



# CITY OF LYNN

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INSPECTIONAL SERVICES DEPARTMENT

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

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

AS OF THIS DATE, I WISH TO REMOVE MYSELF FROM  
PERMIT NUMBER \_\_\_\_\_

FOR WORK BEING DONE AT: \_\_\_\_\_

\_\_\_\_\_  
PLUMBER'S NAME

\_\_\_\_\_  
PLUMBER'S ADDRESS