



City of Framingham
Department of Public Health



Public Health
Prevent. Promote. Protect.

Address: 150 Concord Street, Framingham, MA 01702
Framinghamma.gov

Office Telephone: (508) 532-5470
Office Fax: (508) 532-5760
Office Email: health@framinghamma.gov

Non-Refundable Fee: \$75.00

Re-Inspection Fee: \$25.00

Date Paid: _____

Application for a Rental Unit Certificate

In accordance with Framingham Board of Health Rental Unit Certification Regulation

Location of Dwelling Unit

Form with fields: Address, Unit or Floor Number

Is the unit currently occupied or vacant?

If vacant, what is the estimated move-in date for new occupants? _____

The following information must be provided:

Form with fields: Owner/Company/Trust Name, Email, Telephone #, Trustee/Owners Full Name, Address, City, State & Zip Code

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

Form with fields: Address, Telephone #, City, State, Zip Code

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 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.

Form with fields: Signature of Owner, Date