



City of Holyoke

Sean Gonsalves, Director
Board of Health

**APPLICATION FOR INSPECTION
MASSACHUSETTS RENTAL VOUCHER PROGRAM & PROPERTY OWNERS
REQUESTED INSPECTIONS
(MRVP)**

DATE: _____

APPLICATION MADE BY: _____

PROPERTY OWNER'S NAME: _____

STREET ADDRESS (NO P.O. BOX) _____

CITY: _____ STATE: _____ ZIP CODE _____

TELEPHONE # () _____

ADDRESS OF DWELLING: _____

UNIT: _____ NUMBER OF BEDROOMS: _____

ADDITIONAL ITEMS ETC., TO BE SUPPLIED WITH THIS APPLICATION:

1. LEAD COMPLIANCE CERTIFICATE (IF CHILD UNDER 6 YEARS. OCCUPYING UNIT).
2. INSPECTION FEE OF \$75.00 PAYABLE TO "CITY OF HOLYOKE"
3. PLEASE MAKE SURE ALL UTILITIES ARE ON PRIOR TO INSPECTION

NOTE: INITIAL INSPECTION FEE COVERS THE INITIAL INSPECTION AND ONE (1) COMPLIANCE INSPECTION. ADDITIONAL INSPECTIONS REQUIRE A FEE OF \$75.00 PER INSPECTION, PAYABLE BEFORE OR UPON INSPECTION.

DATE: _____

SIGNATURE OF OWNER/AGENT APPLYING FOR INSPECTION

***UPON THE ABOVE REFERENCED UNIT MEETING REQUIREMENTS OF ARTICLE 11 OF THE STATE SANITARY CODE, AN APPROVAL FORM WILL BE MAILED TO THE OWNER/AGENT. A DENIAL FORM IS MAILED IF UNIT DOES NOT PASS INSPECTION.**

***THIS APPLICATION IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

LIST NAMES OF MEMBERS TO OCCUPY UNIT

DATE OF BIRTH

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____