



Town of Hull

HEALTH DEPARTMENT

TEL: (781) 925-2224

FAX: (781) 925-2228

253 ATLANTIC AVE

HULL, MASSACHUSETTS 02045

APPLICATION FOR BOARD OF HEALTH CERTIFICATE OF OCCUPANCY FOR NEW OR COMPLETE REHAB OF A DWELLING UNIT

Date _____

Name of owner _____ Telephone# _____

Address of owner _____

Address of dwelling unit _____

Type of dwelling: Multi Family _____ Single Family _____ Apartment _____ Condo _____

New dwelling _____ or Rehab _____

Fee: - \$75.00 Paid date _____

Name of applicant _____

BOARD OF HEALTH CERTIFICATE OF OCCUPANCY FOR NEW DWELLING

Name of owner _____

Address of owner _____

Address of dwelling unit _____

Type of dwelling unit _____

Date of application _____

Date of inspection _____

Date of Expiration _____

Inspector _____

Approved by _____ Date _____