



**CITY OF DANBURY**  
**HEALTH & HUMAN SERVICES DEPARTMENT**  
 155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Phone: 203 797- 4625

FAX: 203 796-1596

**APPLICATION FOR CERTIFICATE OF OCCUPANCY OF APARTMENTS**

Send or bring to:

Danbury Health & Human Services Department  
 155 Deer Hill Avenue  
 Danbury, CT 06810

\_\_\_\_\_ Date

In accordance with Section 10-10 of the Danbury Code of Ordinances I hereby apply for a Certificate of Occupancy in conjunction with a change of tenancy at:

\_\_\_\_\_ Street Address

\_\_\_\_\_ Dwelling Unit

**Owner or Agent:** NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

Name and phone number of person who will admit Health and Human Services Department inspector if different from above.

NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

\_\_\_\_\_ Signature

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 A fee of **EIGHTY (\$80.00) DOLLARS** is due and payable at time of application. Make check payable to "City of Danbury" and submit to the Health & Human Services Department.

(Effective 4/7/10)

Medical Outreach 797-4567  
 Eviction Prevention 797-4565  
 Information-Referral 797-4569

Emergency Shelter 796-1661  
 Em. Shelter Fax 796-1660  
 Administration 796-1504