



Thomas Bilbilian
Health Inspector

TOWN OF
STONEHAM
MASSACHUSETTS
Board of Health - Health Department
35 CENTRAL STREET
STONEHAM, MA 02180
(781) 279-2621
Fax (781) 507-2615

Application for Housing Certificate of Fitness

This application must be completed prior to allowing occupancy of dwelling unit.

Please complete the following information. The court requires we have this information in the event we need to
Serve process of law. Ref. 105 CMR, 410 Sections 481 & 833 MCL. 111-127 A & O.

PROPERTY OWNER:

Address of Rental Unit: _____
Apartment (s) _____

Name of Owner (s), Trustee, Beneficiary or Corporate President

Residential Address of Owner: (No Post Office boxes allowed)

Owners Telephone Numbers: Day (____)-____-____ Evening: (____)-____-____

PROPERTY MANAGER: YES NO IF YES, PLEASE COMPLETE THE FOLLOWING.

Name of Property Manager _____
Address of Property Manager: _____
Managers Phone Number Day: (____)-____-____ Evening: (____) - ____-____

DUMPSTER: YES NO if yes, how many times serviced per week? _____

Name, address and phone number of company responsible for servicing dumpster:
Name: _____
Address: _____
Phone Number: _____

APPLICANT SIGNATURE: _____ **DATE:** _____
Signed under pains and penalties of perjury.

**PLEASE GIVE PAYMENT AND COMPLETED APPLICATION TO HEALTH AGENT/INSPECTOR
AT TIME OF INSPECTION.**

**PLEASE MAKE CHECKS AND/OR MONEY ORDERS FOR \$50.00 PER UNIT PAYABLE TO THE
TOWN OF STONEHAM.**

NOTE: INSPECTION DOES NOT INCLUDE A TEST FOR LEAD PAINT.