



CITY OF LYNN MASSACHUSETTS
Inspectional Services Department
Room 401, Lynn City Hall, Lynn, MA 01901
p. 781-598-4000 ~ f. 781-477-7031
Website: www.lynnisd.com

APPLICATION FOR CERTIFICATE OF OCCUPANCY/INSPECTION

Date _____

Application for permission to occupy or use the building, structure, or premises below specified for the following purpose or purposes:

Type of use _____

If residential, number of units _____

Address/location _____

Name of tenant _____

Address of tenant _____

Name of owner _____

Address of owner _____

Owner's signature

If owner of tenant is a partnership, corporation, of company, give name and address of Principal:

Name _____

Address _____

Being the person making the above application in behalf and with the full authority of owner or tenant above mentioned, and that the statements made herein are true and correct:

Daytime telephone number _____

Applicant _____, in behalf of, _____

Fee \$ _____ Council consent Yes _____ No _____ Board of appeals Yes _____ No _____

Conditions: _____ Certificate # _____

Building Inspector Signature

Approval date