

**CITY OF NORWALK DEPARTMENT OF HEALTH
137 EAST AVENUE - NORWALK, CT 06851
TELEPHONE: (203) 854-7821**

**APPLICATION FOR CERTIFICATE OF APARTMENT OCCUPANCY
(PRINT OR TYPE)**

I hereby apply for a C.A.O. in conjunction with the change of tenancy of:

Location of Premises _____

Apartment or Unit Number _____

Date of Application _____

Owner: Name _____

Address _____

Phone No. _____

Agent: Name _____

Address _____

Phone No. _____

Name and phone number of person who will admit inspector if different from above:

Name _____

Phone No. _____

(Signature of Applicant)

Deliver in person or send via Registered Mail to Department of Health, 137-139 East Avenue,
Norwalk, Connecticut 06851, attention: Housing Section.

Inspected on _____

This form must be filled out and returned to the Health Department to validate the above
CAO when unit is actually occupied or let. Also, enter Tenant's name on your CAO copy if not
previously entered.

Tenant's Name _____

Apt. or Unit No. _____

Address _____

Date occupancy began or date lease effective _____

This form must be filed with the Health Department within 48 hours of occupancy or lease
of premises.-

FEE: 

RECEIPT NO. _____ CHECK NO. _____ CASH _____

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