

Town of Hull

BOARD OF HEALTH TEL: (781) 925-2224 FAX: (781) 925-2228 253 ATLANTIC AVE. HULL, MA 02045

HOUSING CODE DIVISION- BOARD OF HEALTH

Annual Fee \$ 100.00

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Application is hereby made for an Annual Certificate of Occupancy. I authorize the Board of Health or its representatives to enter, examine, or survey the below listed dwelling unit at any reasonable time, as is expressly provided in the Mass. State Sanitary Code and Certificate of Occupancy Bylaws.

Name of Owner	
Address of Owner	Phone
Owner Email Address	
Address of Rental Property	Unit #
Tenant NameTena	Int Phone
# Occupants # Bedrooms # Occupants per bedroom	Long-term Seasonal
The Board of Health can/will contact the Tenant directly to sch	nedule the inspection. Please indicate your

preference by selecting the appropriate response _____ yes _____ no

Chapter 274, Housing Standards of the Town of Hull Bylaws: "No rental dwelling unit, apartment or tenement shall be occupied unless a Certificate of Occupancy has been issued by the Board of Health." A Certificate of Occupancy must be renewed <u>each year</u> for rentals. You are requested to return this application to the Board of Health office at 253 Atlantic Avenue along with the annual fee, (\$100.00 Payable to Town of Hull) for each dwelling unit.

** If violations are found at the time of inspection and a Re-inspection is necessary in order to ensure compliance with the Sanitary Code a Re-Inspection Fee of \$ 35.00 will apply.

It remains the responsibility of the property owner to ensure that the premises are safe for habitation at all times. The Town of Hull does not make any guaranty or warranty and assumes no liability in the inspection and/or issuance of the Certificate of Occupancy as to the condition of the building or unit being occupied or as to the compliance of the property with applicable laws, rules and regulations, including but not limited to zoning or building code laws. The issuance of a Certificate of Occupancy is not an explicit and specific assurance of safety or assistance. The dwellings are not inspected under this program for lead paint.

For office use:

Date received _____ Check #____ Treasurer/Collector ____ Insp. Date _____