

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



## Town of Fairfield

HEALTH DEPARTMENT  
725 Old Post Road  
Fairfield, Connecticut 06824

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_

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
<p><b>Under penalty for false statement I certify that at all times during the rental period the total number of occupants residing in the dwelling is:</b></p>		

#### *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-157b 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 during our occupancy. I (we) further certify that said property will not exceed occupancy limitation set forth below at any time during the tenancy. 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-157b 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 at all times during my tenancy 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**