



Town of East Longmeadow
60 Center Square

Application for Temporary Housing

Date: _____

Occupant Name		
Occupant Address		
	Phone	
Owner of Record		
	Phone	
Company Providing Temporary Housing		
	Phone	
Address of Company		
	Zip	
Contact Person at Company		
E-Mail Address of Contact		
	Phone Number of Contact:	
Size of Unit	Duration of Temporary Housing	

Please provide the following items to the Health Department:

PERMITS for Temporary Housing:

- Building
- Plumbing
- Electrical
- Certificate of Occupancy (after issued)

INSURANCE:

- Certificate of Liability

List any variance requested to minimum standards of Human Habitation according to 105.CMR 410

Board of Health

Application Received:	
Premises Inspected:	
Permit Approved:	
Inspector's Signature:	
Permit Number:	