



**CITY OF LYNN INSPECTIONAL SERVICES DEPARTMENT  
HEALTH DIVISION  
APPLICATION FOR CERTIFICATE OF APPROVAL**



**Please allow a minimum of seven (7) business days for an apartment to be inspected.**

**OWNER'S PHOTO IDENTIFICATION REQUIRED FOR ALL INSPECTION REQUESTS.**

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 the dwelling unit.**

Fee: \$30.00 per unit

Address of rental unit: \_\_\_\_\_ Unit #: \_\_\_\_\_

Names of tenants: \_\_\_\_\_

Name of owner/trustee/beneficiary/ or corporation president: \_\_\_\_\_

Residential Address of Owner (No P.O. Boxes permitted): \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

If property is controlled by a management company, please complete the following:

Name of Manager: \_\_\_\_\_ Address of Manager: \_\_\_\_\_

Manager Phone Number: \_\_\_\_\_

Dumpster on site? Yes \_\_\_ No \_\_\_ If yes, please complete the following:

How many pickups per week? \_\_\_\_\_

Company name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Office use only</b></p> <p>Date/time of Inspection: _____ Inspector Assigned: _____</p> <p>Re-inspection date/time: _____</p> <p>Payment Amount: _____ Payment</p>
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