



**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](http://www.lynnisd.com)

**APPLICATION FOR CERTIFICATE OF APPROVAL**

NOTE: An owner shall post notice bearing his name, address and telephone number in common area near mailboxes or where visible to all tenants.

This application and inspection must be completed prior to allowing occupancy of dwelling unit.

Address of Rental Unit: \_\_\_\_\_ Apt.#'s: \_\_\_\_\_

Name(s) of Tenant(s) if available: \_\_\_\_\_

- Please bring payment and completed application to Inspectional Services, room 401.
- Please make checks and or money order for \$30.00 per/unit, payable to: The City of Lynn.
- Please complete the following information (the court requires we have this information in the event we need to serve Process of Law (REF: 105 CMR. 410 SECTIONS 481 & 833 MCL. 111-127A & 0))

\_\_\_\_\_  
 Name of Owner(s), Trustee, Beneficiary, of Corporation President

\_\_\_\_\_  
 Residential Address of Owner (No Post Office Boxes Allowed)

Owner(s) Contact Numbers: Day \_\_\_\_\_ Evenings \_\_\_\_\_

\_\_\_\_\_  
 Owners Date of Birth

\_\_\_\_\_  
 Owners Social Security Number

\_\_\_\_\_  
 Owners Signature – Under the Pains and Penalties of Perjury

Property Manager: Yes _____	No _____	If yes, complete the following:
_____		
Name of Property Manager	Address of Property Manager	
Manager's Contact Numbers:	Day _____	Evenings _____
Dumpster: Yes _____	No _____ if yes, how many times serviced per week? _____	
Company responsible for servicing dumpster _____		
Address _____	Contact Number _____	

If applicable, the below must be filled out:

\_\_\_ Re-inspection Date of initial inspection/rejection \_\_\_\_\_

\_\_\_ Missed Appointment Date of missed appointment \_\_\_\_\_

Note: Lynn Board of Health Regulation: If unit does not pass on initial inspection or, if owner misses appointment, a \$30.00 re-inspection fee will be imposed before a certificate is issued.

Owner's Signature (I have read the above) \_\_\_\_\_

Any questions regarding this application contact Inspectional Services, Lynn Health Division at (781) 598-4000