



TOWN OF MERRIMAC, MASSACHUSETTS
BOARD OF HEALTH
RENTAL INSPECTION APPLICATION

Fee: \$40.00

Payable to Town of Merrimac

Date Received by BOH

SECTION 1 - BUILDING INFORMATION:

As Owner/Authorized Agent, I hereby request the Board of Health Health inspect my rental unit located at

_____ Apt. # _____ Floor: _____

to comply with the Board of Health Rental Housing Regulations and 105 CMR 410.000, *State Sanitary Code Chapter II: Minimum Standards of Fitness for Human Habitation*.

Signature _____

Initials noting payments are current: _____

Signoff: Tax Collector _____

Signoff: Light, Water _____

L _____

W _____

SECTION 2 - PROPERTY OWNER INFORMATION:

Fire Dept. **Smoke** **Carb. Mon.**
(Satisfactory: **Y** or **N**)

Building Owner of Record:

Owner's Name _____

Owner's Address _____

City _____ State _____ Zip _____

Owner's Phone _____ E-mail: _____

or

SECTION 3 - PROPERTY OWNER'S AUTHORIZED AGENT:

Owner's Authorized Agent:

Agent's Name _____

Agent's Address _____

City _____ State _____ Zip _____

Agent's Phone _____ E-mail: _____

SECTION 4 - OCCUPANT'S INFORMATION:

UNIT CURRENTLY OCCUPIED? _____ Max. # Occupants _____ (Circle one:)
Permitted: _____ LEASE TERM: Monthly Yearly Other

Occupant(s) Full Name(s) _____

Rental Date: _____ Occupant's Phone: _____

For Office Use:

DATE INSPECTED: _____

DATE CERTIFIED: _____

COMMENTS:

INSP. INITIALS: _____