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 **CITY OF EVERETT**

 ***INSPECTIONAL SERVICES DEPARTMENT***

 **484 BROADWAY, ROOM 26**

 **EVERETT, MASSACHUSETTS 02149-3694**

 **OFFICE: 617-394-2220 FAX: 617-394-2433**

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| --- | --- | --- | --- |
|  |  | **DAVID PALUMBO****DIRECTOR OF ISD****BUILDING COMMISIONER****617-394-2284** |  |

**RECEIPT FOR CERTIFICATE OF HABITABILITY**

 **Date:\_\_\_\_\_\_\_\_\_\_ No.\_\_\_\_\_\_\_**

 **Owners Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Owners Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_**

 **Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of Occupant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Property Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Children under age 6: Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

 **CERTIFICATE OF GOOD STANDING**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **INSPECTION TO BE HELD ON:**

 **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CERTIFICATE: \_\_\_\_\_\_\_\_\_P/U \_\_\_\_\_\_\_\_\_\_\_MAIL \_\_\_\_\_\_\_\_\_\_\_EMAIL**

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 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **LEGAL USE REQUEST FORM**

 To determine the Legal Use of Property

 City of Everett

 Building Inspector

 I would like to request to know the legal use of the property

 located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Map Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parcel Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Notice: This information may take awhile to obtain from our records. You will be notified in writing as soon as possible**

 You may forward this information found regarding this property to the following address:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Authorized Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Check**:

Real Estate Agent ‬ Needed for Code Enforcement ‬ Other ‬

The City of Everett Inspectional Services Department thanks you for you cooperation and patience.

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**Residence/Business Emergency Contact Information**

**Please Print Information CLEARLY**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESIDENTIAL INFORMATION**

PROPERTY OWNER FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY OWNER HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RENTAL PROPERTY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUSINESS INFORMATION**

BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 BUSINESS OWNER FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS OWNER HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 BUSINESS OWNER FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS OWNER HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 EMERGENCY CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 EMERGENCY CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**** **CITY OF EVERET ANNUAL STREET LISTING**

If this address is incorrect, make corrections below

## Resident Address:

**WARNING - FAILURE TO RESPOND TO THIS MAILING FOR 2 CONSECUTIVE YEARS SHALL RESULT IN REMOVAL FROM THE ACTIVE VOTING LIST AND MAY RESULT IN REMOVAL FROM THE VOTER REGISTRATION ROLLS. (M.G.L. CHAPTER 51, SEC 4)**

You MAY NOT change your voter information on this form.

# Phone #:

**Unlisted:**

# Ward: Precinct:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | B | C | d | E | f | G | h | I | j | k |
| vOTEr Y/N | NAMELAST FIRST MIDDLE | MAIL TO | DATE OF BIRTH MM/DD/YYYY | OCCUPATION | M - MOvEdd - dECEASEd | NATIONALITY(If NOT U.S CITIZEN) | u.S. vETErAN | PREVIOUS ADDRESS IF AT CURRENT ADDRESS FOR UNDER ONE YR. | puBLIC SAfETY | NO. Of dOGS |
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**Signature of Respondent Date**

Signed under the penalties of perjury as prescribed by M.G.L. 56, §4.

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**Certificate of Habitability checklist**

1. **Gas & electric must be on**
2. **Smoke detectors in each bedroom**
3. **Smoke detectors in front/rear hallways**
4. **Photoelectric detectors must be installed within**

 **20 ft of kitchen or bathroom containing showers**

1. **CO detectors within 10ft of bedroom**
2. **Dwelling unit must be unoccupied**
3. **Heat must be on**
4. **Hot water must be on**
5. **All work must be done before inspections**
6. **No keyed locks on bedroom doors**
7. **GFI plug within 6 ft of sink, tub, (water source)**
8. **3 family dwelling or more must have name and emergency**

 **contact number posted in front, visible from street.**

 **Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***NO LEAD PAINT WILL BE INSPECTED***

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**CERTICATE OF HABITABILITY**

**Frequently Asked Questions**

1. **Is anyone exempt from the Certificate of Habitability?**

No, this ordinance applies to all rental property owners in the City of Everett, including apartment complexes and rooming/lodging housing.

1. **What is the cost of the certificate?**

The fee for the inspection is $25.00 and must be submitted with the application.

1. **Do I need to get a new certificate every time a new tenant moves in?**

Yes, the Certificate of Habitability is valid for the duration of the tenancy. Each time that a new tenant moves in, the property owner is required to apply for and obtain a new certificate.

1. **Is there a benefit to the property owner by complying with the Certificate of Habitability program?**

Yes, the program benefits the property owner by documenting compliance with the state sanitary code or housing code for future reference. The property owner can think of it as an insurance policy against allegations that the apartment was damage before a tenant moved in.

1. **Can a tenant move in before the Certificate of Habitability is issued?**

No, each day that the owner allows someone to live in the apartment without the Certificate of Habitability will be a separate offence fined at $25.00 a day.

1. **What types of violations will the inspector are looking for?**

The inspectors will be looking for any violations of the state sanitary code and the state building code. The inspectors will also be on the lookout for illegal or attic apartments.

1. **If I have a Certificate of Habitability, does that mean I do not have lead paint?**

No, inspectors will not be inspecting for lead paint and you do not have to remove lead paint to receive a Certificate of Habitability. However, Massachusetts State Law requires all apartments with residents under six years old to conform to State Lead Regulations 205 CMR 460.

1. **What happens if the inspection fails and the certificate is not issued?**

A written order copy of the inspection will be presented to the owner at the conclusion of the inspection that will document the violations.

1. **Do I have to correct the violations?**

Yes, once the inspection has been conducted, the violations must be corrected as directed by the violation letter issued by Code Enforcement.

1. **When will the inspection be conducted?**

The inspection must be conducted within 10 business days of your application submittal. If the inspection is not conducted within this time, the owner may rent the apartment.

1. **What do I need to submit to the Inspectional Services Department with my application?**

With the application, a check or cash for the amount of $25.00 for each apartment and a document from the Building Dept. showing the legal use for that dwelling.