

**COMMONWEALTH OF MASSACHUSETTS  
TOWN OF SALISBURY  
HEALTH DEPARTMENT**

**5 Beach Road  
Salisbury, MA 01952  
Telephone: 978-462-7839 Fax: 978-462-4176**

**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 \_\_\_\_.

\_\_\_\_\_  
Owner (Signature)

\_\_\_\_\_  
Notary Public (signature)

\_\_\_\_\_  
Name of Notary

NOTARY SEAL

My Commission expires: \_\_\_\_\_, 20 \_\_\_\_.