

TOWN OF SPENCER
Office of Development & Inspectional Services



*Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health*

*Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist*

**ROOMING HOUSE
Permit Application**

*Memorial Town Hall
157 Main Street
Spencer, MA 01562*

*Tel: 508-885-7500 ext. 180
Fax: 508-885-7519*

In accordance with 105 CMR 410.000, application is hereby made for Rooming/Lodging house:

Name of Establishment: _____

Address: _____

Telephone Number: _____

Applicant's Name & Title: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

E-Mail Address _____

(address) (city, state)

If business is owned in partnership, names, addresses & titles of officers:

State of Incorporation: _____

Number of Guest Rooms: _____

I hereby certify that I have complied with all the laws of the Commonwealth of Massachusetts
relating to taxes and that no monies is owed to the Town of Spencer.

Signature of Applicant: _____ Date: _____

For official Use Only: Permit #: _____ Fee Paid: \$ _____ Check #: _____ Date Paid: _____

Date Permit Issued: _____ Date Permit Expires: _____