



Town of Salisbury

BOARD OF HEALTH

5 Beach Road
Salisbury, MA 01952
Phone: (978) 462-3430 / Fax: (978) 462-4176
buildingadmin@salisburyma.gov

APPLICATION FOR HABITABILITY INSPECTION

(One application per unit)

☐ New Rental ☐ Five (5) Year Re-Inspection Fee: _____

Property Address: _____ Map/Lot: _____

Location (e.g. first floor, right side, etc.): _____ No. of Bedrooms: _____

☐ Seasonal ☐ Year Round Is this unit currently occupied? ☐ Yes ☐ No

***Attach a copy of the Certificate of Registration that the owner/operator has registered with the Massachusetts Department of Revenue (DOR) relative to the Room Occupancy Excise Tax for rentals.**

Property owner(s): _____

Mailing address: _____

Phone: _____ Email: _____

Please provide contact information if other than the property owner:

Name: _____ Phone: _____

I am the legal owner of the property in which I am requesting this inspection(s). I am aware that my property must comply with the Massachusetts State Sanitary Code 1105 CMR 410.000 at all times.

Printed Name

Date

Signature

For Office Use Only

Inspection Scheduled (Date): _____ (Time): _____

Inspector: _____ Re-Inspect Date(s): _____

Date of passed inspection: _____

Please refer to fee schedule on reverse side

HOUSING INSPECTION FEES

Rental Inspections / Apartments & Seasonal Rentals

| | New Rental | Renewal (every 5 years) |
|-----------------------------|------------|----------------------------|
| Studio / 1 Bedroom | \$100 | \$85 |
| 2 - 3 Bedrooms | \$125 | \$110 |
| 4 + Bedrooms | \$135 | \$120 |
| Certificate of Habitability | \$30 | N/A |
| | | |
| Re-Inspection | \$65 | \$50 |

***Certificate of Habitability fee is required for New Rentals.**

****Re-Inspection fee will be applied to a failed inspection.**