

BOARD OF HEALTH



City Hall  
45 School Street  
Brockton, Massachusetts 02301

Telephone (508) 580-7175  
Fax (508) 580-7179

**CHAPTER 4, SECTION 21-28, REVISED ORDINANCES OF THE CITY OF BROCKTON, AS AMENDED**

**\*\*\* FEE OF \$100.00 PER UNIT FOR 3 YEARS OR WHENEVER THERE IS A NEW TENANT\*\*\*  
WITH A REINSPECTION FEE OF \$50.00**

**ALL PROPERTY OWNERS OF ANY BUILDING CONTAINING A DWELLING UNIT, APARTMENT OR TENEMENT MUST APPLY FOR AND OBTAIN CERTIFICATES OF FITNESS IN ORDER TO BE IN COMPLIANCE WITH THIS ORDINANCE. ONLY THE OWNER OCCUPIED UNIT IN A BUILDING IS EXEMPT FROM THIS ORDINANCE. EACH APPLICATION FORM MUST BE COMPLETED IN ITS ENTIRETY AND ACCOMPANIED BY A FEE OF \$100.00. A FORM NOT COMPLETED PROPERLY OR FORMS WITH P. O. BOX ADDRESSES WILL NOT BE ACCEPTED. PROPERTY OWNERS MUST CONTACT THE INSPECTOR ANY DAY FROM MONDAY TO FRIDAY, 8:30 a. m., - 9:00 a.m., 1:00 p.m. - 1:30 p.m. OR 4:00 p.m. - 4:30 p.m., TO SCHEDULE AN APPOINTMENT FOR INSPECTION.**

**FAILURE TO SCHEDULE AN APPOINTMENT FOR THE UNIT(S) TO BE INSPECTED AND FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ORDINANCE WILL RESULT IN EITHER COURT ACTION OR A FINE OF FIFTY (\$50.00) DOLLARS PER DAY, PER DWELLING UNIT.**

**Please allow ten working days for Certificates of Fitness to be processed upon approval by the Inspector.**

**CERTIFICATE OF FITNESS APPLICATION**

BUSSINESS/PARCEL ID NUMBER \_\_\_\_\_ DATE: \_\_\_\_\_  
FEE: \$100.00 FOR 3 YRS.

LOCATION OF PROPERTY \_\_\_\_\_  
(NUMBER AND STREET)

FLOOR OR APARTMENT \_\_\_\_\_

OWNER OR TRUST \_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_  
(ADDRESS)

D.O.B. \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

AGENT OR TRUSTEE: \_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

D.O.B. \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

IS DWELLING UNIT VACANT? YES ( ) NO ( ) \_\_\_\_\_  
(FULL NAME OF TENANT)

WHERE KEYS MAY BE OBTAINED? \_\_\_\_\_

**PLEASE COMPLETE FORM (FRONT & BACK) UP TO APPLICANT'S SIGNATURE.**

IF THE APARTMENT UNIT IS VACANT, PLEASE READ BELOW AND SIGN APPLICATION.

IF THE BUILDING, WHERE THE APARTMENT UNIT EXISTS, WAS BUILT IN OR AFTER 1978 DISREGARD THE FOLLOWING QUESTIONS AND SIGN BELOW.

IF THE BUILDING, WHERE THE APARTMENT UNIT EXISTS, WAS BUILT BEFORE 1978 YOU MUST COMPLETE THE FOLLOWING QUESTIONS AND SIGN BELOW.

1. DOES THE APARTMENT UNIT HAVE A CHILD UNDER THE AGE OF SIX (6) YEARS OLD RESIDING IN IT?

YES ( ) NO ( )

(A) IF THE ANSWER TO QUESTIONS ONE ABOVE IS "YES" PLEASE ANSWER THE FOLLOWING QUESTIONS.

2. HAS THE APARTMENT BEEN LEGALLY DELEADED BY A LICENSED DELEADING CONTRACTOR?

YES ( ) NO ( )

(A) IF THE ANSWER TO 2 A ABOVE IS "YES", PLEASE SUPPLY THIS OFFICE WITH A "LETTER OF COMPLIANCE" FROM A LICENSED LEAD PAINT INSPECTOR. ATTACH "LETTER OF COMPLIANCE" FOR THE APARTMENT UNIT IN QUESTION, TO THIS APPLICATION FORM.

IF A CHILD UNDER AGE SIX (6) YEARS OLD RESIDES IN THE APARTMENT UNIT NO CERTIFICATE OF FITNESS WILL BE ISSUED BY THIS OFFICE UNTIL A "LETTER OF COMPLIANCE" FROM A LICENSED LEAD PAINT INSPECTOR HAS BEEN PRESENTED TO THE HEALTH DEPARTMENT OR UNTIL A LEAD PAINT DETERMINATION BY THE HEALTH DEPARTMENT PROVES NEGATIVE.

IF THE APARTMENT UNIT IS VACANT AT THE TIME OF THE INSPECTION, I UNDERSTAND THAT I MUST HAVE A LEAD PAINT DETERMINATION PERFORMED ON THE APARTMENT IF A CHILD UNDER THE AGE OF SIX (6) YEARS OF AGE IS GOING TO RESIDE IN THE APARTMENT UNIT AND AS A RESULT OF THAT DETERMINATION I MUST COMPLY WITH ALL APPLICABLE MASSACHUSETTS GENERAL LAWS REGARDING LEAD PAINT.

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH DEPARTMENT USE ONLY:

WAS THE APARTMENT UNIT VACANT AT TIME OF INSPECTION? YES ( ) NO ( )

TENANT TO ANSWER THE FOLLOWING: (CHECK ONE)

\_\_\_\_ THERE ARE NO CHILDREN UNDER THE AGE OF SIX (6) YEARS OLD RESIDING IN THIS UNIT.

\_\_\_\_ THE FOLLOWING CHILDREN UNDER SIX (6) YEARS OLD RESIDE IN THIS UNIT.

CHILD'S NAME: 1. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

2. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

3. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TENANT'S NAME: \_\_\_\_\_ (PRINT) \_\_\_\_\_ (SIGN)

DATE: \_\_\_\_\_