



Pre-Occupancy Housing Inspection Application

Acton Board of Health
Health Dept. Phone: 978-929-6632

www.acton-ma.gov
health@acton-ma.gov

Form M-1

FEE: \$90.00 per unit

Name of Home Owner/Applicant: _____

Home Owner Address: _____

Home Owner Mailing Address (if different): _____

Housing Inspection Address: _____

Phone Number: _____

*Email address (For Office Use Only): _____

Inspection

By requesting a pre-occupancy inspection you are allowing the Acton Health Department to conduct a comprehensive housing inspection. The inspection will be conducted in accordance with Chapter III Sections 127A and 127B of the Massachusetts General Laws, 105 CMR 400.000: State Sanitary Code, Chapter I: General Administrative Procedures, and 105 CMR 400.000: State Sanitary Code, Chapter II: Minimum Standards of Fitness for Human Habitation.

Program Services Include

- Dwelling unit inspection in addition to common areas.
- First re-inspection (if required).
- Subsequent inspections will be charged a \$30 fee.
- Certificate of Fitness for Human Habitation.

Signature of Owner/Applicant

Date

Remit Application and Fee to
Acton Board of Health
472 Main Street
Acton, MA 01720