



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
23 Service Center

DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN AUERBACH  
COMMISSIONER

Northampton, MA 01060  
Telephone (413) 586-7525 / (800) 445-1255  
Facsimile (413) 784-1037 TTY (800) 769-9991

The scope of the code:

105 cmr 410.010: Scope

(A) No person shall occupy as owner-occupant or let to another for occupancy any dwelling, dwelling unit, mobile dwelling unit, or rooming unit for the purpose of living, sleeping, cooking or eating therein, which does not comply with the requirements of 105 CMR 410.000.

Occupant means every person living or sleeping in a dwelling.

410.430: Temporary Housing Allowed Only with Board of Health Permission

No temporary housing may be used except with the written permission of the board of health.

410.431: Any Exceptions to Minimum Standards Must Be Specified

All temporary housing shall be subject to the requirements of these minimum standards, except as the board of health may provide in its written permission. (See 105 CMR 410.840.)

**Town of Chester Board of Health Permit for Temporary Housing and also used for Overnight Camps.**

**Fee \$150.00**

**Payable to The Town of Chester.**

Email to [boardofhealth@townofchester.net](mailto:boardofhealth@townofchester.net)

Mail hard copy with check to: Town of Chester Board of Health Box #4 15 Middlefield Road, Chester, Ma 01011 413-354-7781

**Temporary Housing Permit Application under 105 CMR 410.00**

NAME AND TITLE OF APPLICANT \_\_\_\_\_

PHONE NUMBER OF APPLICANT \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

EMERGENCY RESPONSE PERSON: NAME \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_.00      PHONE \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual or Corporation      Date

Corporation ID Number: \_\_\_\_\_

**Is potable water being supplied ? (list source)**

\_\_\_\_\_

**In what manner is sewage being disposed of? Temporary toilets, trailers**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe area for sleeping purposes?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of occupants, (children)?**

\_\_\_\_\_

\_\_\_\_\_

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**Please explain entry and egress, ventilation and lighting of the building.**

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**Are smoke and CO detectors provided?** \_\_\_\_\_

**Are bathroom/shower units being provided (if so, in what manner?)**

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**Are hand washing facilities with hot and cold water being provided (if so, in what manner?)**

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**Is cooking area provided (if so, in what manner?)**

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**What is the time period which you request this permit?** \_\_\_\_\_

**Are you aware of local emergency contact information?**

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You are advised: 105 CMR 410.152: Privies and Chemical Toilets Prohibited; Exceptions**

No privy or chemical toilet shall be constructed or continued in use; provided, that the board of health may approve in writing the construction or continued use of any privy or chemical toilet which it determines will not (a) endanger the health of any person; or (b) cause objectionable odors or other undue annoyance. When so approved, a privy or chemical toilet may, subject to written authorization of the board of health in accordance with 310 CMR 15.00, qualify as a toilet within the requirements of 105 CMR 410.150(A) (*see* 105 CMR 410.840). In no event may a privy be located within 30 feet of any building used for sleeping or eating, or of any lot line or street.

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