



Town of Barnstable

Inspectional Services Department

Public Health Division



200 Main Street, Hyannis MA 02601

Email: Barnstable.Rental.Registration@town.barnstable.ma.us

OFFICE: 508-862-4644
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Thomas A. McKean, CHO

APPLICATION FOR RENTAL REGISTRATION

Date: _____
Fee: \$90.00 Per Unit - Plus \$25 for each addtl. unit on the same parcel

Property Address: _____

Unit# _____ If Applicable, Building # _____

Assessor's Map and Parcel: _____
Total Number of Rental Units You Own At This Property (including this unit) _____

Owner's Name: _____
Date of Birth: _____
Telephone Numbers (Daytime): _____
(Home Phone) _____ (Cellular) _____
Owner's Address: _____
Mailing Address: (if different than above) _____
Email: _____

Owner's Representative's Name (if Applicable): _____
Address: _____
Telephone Number: _____

Contact information for scheduling appointments/inspections: _____

Number of Bedrooms: _____ Check One: Single family dwelling unit [], accessory structure or unit [],
studio [], duplex [], condo [], apartment building [], renting a room []. Private Drinking Well []
If applicable, describe where accessory structure or unit is located _____

Will there be any children under the age of six who will be occupying the rental unit? Yes No
Was the dwelling constructed prior to 1979? Yes No

By submitting this application I acknowledge that I have been informed that an approval of this application and issuance of a rental registration certificate does not constitute a determination that the use of the property as a rental is in compliance with the zoning ordinance. You should consult with your legal advisor to determine whether your intended use of the property as a rental unit is in compliance with zoning.

Applicant's Signature: _____ Date: _____