



MaryAnn O'Connor
Director
Board of Health

City of Medford

BOARD OF HEALTH

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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: \$75.00 CASH OR CHECK ONLY

PROPERTY LOCATED AT _____ UNIT # _____
IS THIS UNIT DESIGNATED AS RIGHT LEFT FRONT OR BACK, PLEASE CIRCLE ONE

OWNER / LESSER _____ MANAGER / AGENT _____

EMAIL: _____

NO P.O. BOX

ADDRESS: _____ ADDRESS: _____

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

RESIDENCE PHONE: _____ BUSINESS PHONE (24 HRS): _____

BUSINESS PHONE: _____ HOW MANY UNITS IN BUILDING: _____

TOTAL NUMBER OF ROOMS IN DWELLING: _____

APPLICATIONS SIGNATURE: _____ DATE: _____

INSPECTORS USE ONLY

Date on initial inspection: _____ Date of re-inspection: _____

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

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

Notes: _____

Code Enforcement Inspector