom	\$ 100.00
4 + Bedrooms	\$ 125.00
Re – inspection	\$ 45.00
Certificate of Habitability	\$ 30.00