



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT
Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000

Integrated Pest Management Permit Application

Name of Contact Person for Project: _____

Site Address: _____

Email Address of Contact Person: _____

Please identify for which activity you are submitting an Integrated Pest Management Control Plan

Building: Land Clearing Reno/Construct Abandoned >\$50,000.00 Res. Subdivision

Fire: Blasting

DPW: UG Utility > 500 Install New UG Utility >500 Disturb Existing UG Utility >250

Install New UG >250 feet

Health: Dumpster on Res./Com. Property Retail Food Food Establishments

Establishment serve/store process or distribute food on-site Keeping Animal License

Please submit the following information:

Name and certificates of licensed pest control operators

Initial Survey by a licensed pest control operator documenting the presence of rodent activity, burrows and sanitation conditions which could support rodent activity on the site and accessible public areas adjacent to the site

Details about the rodent control measures to be implemented on the site, including locations of traps and bait stations, types and amounts of pesticides used, schedule for follow up monitoring, clean up of bait stations and rodent carcasses, staff training and notification procedures and management of sources of food, water and harborage on the site including vegetation management.

Procedures for responding to rodent control complaints associated with the site, including the name and contact information for management level individuals to respond to complaints.

For additional information or to submit missing information please contact Lisa Tobin at ltobin@lynnma.gov.

BUILDING . PLANNING . HEALTH . ELECTRICAL . GAS . PLUMBING . MAINTENANCE