



BOARD OF HEALTH

78 Main Street
Hudson, MA 01749
(978) 562-2020

REQUEST FOR CERTIFICATE OF FITNESS INSPECTION

I am requesting an inspection of the following property to determine if it is substantially in compliance with the requirements of 105 CMR 410.000 State Sanitary Code II: *Minimum Standards of Fitness for Human Habitation*.

INSPECTION LOCATION

ADDRESS _____

APT. _____

No. _____

FLOOR _____

PRINT

Applicant's Name _____

Street/city _____

State/Zip _____ Telephone _____

PRINT

Tenant's name _____

Telephone _____

PRINT

Owner's Name _____

Street/city _____

State/Zip _____ Telephone _____

For dwellings built prior to 1977: A letter of compliance with the most current regulations governing the use of lead paint in dwellings must be provided by the owner prior to inspection by the Board of Health.

Signature of Applicant _____ Date _____

For Board of Health use only

Date inspected _____

Fee \$75.00