

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: (978) 983-8655 Fax (978)-983-8988

Fee: \$40.00	Permit #:
Check Number:	
Date Received:	

APPLICATION FOR A CERTIFICATE OF OCCUPANCY PERMIT

Location of dwelling unit:

Address:	Unit Number or Floor:
City: Methuen	State: MA Zip Code: 01844

The following information shall be provided:

Owner/company/trust name	Telephone:
Trustee/owner Full Name	Telephone:
Address:	City State and Zip Code

Mailing Address shall be provided if different:

Address:	Telephone:
City:	State: Zip Code:

I understand that I must comply with the Board of Health Regulations, Minimum Standards of Fitness for Human Habitation, and any other State statues or regulations governing residential property. The issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

I certify under penalties of perjury that I, to my best knowledge and belief that the foregoing information contained in this application is true and correct.

Social Security No. Or Tax Identification Number:	
Signature of Owner / Trustee or Representative:	Date Signed:

Payment shall accompany this application and make check or money order payable to "City of Methuen."

FOR OFFICE USE ONLY:

Tax Collector Information:

Faxed to (978) 983-8982:

Property Taxes up to date: Yes ___ No ___	Water Assessment up to date: Yes ___ No ___
Tax Collector's Signature:	Date:

Inspection Information:

Inspection Date:	Inspected By:
Permit Granted: ___ Denied: ___	Violations found: Yes ___ No ___
Violations found see report:	Date: