



CITY OF EVERETT
INSPECTIONAL SERVICES DEPARTMENT

484 BROADWAY, ROOM 26
EVERETT, MASSACHUSETTS 02149-3694
OFFICE: 617-394-2220 FAX: 617-394-2433

JAMES SOPER, CBO
DIRECTOR INSPECTIONAL SERVICES
BUILDING COMMISSIONER
617-394-2224

FRANK NUZZO
DIRECTOR CODE ENFORCEMENT
617-394-2227

RECEIPT FOR CERTIFICATE OF HABITABILITY

Date: _____

No. _____

Owners Name: _____

Owners Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

Email address: _____

Name of Occupant: _____

Property Address: _____

Children under age 6: Yes _____ No _____

OFFICE USE ONLY

CERTIFICATE OF GOOD STANDING: _____

INSPECTION TO BE HELD ON:

DATE: _____

TIME: _____

CERTIFICATE: _____ P/U _____ MAIL _____ EMAIL _____



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INSPECTIONAL SERVICES DEPARTMENT
484 BROADWAY, ROOM 26
EVERETT, MASSACHUSETTS 02149

PHONE 617-394-2220 FAX 617-394-2433

Date: _____

LEGAL USE REQUEST FORM

To determine the Legal Use of Property

City of Everett
Building Inspector

I would like to request to know the legal use of the property

located at: _____

Map Number: _____ Parcel Number: _____

Notice: This information may take awhile to obtain from our records. You will be notified in writing as soon as possible

You may forward this information found regarding this property to the following address:

Name: _____

Address: _____

City/State: _____

Phone # : _____ Fax # : _____

Signature of Authorized Agent: _____

Please Check:

Real Estate Agent Needed for Code Enforcement Other

The City of Everett Inspectional Services Department thanks you for you cooperation and patience.



City of Everett

Residence/Business Emergency Contact Information

Please Print Information CLEARLY

DATE: _____

RESIDENTIAL INFORMATION

PROPERTY OWNER FULL NAME: _____ PHONE NUMBER: _____

PROPERTY OWNER HOME ADDRESS: _____

RENTAL PROPERTY ADDRESS: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

BUSINESS INFORMATION

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____

1 BUSINESS OWNER FULL NAME: _____ PHONE: _____

BUSINESS OWNER HOME ADDRESS: _____

2 BUSINESS OWNER FULL NAME: _____ PHONE: _____

BUSINESS OWNER HOME ADDRESS: _____

1 EMERGENCY CONTACT PERSON: _____ PHONE: _____

EMERGENCY CONTACT HOME ADDRESS: _____

2 EMERGENCY CONTACT PERSON: _____ PHONE: _____

EMERGENCY CONTACT HOME ADDRESS: _____

ALARM COMPANY NAME: _____ PHONE: _____

City of Everett
 Election Commission
 484 Broadway
 Everett, MA 02149

**CITY OF EVERETT
 IMPORTANT LEGAL DOCUMENT
 ANNUAL STREET LISTING
 2019**

IMPORTANT: General Laws of Massachusetts mandate an annual street listing of residents as of January 1 each year. Update the information provided by adding, deleting, or making changes below the printed information. Please sign and respond within ten (10) days, even if no changes are necessary. For assistance, call 617-394-2296

← If this address is incorrect, make corrections below

Resident Address:

WARNING - FAILURE TO RESPOND TO THIS MAILING FOR 2 CONSECUTIVE YEARS SHALL RESULT IN REMOVAL FROM THE ACTIVE VOTING LIST AND MAY RESULT IN REMOVAL FROM THE VOTER REGISTRATION ROLLS. (M.G.L. CHAPTER 51, SEC 4)

You MAY NOT change your voter information on this form.

Phone #: _____ **Unlisted:** _____ **Ward:** _____ **Precinct:** _____

A	B			C	D	E	F	G	H	I	J	K
VOTER Y/N	NAME			MAIL TO	DATE OF BIRTH MM/DD/YYYY	OCCUPATION	M - MOVED D - DECEASED	NATIONALITY (IF NOT U.S. CITIZEN)	U.S. VETERAN	PREVIOUS ADDRESS IF AT CURRENT ADDRESS FOR UNDER 1 YR.	PUBLIC SAFETY	NO. OF DOGS
	LAST	FIRST	MIDDLE									

Signature of Respondent **Date**
 Signed under the Penalties of Perjury as Prescribed by M.G.L. 56, §4.

**DON'T FORGET TO LICENSE
 YOUR DOG FOR 2019**
 In accordance with M.G.L. Chap. 140, Sec 136-174

CITY OF EVERETT– SPECIAL INSTRUCTIONS: RETURN WITHIN TEN (10) DAYS

COMPLIANCE with this State requirement provides proof of residence, protection of voting rights, veteran's bonus, housing for the elderly and related benefits as well as providing information for your community. **FAILURE TO RESPOND TO THIS MAILING MAY RESULT IN YOUR INABILITY TO RECEIVE RESIDENTIAL PROPERTY TAX EXEMPTIONS, DOG LICENSES, PARKING PERMITS AND OTHER LICENSES AND PERMITS FROM THE CITY OF EVERETT.** This form DOES NOT register you as a voter or allow you to change your political party. To register or change party, please obtain a mail-in registration form by calling 617-394-2296.

GENERAL INSTRUCTIONS: PLEASE PRINT

Please be sure to include the complete and accurate date of birth for every person residing in the household. Pursuant to Massachusetts General Laws chapter 51, section 4, the City of Everett is required to make lists of name, date of birth, occupation, nationality if not a citizen of the United States, and residence as of January 1st of every person three years of age or older residing in Everett. General Laws chapter 56, section 4, provides penalties for refusing or neglecting to provide this information. We appreciate your cooperation in provided the necessary information.

Please verify and/or complete all information listed on this form, then sign and date it. Make corrections as necessary.

RESIDENT ADDRESS - If your resident address is incorrect, make the change in the space to the right of the incorrect address.

PHONE NUMBER - Please print and/or verify your phone number in the indicated space. If unlisted, put an "X" on the line next to the word "Unlisted".

DELETIONS - Put a line through the name of any resident no longer residing at this address and list his/her new address. Make all changes on the SHADED line below the printed line.

A - **VOTER** – “Y” for “YES or “N” for NO

B - **NAMES OF ALL FAMILY / HOUSEHOLD MEMBERS AT THIS ADDRESS** - Includes any member of the family in Military Service, away at school or confined to a rest home. If a NEW member has been added to the family or household, enter the name and information in the space provided on the form.

C - **MAIL TO** - This is the designated individual to whom this form has been sent. If you wish to change your designated mail to contact, please place a "Y" next to the name of the selected individual. ONLY ONE "HEAD OF HOUSEHOLD" may be designated in order to have the entire family listed together.

D - **DATE OF BIRTH** - "MM = Month, DD = Day, YYYY = Year." if your date of birth is blank or incorrect, please make appropriate changes.

E - **OCCUPATION** - Enter occupation, not place of employment.

F - **MOVED/DECEASED** - If this person has moved or is deceased, please indicate with an "M" or "D".

G - **NATIONALITY** - If you are NOT a U.S. Citizen, please indicate your nationality.

H - **VETERAN** - Write a "Y" if you are a veteran of the U.S. Armed Forces.

I - **PREVIOUS ADDRESS** - If at current address for less than 1 yr.

J - **PUBLIC SAFETY** – Check this box if you are a member of a public safety agency and WORK AND LIVE IN THIS COMMUNITY.

K - **NO. OF DOGS** – Number of dogs licensed to this individual.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL LINDA-LEE ANGIOLILLO, THE ADMINISTRATIVE REGISTRAR AT 617-394-2297

To return this form

Refold, insert into the provided return envelope and mail

Thank you for your cooperation

Frank Nuzzo Jr
Director
617-394-2227



Everett City Hall
484 Broadway
Everett, MA 02149

City of Everett
Inspectional Services

Certificate of habitability checklist

1. **Gas & electric must be on**
2. **Smoke detectors in each bedroom**
3. **Smoke detectors in front rear hallways**
4. **Photoelectric detectors must be installed within 20 ft of a kitchen or bathroom containing showers**
5. **CO detectors within 10 ft of bedroom**
6. **Dwelling unit must be unoccupied**
7. **Heat must be on**
8. **Hot water must be on**
9. **All work must be done before inspection**
10. **No keyed locks on bedrooms doors**
11. **GFI plug within 6 ft of sink, tub, (water source)**
12. **3 family dwelling or more must have name and emergency contact number posted in the front visible from street**

Owner _____
Address _____
Date _____

NO LEAD PAINT WILL BE INSPECTED



CITY OF EVERETT

CERTIFICATE OF HABITABILITY

Frequently Asked Questions

- 1. Is anyone exempt from the Certificate of Habitability?**
No, This ordinance applies to all rental property owners in the City of Everett, including apartment complexes and rooming/lodging housing.
- 2. What is the cost of the certificate?**
The fee for the inspection is \$25.00 and must be submitted with the application.
- 3. Do I need to get a new certificate every time a new tenant moves in?**
Yes, the Certificate of Habitability is valid for the duration of the tenancy. Each time that a new tenant moves in, the property owner is required to apply for and obtain a new certificate.
- 4. Is there a benefit to the property owner by complying with the Certificate of Habitability program?**
Yes, the program benefits the property owner by documenting compliance with the state sanitary code or housing code for future reference. The property owner can think of it as an insurance policy against allegations that the apartment was damaged before a tenant moved in.
- 5. Can a tenant move in before the Certificate of Habitability is issued?**
No, each day that the owner allows someone to live in the apartment without the Certificate of Habitability will be a separate offence fined at \$25.00 a day.
- 6. What types of violations will the inspector be looking for?**
The inspectors will be looking for any violations of the state sanitary code and the state building code. The inspectors will also be on the lookout for illegal or attic apartments.
- 7. If I have a Certificate of Habitability, does that mean I do not have lead paint?**
No, inspectors will not be inspecting for lead paint and you do not have to remove lead paint to receive a Certificate of Habitability. However, Massachusetts State Law requires all apartments with residents under six years old to conform to State Lead Regulations 205 CMR 460.
- 8. What happens if the inspection fails and the certificate is not issued?**
A written order copy of the inspection will be presented to the owner at the conclusion of the inspection that will document the violations.
- 9. Do I have to correct the violations?**
Yes, once the inspection has been conducted, the violations must be corrected as directed by the violation letter issued by Code Enforcement.
- 10. When will the inspection be conducted?**
The inspection must be conducted within 10 business days of your application submittal. If the inspection is not conducted within this time, the owner may rent the apartment.
- 11. What do I need to submit to the Inspectional Services Department with my application?**
With the application, a check or cash for the amount of \$25.00 for each apartment and a document from the Building Dept. showing the legal use for that dwelling.