



**CITY OF LYNN INSPECTIONAL SERVICES DEPARTMENT
HEALTH DIVISION
APPLICATION FOR CERTIFICATE OF APPROVAL**

Please allow a minimum of seven (7) business days for an apartment inspection.

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) No.: _____

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 P.O. Boxes allowed)

Owner(s) telephone numbers: _____
Day Evening

MUST FILL OUT THIS INFORMATION			
_____	_____	_____	_____
Owners date of birth	Owners Social Security No.	Owner's signature	Today's date

Property Manager: Yes No If yes, complete the following:

Name of Property Manager Address of Property Manager

Property Mangers telephone numbers: _____
Day Evening

Dumpster: Yes No If yes, how many times serviced per week? _____

Name, address, and telephone number of company responsible for servicing dumpster:

Name Address

Re-inspection Date of initial inspection/rejection: _____

NOTE: LYNN BOARD OF HEALTH REGULATION: IF UNIT DOES NOT PASS ON INITIAL INSPECTION 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