

Community Name

# TEMPORARY/ALTERNATIVE HOUSING PERMIT APPLICATION<sup>2023.09.24</sup>

The Board of Health must approve prior to occupancy all housing intended for human habitation (where people live and sleep). The Board of Health may decide to not regulate tents and trailers that are not causing a public health nuisance and are occupied less than 30 days/year.

New Application  Renewal Application  Late Application  Revised /Updated Application

## \*BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. **\*Required Information.**

*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone   Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	

## \*FACILITY INFORMATION

Note: Any changes to previous approvals require an updated Application & Permit.

*# Occupants	<input type="checkbox"/> Small 1- 3 <input type="checkbox"/> Medium 4 - 6 <input type="checkbox"/> Large 7+	*Size in Sq. Feet		*# Bedrooms	
*Drinking Water	<input type="checkbox"/> Public <input type="checkbox"/> Private (water test attached)	*Occupancy	<input type="checkbox"/> Owner <input type="checkbox"/> Family <input type="checkbox"/> Employee <input type="checkbox"/> Other		
*Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private (requires permit)	*Garbage/Trash	<input type="checkbox"/> Contractor _____ <input type="checkbox"/> Transfer Station		
*Smoke/CO Detectors	<input type="checkbox"/> None <input type="checkbox"/> Hardwired <input type="checkbox"/> Battery Operated	*Heat	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, total		
*Power/electrical	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, total	*Back-up Power	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, total		

## \*OPERATIONS INFORMATION

Note: Temporary and Alternative Housing are at the discretion of the Board of Health based on local conditions.

<b>*Check the 1 Box that best describes your proposed structure</b> <input type="checkbox"/> Tent <input type="checkbox"/> Yurt <input type="checkbox"/> Trailer <input type="checkbox"/> RV <input type="checkbox"/> Tiny House <input type="checkbox"/> Garage <input type="checkbox"/> Main House <input type="checkbox"/> ADU <input type="checkbox"/> Other, describe	<b>*Check the 1 box that best describes your proposed use:</b> <input type="checkbox"/> Occasional Use <input type="checkbox"/> Seasonal Use (6 mo. or less ) <input type="checkbox"/> Full-time Use <input type="checkbox"/> Other, Describe:
<b>*Check the 1 Box that best describes your Permit request:</b> <input type="checkbox"/> Alternative Housing <input type="checkbox"/> Temporary (30 days or less) <input type="checkbox"/> Temporary (90 days or less) <input type="checkbox"/> Other:	<b>*Proposed Occupancy Date:</b> _____ <b>Length of Variance Request</b> _____

## \*REQUIRED APPROVALS

<input type="checkbox"/> Owner of Property <input type="checkbox"/> Zoning Officer - for use and location <input type="checkbox"/> Board of Health – for Housing Code and Public Health Nuisances <input type="checkbox"/> DPW – Driveway Permit for driveway exit <input type="checkbox"/> 911 Number	<input type="checkbox"/> Building Inspector – for Building, Electrical, Plumbing, Wood stoves <input type="checkbox"/> Conservation Commission – for wetlands/streams <input type="checkbox"/> Fire Inspector – for smoke/CO detector locations <input type="checkbox"/> Other <input type="checkbox"/> Other
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## \*REQUIRED PLANS/PERMITS

<input type="checkbox"/> Septic/Sewerage Plan (may require a separate permit) <input type="checkbox"/> Potable Water Plan (may require a separate permit) <input type="checkbox"/> Solid Waste Plan	<input type="checkbox"/> Building Inspector (may require a separate permit) <input type="checkbox"/> Conservation Commission/DEP (may require a separate permit) <input type="checkbox"/> Other: Specify _____
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## \*HOUSING DETAILS

<input type="checkbox"/> Total Living Sq. Ft.		<input type="checkbox"/> Heat Source	
<input type="checkbox"/> Sleeping Space		<input type="checkbox"/> Weather Tightness	
<input type="checkbox"/> Kitchen/Cooking		<input type="checkbox"/> Toilet Details	
<input type="checkbox"/> Refrigeration Source		<input type="checkbox"/> Shower Details	

## Other Details/Variance Requests

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**\*FEES**

- 1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
- 2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
- 3. Applications received less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Application Fee	\$ 200	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

**\*AGREEMENT**

- \*I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- \*By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- \*I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- \*By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

**SIGNATURE**

\*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

*Name/Title		*Date of Application:	
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