

Hartford, Connecticut 06103

CITY OF HARTFORD

DEPARTMENT OF DEVELOPMENT SERVICES

Division of Licenses and Inspections

260 Constitution Plaza, 1st Floor

Hartford, Connecticut 06103

Telephone: (860) 757- 9200

Fax: (860) 722-6333

www.hartford.gov



LUKE A. BRONIN
MAYOR



SEAN M. FITZPATRICK
DIRECTOR

Certificate of Apartment Occupancy Guidelines

The Court of Common Council, City of Hartford, has amended ordinance 18-147. Effective September 25, 2000 it requires that a Certificate of Apartment Occupancy be issued by the Director of Licenses and Inspections prior to an apartment or dwelling unit being occupied.

The Certificate of Apartment Occupancy ordinance certifies that an apartment or dwelling unit conforms with the requirements of the Hartford Municipal Housing Code ordinance pertaining to code violations.

We are enclosing an application that must be completed as follows:

1. Please complete all information outlined on the form in sections 1, 2, 3. You must also complete section 4 if you are someone representing the owner i.e., property manager, Management Company, etc.
2. Please complete all Tenant Information if the unit is occupied. If the apartment or unit is vacant, you may provide the Tenant Information if confirmed.
Please Note: Tenant Information changes are not allowed by Licenses and Inspections after the application has been received in this office.
3. A separate form must be submitted for each apartment or unit requiring a Certificate of Apartment Occupancy. A check or money order for twenty-five (\$25.00) dollars payable to the City of Hartford must accompany each application submitted.

Upon receipt of the application an inspection will be scheduled within ten (10) days. Upon completion of an inspection a report will be provided stating any conditions found during the inspection.

1. If there are no violations found at the time of inspection a Certificate of Apartment Occupancy will be issued within ten (10) days.
2. If violations are found an official notice of order letter will be sent with a specific time for compliance, with a maximum of forty-five (45) days. Non-compliance will be reason enough to deny the issuance of the Certificate of Apartment Occupancy.

Upon correction of all violations, within the specified compliance time, the owner or authorized agent shall receive a Certificate of Apartment Occupancy.

If you have any further questions, please contact Darlene R. Childs, Supervisor of Housing Code Enforcement, Licenses and Inspections at (860) 757-9213.



Pedro E. Segarra
Mayor

Certificate of Apartment Occupancy (C.A.O)

Only one application per unit

Case # _____

Address: _____ Date of Request: _____

Floor & Unit Location: _____ Mail Notice Information to: _____

<u>Owner Information</u> (Required)	<u>Agent Information</u> (Optional) <small>(Agent and/or Owner)</small>
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Home Phone #: () _____	Home Phone #: () _____
Work Phone #: () _____	Work Phone #: () _____
Cell and/or Beeper #: _____	Cell and/or Beeper #: _____
Fax #: () _____	Fax #: () _____

Number of Units in the Building? _____

Number of Bedrooms _____

Building Vacant at the time of this request? Yes/ No

Unit Vacant at the time of this request? Yes / No

<u>Tenant Information</u> (Required)	
Tenant Name: _____	Tenant Phone #: () _____
Tenant Name: _____	

This application is only valid after payment is recorded in the Department of Licenses & Inspections, only for the tenant listed on this application and only for their occupancy in the unit listed on the application. A fee of \$25.00 must accompany each application. Application for C.A.O. can be made at the front counter of the Housing Code Enforcement Bureau Office or can be mailed in with a check or money order to:

City of Hartford
Licenses & Inspections
260 Constitution Plaza 1st floor
Hartford, Connecticut 06103



CITY OF HARTFORD
 DIVISION OF LICENSES & INSPECTIONS
 HEATING FACILITY CERTIFICATION



I. IDENTIFYING INFORMATION

Address of Structure _____

Owners name(s) _____
 _____ Telephone Number () _____

Inspections and Certification made by a representative of:

Company name _____

Company address _____

Telephone Number () _____ Inspection Date: _____

II. GENERAL INFORMATION

Number of: dwelling units in building _____ Rooming Units _____

Number of Stories in building _____ Year of structure _____

Type of Heat: Steam _____ Hot water baseboard _____ Hot air _____

Fuel Source: Oil: #2 [] #4 [] #6 [] Electric []

Fuel Supplier _____

III. Comments or remarks of the individual making inspections regarding any irregularities in the heating system that may be detrimental to the health and safety of the occupants of the building:

IV. CERTIFICATION

The undersigned certifies that the above heating system has been inspected in accordance to the attached recommended check list. The undersigned further certifies that any necessary repairs and adjustments have been carried out and that the heating system is in good operating order and capable of satisfactorily heating all dwelling units or rooming units in the building to a minimum interior temperature of 65 degrees F per section 19a-109 of the CT General Statutes.

Signature _____ Date _____ License Number _____