

**CITY OF LYNN
INSPECTIONAL SERVICES DEPARTMENT
HEALTH DIVISION**

APPLICATION FOR CERTIFICATE OF APPROVAL

NOTE: An owner shall post notice bearing his name, address and telephone number in common area near mailboxes or where visible to all tenants.

This application and inspection must be completed prior to allowing occupancy of dwelling unit.

ADDRESS OF RENTAL UNIT: _____ APARTMENT (S) #: _____

NAME (S) OF TENANT (S) IF AVAILABLE: _____

**PLEASE BRING PAYMENT AND COMPLETED APPLICATION TO INSPECTIONAL SERVICES – ROOM 401.
PLEASE MAKE CHECKS AND/OR MONEY ORDERS FOR \$30.00 PER/UNIT PAYABLE TO THE CITY OF LYNN.**

PLEASE COMPLETE THE FOLLOWING INFORMATION. THE COURT REQUIRES WE HAVE THIS INFORMATION IN THE EVENT WE NEED TO SERVE PROCESS OF LAW. REF: 105 CMR. 410 SECTIONS 481 & 833 MCL. 111-127A & O.

NAME OF OWNER (S), TRUSTEE, BENEFICIARY OR CORPORATION PRESIDENT: _____

RESIDENTIAL ADDRESS OF OWNER: (NO POST OFFICE BOXES ALLOWED) _____

OWNER (S) TELEPHONE NUMBERS: _____

DAY: _____ EVENING: _____

**OWNERS DATE OF BIRTH: / / **OWNERS SOCIAL SECURITY NUMBER: / /

**TODAY'S DATE: / / **OWNERS SIGNATURE: _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

PROPERTY MANAGER: YES NO IF YES COMPLETE FOLLOWING:

NAME OF PROPERTY MANAGER: _____

ADDRESS OF PROPERTY MANAGER: _____

MANAGERS PHONE NUMBERS: DAY: EVENING: _____

DUMPSTER: YES NO IF YES, HOW MANY TIMES SERVICED PER WEEK?

NAME, ADDRESS AND PHONE NUMBER OF COMPANY RESPONSIBLE FOR SERVICING DUMPSTER:

NAME: PHONE NUMBER: _____

ADDRESS: _____

****MUST FILL OUT THIS INFORMATION.**

REINSPECTION MISSED APPOINTMENT
DATE OF INITIAL INSPECTION/REJECTION: ___/___/___ DATE OF MISSED APPOINTMENT ___/___/___

NOTE: LYNN BOARD OF HEALTH REGULATION: IF UNIT DOES NOT PASS ON INITIAL INSPECTION OR IF OWNER MISSES APPOINTMENT A \$30.00 RE-INSPECTION FEE WILL BE IMPOSED BEFORE A CERTIFICATE IS ISSUED.

I have read the above: **Owner's Signature _____

ANY QUESTIONS REGARDING THIS APPLICATION CONTACT INSPECTIONAL SERVICES, LYNN HEALTH DIVISION, (781) 598-4000.