



City of Lowell

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

Rental Unit Inspection Application

Fee: \$50 Per Unit

Property Address: _____ Number of Units: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: (____) _____

Email: _____

Agents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: (____) _____

Email: _____

Type of Use (select one):

Single Family

Two Family/Duplex

Two-Family/Owner-Occupied

Three Family or above (____ Units)

Condominium

Office Use Only

Parcel _____

Insp District _____

Outstanding _____

Business ID _____

License ID _____

Inspection QTY _____

Fee \$ _____

Check # _____

Owner CID _____

Agent CID _____

Field Sheet

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

- Information provided above is accurate;
- Expiration, non-renewal, of the Rental Unit Inspection Certificate may result in a fine of \$300 per unit;
- If Unit is Occupied, Owner/Agent has conferred with Tenant and has obtained permission for Inspector to enter Unit and perform Inspection;
- If signed by an Agent, that the Agent has been given authority by the Owner to sign this document
- I understand and agree that no more than 3 unrelated persons may occupy a single unit.

Signed under the pains and penalties of perjury,

Owner/Agent's Signature: _____ Date: _____