Town of Wallingford
RENTAL HOUSING DEPARTMENT
Application for Rental Housing Code Inspection

Date: _____

Property Address: _____

Apartment Number / Unit Number / Floor Number: _____
(separate applications per unit)

Property Owner / Company Name: _____ Phone: _____

Owner Address: _____

Owner Email Address:_____

Agent Name: (if applicable) _____ Phone: _____

Property Type: (please check) ☐ 1-Family ☐ 2-Family ☐ 3+ Family ☐ Mixed Use

Applicant Name: _____ Applicant Signature: _____
(print)

*** Rental Housing Inspection is required every (5) years ***

Do not write below this line - Office Use Only

.....

Fee: $10.00 per unit

Check Number: _____ Cash Receipt Number: _____

Payment Clerk Name: _____ Date Rec'd: _____

Amount:_____

Return to: Wallingford Building Department, 45 South Main Street, Rm. 40-G, Wallingford, CT 06492 (203) 294-2005