



Town of Williamstown Community Development Department

31 North Street
Williamstown, Massachusetts 01267
Phone/Fax: (413) 458-9344



Board of Health

Application for Chapter 2 Dwelling Unit or Rooming Unit Certification

**FEE PER DWELLING UNIT: \$35 (UNOCCUPIED); \$70 (OCCUPIED);
\$140 (COMPLAINT ON UNCERTIFIED UNIT)**

In accordance with *The Code of the Town of Williamstown Chapter 154, Rental Property*, and *105 CMR 410.000, Minimum Standards of Fitness for Human Habitation, State Sanitary Code, Chapter 2*.

Location _____
Street

Owner: _____ Telephone: _____

Address: _____
Street City State Zip Code

E-mail: _____

Name and address of local agent authorized to accept service of orders and other correspondence as set forth in 105 CMR 410 (State Sanitary Code: Chapter II).

Name of Agent: _____

Address: _____

Telephone: Home _____ Work _____

Apt. #	# of Rooms	Occupancy Date	Tenant(s) Name

Signature of Owner, Manager, or Local Agent _____
Date Signed

Lease/payment, and all utility and service agreements must comply with the provisions of 105 CMR 410.000, Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II).

For Inspection Services Use

Date Received: _____ Inspection Date: _____