

COMMONWEALTH OF MASSACHUSETTS
TOWN OF SALISBURY
HEALTH DEPARTMENT

5 Beach Road
Salisbury, MA 01952
Telephone: 978-462-3430 Fax: 978-462-4177

AFFIDAVIT OF HOMEOWNER OCCUPANCY

I, _____, state that I am the owner of property located at _____, Apt. # _____
Salisbury, MA 01952 and self occupy the premises, or the premises are occupied by a
family member(s) related to me as: _____.

Therefore, I/We are exempt from Salisbury Board of Health Rules and Regulations,
Chapter 5, Section 5.9.002(3) which requires a Certificate of Habitability for rental/lease
housing in accordance with Chapter 5, Section 5.9.002(1)(g).

I/We also understand that any change in this situation whereby our housing becomes
rental/lease property understand that an inspection and Certificate of Habitability will be
required prior to a change in use.

Subscribed and sworn to before me, this _____ day of _____, 20____.

Notary Public (signature)

Name of Notary

NOTARY SEAL

My Commission expires: _____, 20____.