

**COMMONWEALTH OF MASSACHUSETTS**  
**City of Lynn**  
**APPLICATION FOR CERTIFICATE OF INSPECTION**

Date: \_\_\_\_\_

No fee required  
 Fee required: Amount: \_\_\_\_\_

In accordance with the provisions of the Massachusetts State Building Code, Section 106.5, I hereby apply for a Certificate of Inspection for the below-named premises located at the following address:

Street and number: \_\_\_\_\_

Name of premises: \_\_\_\_\_

Purpose for which premises is used: \_\_\_\_\_

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

License or Permit	Agency
_____	_____
_____	_____
_____	_____

Certificate to be issued to: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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: \_\_\_\_\_