



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
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healthdepartment@gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

APPLICATION FOR CERTIFICATE OF RENTAL DWELLING

\$90.00 per Apartment or Rental Unit

Address to be inspected: _____

Apartment No.: _____ Floor: _____ Vacant: Yes _____ No _____

Owner or Agent: _____

Mailing Address: _____

Email Address (if available): _____

Telephone: Cell: _____ Home: _____

PAYMENT: CASH: _____ CHECK #: _____

Upon receipt of application and fee an inspector from this office will call you to make an appointment to inspect the dwelling.

NOTE: The request for inspection and the fee must be received by this office at least ten (ten) days prior to the proposed date of occupancy.

~NO REFUNDS WILL BE GIVEN AFTER SUBMISSION OF THIS APPLICATION~

I certify that my water, sewer, and tax bills have been paid to the City of Gloucester. Signed and certified under the pains and penalties of perjury.

Signature: _____ Date: _____

DATE OF INSPECTION: _____ TIME: _____

_____ Please fax permit to Gloucester Housing Authority at 978-282-5640