



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
120 WASHINGTON STREET, 4TH FLOOR
TEL. (978) 741-1800
FAX (978) 745-0343
LRAMDIN@SALEM.COM

KIMBERLEY DRISCOLL
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

Application for Certificate of Fitness

IN ACCORDANCE WITH STATE SANITARY CODE, CHAPTER 11, 105 CMR 410.000
"MINIMUM STANDARDS OF FITNESS FOR HUMAN HABITATION"

FEE: \$50.00

PROPERTY LOCATED AT _____ UNIT# _____

IS THIS UNIT DESIGNATED AS RIGHT LEFT FRONT OR BACK, PLEASE CIRCLE ONE

OWNER/LESSOR _____ MANAGER/ AGENT _____

NO P.O. BOX _____ ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

RESIDENCE PHONE _____ BUSINESS PHONE (24HRS) _____

BUSINESS PHONE _____

TOTAL NUMBER OF ROOMS: _____

ROOM USE: 1. 2. 3. 4. 5.
6. 7. 8. 9. 10.

THERE IS A FIFTY (\$50) DOLLAR FEE, PAYABLE BY CHECK OR MONEY ORDER TO THE CITY OF SALEM BOARD OF HEALTH THIS FEE IS PAYABLE AT THE TIME OF INSPECTION

APPLICANT'S SIGNATURE _____ DATE _____

Inspectors use only

Date on initial inspection: _____ Date of reinspection: _____

Date of issuance of certificate: _____ Date fee paid: _____

Type of unit: Dwelling _____ Other _____ Check # _____ Check date: _____

Notes: _____

Code Enforcement Inspector



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Release

In accordance with Massachusetts General Laws Chapter 111; Code of Massachusetts Regulations 410.000 et. Seq. ; State Sanitary Code Chapter II and Article XIII of the City of Salem Ordinance, undersigned owner/lessor and tenant/lessee of a unit of residential property, hereby authorize the Salem Board of Health or its authorized agents to inspect the residence identified below in accordance with the aforementioned statutes, regulations and ordinances.

In the event it is necessary that said inspection be done in my/out absence. I/we expressly authorized the same and for my/our successors and assigns hereby release and discharge the City of Salem, Salem Board of Health and its authorized agents from any lose or injury sustained of whatever nature and description occasioned by my/out absence during said inspection.

Tenant/Lessee

Owner/Lessor

Address

Address

Address on unit to be inspected

Date