



# Franklin Regional Council of Governments

Franklin County Cooperative Public Health Service

GLEN A. AYERS, R.S., C.H.O., CPHS Regional Health Agent  
Massachusetts Registered Sanitarian # 1318, Massachusetts Certified Health Officer #375  
Serving Buckland, Charlemont, Gill, Hawley, Heath, Leyden, and Monroe  
phone: 413-774-3167 ex. 106 cell: 413-834-5729 fax: 413-774-3169  
email: [glenayers@frcog.org](mailto:glenayers@frcog.org)

INSPECTION FEE \$100.00  
RE-INSPECTION FEE \$75.00

## MRVP APPLICATION FOR HOUSING INSPECTION AND CERTIFICATION OF FITNESS FOR MASSACHUSETTS RENTAL VOUCHER PROGRAM in accordance with 760 CMR 49.00

Date: \_\_\_\_\_ Application Made By: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Deed: Book \_\_\_\_\_ Page \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Dwelling: \_\_\_\_\_ Town \_\_\_\_\_

Year of Construction: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Water Supply: **Public Private** (circle one) **If Private Well, Date of Last Water Test** \_\_\_\_\_  
-For Private Wells, a copy of the last water test report must be attached to this application.

Will there be any children under the age of six (6) who will be occupying this unit? **YES NO**  
(circle one)

Enclosed is a check for \$ \_\_\_\_\_ for \_\_\_\_\_ inspections. ( @ \$100<sup>00</sup> per apartment. )

**NOTE:** If the dwelling to inspected was constructed **prior to 1978** and any children **under the age of six (6) years** will reside there, **you MUST have a Licensed Lead Paint Inspector certify, in writing,** that the property is in compliance with the **State Lead Paint Laws – 760 CMR 49.06(2) and 49.08(2).** **A Copy of the Lead Inspector's Letter of Compliance must be provided to the Board of Health, if applicable, prior to issuance of the CPHS MRVP Certification of Fitness.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Return this application to: Cooperative Public Health Service  
12 Olive Street, Greenfield, MA 01301  
via email to [bohpermits@frcog.org](mailto:bohpermits@frcog.org)

MAKE CHECKS PAYABLE to the CPHS/FRCOG



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**FOR CPHS USE ONLY**

## Certificate of Fitness for Human Habitation

Address of Dwelling: \_\_\_\_\_ Town \_\_\_\_\_

Unit: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

This dwelling was inspected on \_\_\_\_\_ by Glen A. Ayers, the Housing Inspector for the \_\_\_\_\_ Board of Health and was found to be in compliance with the provisions contained within 105 CMR 410.00, State Sanitary Code II: Minimum Standards of Fitness for Human Habitation. However this Certification does not include a determination as to whether this unit contains any lead paint because under 760 CMR 49.02 Massachusetts Rental Voucher Program, a separate lead paint certification must be provided by a Licensed Lead Inspector (if applicable, whenever the household includes a child under the age of six-years).

**This certificate confirms that at the time of inspection, this unit was in compliance with the State Sanitary Code, Article II, Minimum Standards of Fitness for Human Habitation, 105 CMR 410.000 and any other local Board of Health regulations.**

**This Certificate is valid for 120-days from the date of inspection listed above. A copy of the inspection report has been provided to the applicant and is on file with the Board of Health.**

**For the BOARD OF HEALTH**  
Signed and Certified under the pains and penalties of perjury,

BY \_\_\_\_\_

DATE \_\_\_\_\_

Glen A. Ayers, CPHS Regional Health Agent  
Massachusetts Registered Sanitarian #1318