



Board of Health TOWN OF BLANDFORD

1 Russell Stage Road, Ste. 9
Blandford, MA 01008
413.848.4279 x401
boh@townofblandford.com

AIR B&B PERMIT APPLICATION

No owner shall allow a person to occupy, offer to rent, or occupy as owner-occupant any residence which does not comply with the requirements of 105 CMR 410.000.

Short term rental fee is 135.00 and payable to the town of Blandford Permit # _____

Name of Person applying for application: _____

Address of person applying for application: _____

Address of Short Term Rental: _____

Phone # _____ Cell # _____

Emergency # _____

Email _____

Drivers License _____

Do you have a short term state rental license? ☐ Yes ☐ No

If YES, License # _____

If NO, please attach the exempt letter.

Do you require a special zoning permit? ☐ Yes ☐ No, If YES, permit # _____

Is this a single family home? ☐ Yes ☐ No Do you reside on the same property? ☐ Yes ☐ No

Number of rooms in dwelling? _____

Number of rooms used for short term rental _____

Means of trash disposal _____ If dumpster, permit # _____

Do you have a guest policy? ☐ Yes ☐ No

Are their shared kitchen access for guest useage? ☐ Yes ☐ No

If no, is this lodging only ☐ Yes ☐ No

Do you have zoning approval? ☐ Yes ☐ No

Do you need building inspector approval? ☐ Yes ☐ No

Do you have proper emergency signage for guests? ☐ Yes ☐ No

If you have any questions or not sure of your requirements, please feel free to contact us at boh@townofblandford.com

This permit will no be processed unless you are registered with state of massachuesettes.

☐ The undersigned agrees to comply with all regulations enforced by the Blandford Board of Health.

Signature of Home Owner

Date

*******YOU MUST SUBMIT A FLOOR PLAN WITH APPLICATION**

BOH USE ONLY