



City of Bridgeport Department of Health & Social Services

Housing & Commercial Code

Margaret E. Morton Government Center, 999 Broad Street, Bridgeport, CT 06604
Bridgeportct.gov/health 203-576-7072

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CERTIFICATE OF APARTMENT OCCUPANCY APPLICATION

Step 1:

*PROPERTY ADDRESS: _____ *Bridgeport, CT _____
(Zip Code)

*TOTAL # UNITS IN BUILDING: _____ *TOTAL # UNITS TO BE INSPECTED: _____

*UNITS TO BE INSPECTED (Please be specific)

Unit #: _____ Name of Tenant: _____ #of Rooms: _____ # of Bedrooms: _____

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Unit #: _____ Name of Tenant: _____ #of Rooms: _____ # of Bedrooms: _____

Step 2:

*OWNER: ___ Contact Notice/CAO here only

*(Company) Name: _____

*Address: _____

*Phone: _____

*Emergency Contact: _____

*Email: _____

Tax ID: _____

AGENT: ___ Mail Notice/CAO here only

(Company) Name: _____

Address: _____

Phone: _____

Email: _____

Alternate Contact Info: _____

Step 3:

*Signature of Applicant: _____ *Date: _____

It is the applicant's responsibility to provide access to requested units/property upon the assigned inspection date. The Housing & Commercial Code Enforcement Office reserves the right to revoke this application at any time if a housing code infraction is found. Non-compliance with Section 15.12.250 could result in court action. Failure to submit a CAO each time a new tenant occupies a unit may result in a loss of the owner's license, and their right to legally occupy their unit. For more questions please call (203) 576-7072.

The following to be filled in by office personnel

FEE INFORMATION:

TOTAL Paid: _____
___ Cash ___ Check ___ Money Order

Receipt #: _____ Check # _____
Received By: _____ Date _____

INSPECTION DATE:

Date: _____
Time: _____
___ Lead Inspection Required ___ Lead Exempt

___ Separate Lead Date

Date: _____
Time: _____

Copy to Lead Paint Date: _____

___ Active File w/Inspector _____
___ N/A ___ No Card

Assigned Inspector _____

Census _____

CAO CANCELLATION INFORMATION:

Date Cancelled: _____
Reason: ___ Too Old ___ Never Entered

___ Other: _____