



Town of Salisbury

BOARD OF HEALTH

5 Beach Road
Salisbury, MA 01952
Phone: (978) 462-3430
Fax: (978) 462-4176

AFFIDAVIT OF HOMEOWNER OCCUPANCY

I, _____, state that I am the owner of property located at
_____, Apt/Unit. # _____

Salisbury, MA 01952 and

☐ I 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 ____.

Owner (Signature)

Owner Phone

Notary Public (signature)

Name of Notary

NOTARY SEAL

My Commission expires: _____, 20 ____.