ROOMING HOUSE PERMIT APPLICATION

_____ _____
PERMIT NUMBER PROPERTY ADDRESS

_____ (____)_____ (____)_____
APPLICANT'S/OWNER'S NAME HOME PHONE: BUSINES PHONE:

PROPERTY LOCATION: _____

_____ _____ _____ _____
ZONE TAX DISTRICT BLOCK LOT

NUMBER OF ROOMING UNITS IN BUILDING: _____

NUMBER OF OCCUPANTS PER BUILDING: ____ AND/OR PER UNIT _____

NOTICE: PURSUANT TO NORWALK CITY CODE 59-9, ALL ROOMING HOUSES MUST COMPLY WITH THE PROVISIONS OF CHAPTER 59 OF THE CODE. NO PERSON SHALL OPERATE A ROOMING HOUSE UNLESS HE/SHE HOLDS A VALID ROOMING HOUSE PERMIT ISSUED BY THE DIRECTOR OR PUBLIC HEALTH.

ROOMING HOUSES AND OPERATORS MUST COMPLY WITH ALL OTHER APPLICABLE FEDERAL, STATE AND LOCAL LAWS INCLUDING BUILDING, ZONING AND FIRE CODE PROVISIONS. NO ROOMING HOUSE PERMIT SHALL BE GRANTED UNTIL APPLICANT HAS SATISFIED THE DIRECTOR OF HEALTH THAT THE PREMISES IS IN COMPLIANCE WITH SUCH CODE PROVISIONS. NO ROOMING HOUSE SHALL BE OCCUPIED BEFORE A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED BY THE BUILDING OFFICIAL.

I HEREBY SWEAR THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE BY RESPONSIBILITIES AS SET FORTH ABOVE.

_____ _____
DATE APPLICANT'S SIGNATURE

APPROVALS:

DEPARTMENT	DATE	SIGNATURE
CODE ENFORCEMENT	_____	_____
FIRE DEPARTMENT	_____	_____
PLANNING & ZONING	_____	_____

THE ABOVE ROOMING HOUSE APPLICATION IS HEREBY APPROVED.

_____ _____
DATE AUTHORIZED SIGNATURE

FEE: _____ PAID: ( ) YES ( ) NO RECEIPT# _____

FEE: 1 TO 10 ROOMS - OVER 20 ROOMS
11 TO 20 ROOMS -