



Town of Wallingford Building Department

45 South Main Street, G40, Wallingford, CT 06492

203.294.2005-office 203.294.2095-fax

Justin Rossetti, CBO
Chief Building Official

Rental Housing Department

Owner Occupied Affidavit

Property Address: _____

Owner Name: _____

Owners Address (*if different then above*):

Owners Email Address: _____

Owners Phone Number: _____

Please Note: Chapter 167 Rental Housing Ordinance per Town of Wallingford

167-3 Responsibility of Owners and Occupants.

- (1) No dwelling unit may be let until the dwelling unit has been inspected by the Code Enforcement Officer and either a Certificate of Compliance has been issued or an extension of time has been granted under 167-11b(3)

By signing, Owner is stating the above address is Owner Occupied and/or for Family Use and no monies are in exchange of renting said property.

Owner Signature: _____

Date: _____