



Deborah O'Neil
Director

CITY OF EVERETT
Application for Certificate of Habitability
Board of Health
617-394-2255

Date of Application: **Date of Vacancy:**

Dwelling Location:

Occupant's Name:

Occupant's Phone:

Applicant's Name:

Applicant's Address:

Applicant's Phone:

For Office Use Only

Inspection Date:

Inspector:

Certificate of Occupancy: YES NO