

City of Malden , City Ordinance, Section 9.40.1

Rental Unit Inspection Program

Three Year Inspection Exemption Program

This program allows property owners, that can demonstrate two (2) years compliance with Section 9.40, Rental Unit Inspection; Required, to apply to Malden Health & Human Services (HHS) for a three year exemption to the requirement of Section 9.40, Rental Unit Inspection; Required.

This ordinance requires that each dwelling unit be inspected by agents of the Board of Health for compliance with Chapter II of the State Sanitary Code, upon a dwelling unit being vacated and prior to it being reoccupied

Upon successful application, said Owner will be allowed a three year exemption from the requirements of Section 9.40 of the City Ordinance.

This exemption is subject to revocation following a hearing with the Municipal Hearing Officer if the unit/s subject to the exemption has one (1) or more violations of the Massachusetts State Sanitary Code and if, upon proper notice of those violations to the Owner, the violations have not been corrected in the time provided in such notice.

Approved owners are required to maintain up to date maintenance records for **any and all exempted units** for the duration of the exemption, and such records shall be available for review by HHS during regular business hours or upon reasonable notice to the Owner.

Requests for Exemption

Requests for exemptions must be submitted to the Health & Human Services Office at Malden City Hall, 215 Pleasant St, Room 310.

Only complete Requests for Exemption will be processed. Illegible submittals will returned as denied. It is the applicant's responsibility to gather all necessary information to complete the Request for Exemption.

Once your Request for Exemption is received it will be reviewed and a written finding regarding the approval or denial of an exemption will be issued based on factors including, but not limited to, the following:

- (i) a review of the Owner's history of property management on file with the City of Malden and a management plan submitted for the property,
- (ii) a review of the building/s history of compliance with the Massachusetts State Sanitary Code,
- (iii) Submittal of the required information listed in the Request Exemption Checklist items A-P,
- (iv) a site visit of the property for which the exemption is sought, and
- (v) a two year history of compliance with Section 9.40, Rental Unit Inspection; Required.

Request for Exemption Checklist:

- A.** A completed, accurate and legible Request for Exemption cover page for each unit or building the application is seeking exemption for.
- B.** Provide documentation explaining any previous enforcement history, permits issuance, Special Permit Conditions, with HHS, PIPs and its subdivisions, the Malden City Council, and the Malden Licensing and Planning Boards, if any.
- C.** Provide a written Resident Complaint Resolution Plan. This plan should include how complaints are recorded, inspected and resolved as well as the timeframes the owners and agents consider reasonable to resolve complaints.
- D.** Provide a sample of the owners contact information sign/s installed in each building/s that is compliance with State Sanitary Code, Chapter II, Minimum Standards for Human Habitation 105 CMR 410.481, Posting the Name of the Owner.
- E.** A current Fire Escape/Egress Certificate. For all fire escapes installed on the property. (Include in management plan).
- F.** A current receipt for Fire Department inspection of required smoke/carbon monoxide and fire suppression systems.
- G.** An affidavit attesting to the absence or presence of lead paint in the building/s. If lead paint is present certify the condition, location and quantity of lead paint and compliance with the Massachusetts Lead Law. 105 CMR 460.000 Lead Poisoning Prevention and Control Regulation.
- H.** An affidavit attesting to the absence or presence of asbestos in the building/s. If asbestos is present, certify the condition, location and quantity of the asbestos and compliance with the Massachusetts Asbestos Regulations. Air Pollution Control 310 CMR 7.09 &.15.
- I.** A Solid Waste Disposal Plan or Dumpster Permit Application. Either of these submittals must be reviewed and approved as new submittals. (Include in management plan).
- J.** A written Integrated Pest Management Plan (IPM) prepared by a Massachusetts licensed exterminator.
- K.** A copy of a current certificate of occupancy for the Dwelling. (Include in management plan).
- L.** A Written Statement attesting that the subject dwelling is being used in a manner consistent with its Certificate of Occupancy. (Include in Management Plan).

- M. A complete list of other properties located in the City of Malden that are under the ownership or management of the applicant. (Include in Management plan).
- N. A Resident Complaint Resolution Program for the maintenance of the property and responsiveness to tenant concerns. (include in Management Plan).
- O. An affidavit attesting that the property owner(s) do not have an arrearage of debt owed to the City of Malden, which has been outstanding for more than 12 months. (Include in Management Plan).
- P. Application Fee of \$75.00 dollars.

TOTAL FEE

When approval is granted the owner must then pay the full amount of the fee in order to receive the exemption. The total amount of the fee is calculated in accordance with the ordinance as follows:

“Fifty dollars (\$50.00) per Unit up to the first four (4) units;

and an additional twenty dollars (\$20.00) for each additional Unit in the same building up to a maximum of one thousand dollars (\$1000.00) per building;

and if two (2) or more buildings comprise a complex owned by the same Owner then the fee shall not exceed two thousand five hundred dollars (\$2500.00).”

