

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF SALISBURY
HEALTH DEPARTMENT
5 Beach Road
Salisbury, MA 01952
Telephone: 978-462-7839 Fax: 978-462-4176**

AFFIDAVIT OF HOMEOWNER OCCUPANCY

I, _____, state that I am the owner of property located at
_____, Apt. # _____

Salisbury, MA 01952 and self occupy the premises, or the premises are occupied by a family member(s) related to me as: _____.

Therefore, I/We are exempt from Salisbury Board of Health Rules and Regulations, Chapter 5, Section 5.9.002(3) which requires a Certificate of Habitability for rental/lease housing in accordance with Chapter 5, Section 5.9.002(1)(g).

I/We also understand that any change in this situation whereby our housing becomes rental/lease property understand that an inspection and Certificate of Habitability will be required prior to a change in use.

Subscribed and sworn to before me, this _____ day of _____, 20 ____.

Owner (Signature)

Notary Public (signature)

Name of Notary

NOTARY SEAL

My Commission expires: _____, 20 ____.