



# TOWN OF LUDLOW

## HEALTH DEPARTMENT

488 Chapin Street  
Ludlow, MA 01056  
(413) 583-5600 ext. 1271 TEL  
(413) 583-5689 FAX



**Public Health**  
Prevent. Promote. Protect.

### Application for Pre-Rental Housing Inspection

Fee: \$75.00/unit

Name of Owner/Landlord \_\_\_\_\_ Date \_\_\_\_\_

Owner Address \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing (if Different) \_\_\_\_\_ Email \_\_\_\_\_

Address of Housing Inspection \_\_\_\_\_

Total Number of Apartments to be Inspected \_\_\_\_\_

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Health Department or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

\_\_\_\_\_  
Print Name of Applicant

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

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

INSPECTION DATE: \_\_\_\_\_ INSPECTION TIME: \_\_\_\_\_

UPON INSPECTION OF THE ABOVE-NAMED PROPERTY, I FIND THE UNIT IN FULL COMPLIANCE WITH  
105 CMR 410.00.

APPROVING AUTHORITY: \_\_\_\_\_

NOTES: