



**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: \$ 350.00 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 12/30/20

Quinnipiack Valley Health District

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

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