

Malden Board of Health
Government Center
200 Pleasant Street, Rm. 517
Malden, MA 01248
(781) 397-7049

Non - Refundable Fee \$50.00 Re-inspection \$20.00
Date Paid _____

Fax # (781) 397-7350
Email: BOH @CityofMalden.org

Application for a Dwelling Unit Certificate

In accordance with 9.40 of the Revised City Ordinances and Section 9, Dwellings, Malden Board of Health Rules and Regulations.

Location of Dwelling Unit

Address	Unit or Floor Number
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The following information must be provided:

Owner /Company/ Trust Name	Telephone #	
Trustee / Owners Full Name	Telephone #	
Address	City	State & Zip Code
Email Address		

Mailing Address must be provided if different: (P.O. Boxes will not be accepted)

Address	Telephone #	
City	State	Zip Code

Tax Collector Information: **** Treasurers Stamp needed for further processing ****

Property Taxes Paid	YES _____	NO _____	Water Bill Paid	YES _____	NO _____
Tax Collectors Signature					

I understand that I must comply with the Board of Health regulations and the State Sanitary Code, Chapter II, Minimum Standards of Fitness for Human Habitation, 105 CMR 410.000 any all other applicable, federal, state or local regulation, ordinance or by-law and that the issuance of this Certificate in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state or federal regulatory authority.

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

Signature of Owner	Date
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