



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 INSPECTION

Date _____ No fee required Fee required Amount: \$ _____

In accordance with the provisions of the Massachusetts State Building Code, Section 110.7, I hereby apply for a Certificate of Inspection for the below-named premises located at the following address:

Address _____

Name of premises _____

Purpose for which premises is used _____

License(s) or Permit(s) required for the premises by other governmental agencies:

License/Permit	Agency
_____	_____
_____	_____
_____	_____

Certificate to be issued to _____

Address _____

Telephone Number _____

Owner of record of building _____

Address _____

Name of present holder of certificate _____

Name of agency (if any) _____

 Signature of person to whom certificate is issued or designated agent Title Date

Please note: Application form with accompanying fee must be for each building or structure or part thereof to be certified. Application fee must be received before certificate issuance. The building official shall be notified within ten (10) days of any changes in the above information.

For Official use Only	
Certificate number _____	Expiration date _____
Inspectors Signature _____	