



# CITY OF LYNN

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INSPECTIONAL SERVICES DEPARTMENT

Room 401, Lynn City Hall, Lynn, Massachusetts 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

DATE: \_\_\_\_\_

ADDRESS OF JOB \_\_\_\_\_

As of this date, cancel PERMIT # \_\_\_\_\_

Issued \_\_\_\_\_ for electrical work to be performed at the above address, so that another electrician can perform the work. I have notified the electrician of this action.

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ELECTRICIAN'S NAME

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OWNER OR AGENT

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OWNERS ADDRESS IF DIFFERENT FROM ABOVE