



**Request for QVHD Inspection
As Required for Student Housing Permit***

DATE: _____

Address of Requested Property Inspection: _____

Applicant Name: _____

Phone: _____ Email: _____ FAX: _____

Owner's Name (if different from above): _____
List all owners as appears on property records

Owners Mailing Address

Phone: _____ Email: _____ FAX: _____

Fee: \$ 300.00 payable before inspection

Signature of Applicant: _____

*** Any violations of any applicable codes and regulations (the Hamden Housing Code, Public Health Code, Connecticut General Statutes) observed at the time of inspection are subject to enforcement**

OFFICE USE ONLY
Fee Paid:
Date:

REV 7/1/2017

Quinnipiac Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . www.qvhd.org