

**CITY OF BRIDGEPORT**  
**OFFICE OF HOUSING & COMMERCIAL**  
**CODE ENFORCEMENT**

Office of:  
 HOUSING & COMMERCIAL  
 CODE ENFORCEMENT  
 999 BROAD STREET  
 BRIDGEPORT, CT 06604  
 TELEPHONE (203) 576-6615



Maritza Bond, MPH  
 Director of Health  
 & Social Services

**CERTIFICATE OF APARTMENT OCCUPANCY APPLICATION**

\* = *Required information*

\*PROPERTY ADDRESS: \_\_\_\_\_ *Bridgeport, CT* \_\_\_\_\_  
*(Zip Code)*

\*UNITS TO BE INSPECTED (Please be specific):

*Unit Number: _____	*Tenant Name(s): _____	*Tenant Number: _____
*Unit Number: _____	*Tenant Name(s): _____	*Tenant Number: _____
*Unit Number: _____	*Tenant Name(s): _____	*Tenant Number: _____
*Unit Number: _____	*Tenant Name(s): _____	*Tenant Number: _____
*Unit Number: _____	*Tenant Name(s): _____	*Tenant Number: _____
*Unit Number: _____	*Tenant Name(s): _____	*Tenant Number: _____

\*TOTAL UNITS IN BUILDING: \_\_\_\_\_ \*TOTAL UNITS TO BE INSPECTED: \_\_\_\_\_

\*OWNER (Name & Address):  *Mail Notice/CAO here only*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Cell: \_\_\_\_\_

\*Other Phone: \_\_\_\_\_

AGENT (Name & Address):  *Mail Notice/CAO here only*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* \_\_\_\_\_ \* \_\_\_\_\_  
*Signature of Applicant* *Date:*

*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: \_\_\_\_\_