Denied Applicants:

If applicants are denied a Three Year Exemption from Section 9.40 , Rental Unit Inspection; Required, applicants may address the reasons for the denial and reapply the following year.

Review Time Frame

All applications submitted for review must be responded to in writing, whether to grant or deny an exemption, within 60 days of submittal.

Exemption Renewal

Exemptions may be renewed through the submittal of an application for Exemption Renewal. This application shall be reviewed within 30 days of receipt and if all the requirements of sections A-P of the application checklist have been maintained in compliance, an additional 3 three year exemption could be granted. The fee for renewal shall be in accordance with section (total fee) .

COVER PAGE TEMPLATE

OWNERS OR COMPANY NAME
ADDRESS
CONTACT INFORMATION
MANAGEMENT PLAN FOR UNIT/S or BUILDING X

To: Three Year Rental Unit Inspection Exemption Program
Malden Health & Human Services
215 Pleasant Street, Room 310
Malden, Ma 02148

From:

Date:

Re:

OVERVIEW

Historical Information. Age of Building or Complex.
Number of Units in building or complex.
Housing Type.

Management information

Staff contact information and the information required in the Request Checklist A through P
Written plan for tenant complaint resolution.
Written Integrated Pest Management Plan.
Written Solid Waste Disposal Plan
Dumpster Permit Application. (if applicable)
Plan for preventative maintenance.
Lead Compliance Information
Asbestos Compliance Information
Radon Compliance Information

Emergency Procedures

Contact Information
Resources

Sworn Statements

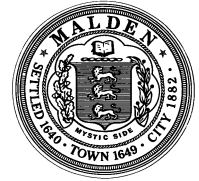
Signed, dated and notarized statement attesting that the building or complex is being used in a manner consistent with the issued certificate of occupancy. Signed, dated and notarized statement attesting that the owner does not have an outstanding arrearage of debt owed to the City of Malden for a period of more than 12 months.

Summary

Provide final overview of property with final reasons why you approval should be granted.

Malden City Hall
 215 Pleasant St. Room 310
 Malden, Massachusetts 02148
 (781) 397-7049
 Email: boh@CityofMalden.org

City of Malden
Massachusetts
Board of Health
www.cityofmalden.org



Three Year Inspection Exemption Program

CERTIFICATE APPLICATION (page 1 of 2)

No Blank spaces allowed; Missing information will cause the application to be considered incomplete.

State if application is for the following:			
New Application	<input type="checkbox"/>	Exemption Renewal	<input type="checkbox"/>

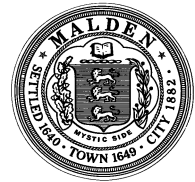
<i>Location of Dwelling Unit</i>
(Address)

<i>Owner / Company / Trust Information</i>																			
1) Owner or Company Name:																			
2) Owner or Company Mailing Address:																			
3) Owner or Trustee Address (if different): <i>(P. O. Box will not be accepted)</i>																			
4) Owner or Company Email Address:																			
5) Owner or Company Telephone No:																			
6) Emergency Telephone No:																			
7) Dwelling Owned By:	8) If a corporation or partnership, give name, title and officers or partner.																		
<input type="checkbox"/> A corporation <input type="checkbox"/> A partnership <input type="checkbox"/> An association <input type="checkbox"/> An individual <input type="checkbox"/> Other legal entity	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"><i>Name</i></th> <th style="width: 33%;"><i>Title</i></th> <th style="width: 33%;"><i>Home Address</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<i>Name</i>	<i>Title</i>	<i>Home Address</i>															
<i>Name</i>	<i>Title</i>	<i>Home Address</i>																	

<i>Person Directly Responsible For Daily Operations (Owner, Person-In-Charge, Supervisor / Manager)</i>	
Name & Title:	
Home Address:	
Telephone No:	Fax:
Emergency Telephone No:	
Email Address:	

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**City of Malden
 Massachusetts**
Board of Health
 www.cityofmalden.org



Three Year Inspection Exemption Program
CERTIFICATE APPLICATION (page 2 of 2)

<i>District or Regional Supervisor (if applicable)</i>	
Name & Title:	
Home Address:	
Telephone No:	Fax:
Emergency Telephone No:	
Email Address:	

List of other rental properties located in the City of Malden that are under the ownership of the applicant	
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

I understand that I must comply with the Board of regulations and the State Sanitary Code Chapter II, Minimum Standards of Fitness for Human Habitation, 105 CMR 410.000 and 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 Applicant: _____ Date: _____

Signature of Owner or Corporate Name: _____ Date: _____