



Town of Barnstable Inspectional Services

Public Health Division

Thomas A. McKean, Director

200 Main Street, Hyannis, MA 02601

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



Office: 508-862-4644

Fax: 508-790-6304

Property location:

Map Parcel: _____

Address: _____

Application for Rental Registration

Fee is **\$90.00** per unit, plus **\$25.00** for each additional unit on the same parcel. Please complete all entry fields including Property, property owner, owner representative, emergency contact, unit and tenant information.

Property		
Total number of rental units you own at this property: _____		
Do you have Zoning/Building Division approval for an accessory apartment? _____		
Property Owner		
Name: _____		Co-owner: _____
Mailing address: _____		
Date of birth: _____	Daytime phone: _____	Home phone: _____
Cell phone: _____	Email: _____	
Owner's Representative (if Applicable)		
Last name: _____		First name: _____
Mailing address: _____		
Daytime phone: _____	Cell phone : _____	Email: _____
Emergency Contact 24/7		
Last name: _____		First name: _____
Cell phone: _____		Email: _____
Unit		
Unit number: _____		Building number: _____
Address: _____		
Check one: <input type="checkbox"/> Single family dwelling unit <input type="checkbox"/> Apartment building/Condo <input type="checkbox"/> Accessory apartment		
<input type="checkbox"/> Duplex <input type="checkbox"/> Accessory Dwelling Unit-ADU		
Check all applicable: Unit Rental Period: <input type="checkbox"/> < 31 consecutive days <input type="checkbox"/> >= 31 consecutive days		
Number of bedrooms: _____ Private drinking well? Yes No Dwelling constructed prior to 1979? Yes No		
Will there be any children under the age of six who will be occupying the rental unit? Yes No		
Occupant name: _____		
Daytime phone: _____		Cell phone : _____
Email: _____		

I certify that the information provided above is true. I have reviewed and if necessary, corrected property location, owner and unit information. Property emergency contact and unit tenant information has been entered.

Applicant's signature: _____

Date: _____