

For the fee amount
please see the fee
schedule at
<http://www.fairfieldct.org/health> or speak
with a Sanitarian.

Receipt #: _____

Date: _____

Inspected by: _____



Town of Fairfield

HEALTH DEPARTMENT
725 Old Post Road
Fairfield, Connecticut 06824

Sands L. Cleary
Director of Health

Phone (203) 256-3020
Fax (203) 254-8850

CERTIFICATE OF RENTAL OCCUPANCY APPLICATION

Rental Property Information

Rental Property Street Address:	Town	Zip
Under penalty of perjury I state that the total number of occupants residing in the dwelling is:		

Owner Contact Information

Name(s)	Phone (Home)	(Office)
Owner's Mailing Address:	State:	Zip:
Agent or Other Applicant:	Address:	Phone:

NOTE: ANY CHANGE IN TENANCY IS REPORTABLE TO THIS OFFICE. IF CHANGES OCCUR WITHIN 6 MONTHS, A NEW CRO IS NOT REQUIRED HOWEVER; WE WILL PROVIDE YOU A NEW TENANT/OCCUPANT FORM.

I hereby request permission to rent the above-referenced property in the Town of Fairfield as a dwelling unit(s). I certify that the answers contained herein are true and accurate in all respects and that the dwelling conforms to all health, building, fire and zoning regulations, ordinances and statutes. I further certify that I will not permit such rental property to be occupied in violation of occupancy limitation. I understand that such certificate may be suspended or revoked and that any person who violates any such regulation shall be fined not more than one hundred (\$100) dollars or be imprisoned not more than six months, or both, for each offense. Each day during which any violation of the said code provisions continue may be considered a separate offense. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 53A-157 of the Connecticut General Statutes.

Signature of Owner/Applicant

Date

Office Use

Certificate Number:	Date Issued:	# Of Inspections:
Referral S - Survey R - Request C - Complaint O - Other		
Dwelling Type: ___ Single ___ Two ___ Three ___ Apart ___ Condo ___ Other ___ Seasonal		
Maximum Occupancy Related Unrelated		# Bedrooms

Tenant/Occupant Information On Reverse Side

CRO Application (continued)

Town of Fairfield Health Department

Tenant/Occupant Information

This section is to be read and signed by tenant/occupant(s) (18 years and older)

I (we) the tenant/occupant(s) of the dwelling (unit) located at:

_____,
Fairfield, Connecticut certify that I (we) will comply with applicable regulations, ordinances, and statutes. I (we) further certify that said property will not exceed occupancy limitation (see below). I understand that any person who violates any such regulation shall be fined not more than one hundred (\$100) dollars or be imprisoned not more than six months, or both, for each offense. Each day during which any violation continues may be considered a separate offense. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 53A-157 of the Connecticut General Statutes.

Occupancy limits are based on square footage of the rental unit. The maximum number of unrelated tenants allowed in a rental unit is 5, with the exception of the Beach Zone District for which the maximum number of unrelated tenants allowed is 4. The Beach Zone District includes the odd numbered houses from 433-801 on Fairfield Beach Road, all houses on Fairfield Beach Road west of Reef Road, and all houses on French Street, Boman Way and Pine Creek Avenue.

PLEASE PRINT CLEARLY

Print Name (list names of minors)	Signatures of Adults	Auto License Plates (List All State and License Plate Number)	Under penalty of perjury I state that the total number of occupants residing in the dwelling is	Date Signed

**NOTE: ANY CHANGE IN TENANCY IS REPORTABLE TO THIS OFFICE BY THE OWNER/AGENT.
A NEW TENANT/OCCUPANT FORM WILL BE REQUIRED**