NAUGATUCK VALLEY HEALTH DISTRICT
98 Bank Street
Seymour, CT 06483
Phone (203) 881-3255 Fax (203) 881-3259

APPLICATION FOR SITE/FACILITY VISITS

APPLICATION FEE: $150

Site/Facility Address:_____

Town:_____

Property Owner:_____

　　Property Owner Address:_____ City:_____

　　State:_____ Zip:_____ Phone:_____

Applicant Name:_____

　　Applicant Address:_____ City:_____

　　State:_____ Zip:_____ Phone:_____

Purpose of Visit:_____

➢ The applicant certifies that he or she is the legal owner or occupant of the premises or has the authority to grant access to the premises for the purposes of this visit and evaluation.
➢ NVHD will provide a summary of requirements, general information and/or recommendations based on the provisions of the Public Health Code of the State of Connecticut, the Food & Drug Administration Food Code (if applicable), the Code of Naugatuck Valley Health District and/or good public health practice.
➢ The applicant acknowledges that the NVHD and its agents are conducting this site/facility visit in furtherance of its duties provided by law as a multi-town health district for the protection of the public. Reports and recommendations are not considered to be exhaustive and are based on the conditions and information available at the time of visit. Changes in conditions, modifications to applicable codes and the passage of time may cause the reports or recommendations to be invalid.
➢ The applicant agrees to hold the NVHD its Board of Directors, Director of Health, employees and agents harmless in the event of future problems or difficulties associated with this site evaluation or the report issued as a result of the same. The applicant understands that the results of any inspection conducted by or on behalf of NVHD are public information.

Applicant Signature:_____ Date:_____

FOR OFFICE USE ONLY	
Date Scheduled:_____	Sanitarian:_____
Fee Paid:_____	Receipt #:_____

2023