



City of Lowell

Division of Development Services
375 Merrimack Street, Room 55
Lowell, MA 01852
P: 978.674.4144 F: 978.446.7103

Certificate of Inspection

Fee: Calculated

Property Address: _____ **Unit No:** _____

Office Use Only
_____ Application #
_____ Fee Amount
_____ Check #
_____ Permit #

Applicant Name: _____		
Phone No: (____) _____	Email: _____	
(If different) Address: _____		
City: _____	State: _____	Zip: _____

Building and Use Information

Business Name: _____
Description: _____
Type of Use (select one):
<input type="checkbox"/> Assembly w/o Alcohol <input type="checkbox"/> Assembly w/Alcohol
<input type="checkbox"/> Institutional
<input type="checkbox"/> Residential No of Units: _____
<input type="checkbox"/> Special Residential
<input type="checkbox"/> Day Care
<input type="checkbox"/> Educational
For a description of Use Types, see 780 CMR Section 110.7, www.mass.gov

In accordance with the City of Lowell's Code of Ordinances, I acknowledge and certify that the:

- Information provided above is accurate;
- Expiration, non-renewal, or revocation of the Certificate of Inspection may result in any licenses to operate a business being suspended or revoked, and/or an order to vacate the building being issued.
- City will issue fines for failure to comply with the State Building Code and the City's Code of Ordinances.

Signature

Date