



Town of Redding
Building Department

10 Lonetown Road
Redding Center, CT 06875
Mail: P.O. Box 1161, Redding Center, CT 06875

Tel: (203) 938-2558

Fax (203) 938-4063

Miscellaneous Permit Application

Address _____ **Date** _____

Assessor Map # _____ **Block #** _____ **Lot #** _____

Description of Work _____

Owner's Name _____ **Phone #** _____

Address _____

Contractor's Name _____ **Phone #** _____

Address _____

Electrician _____ **Lic.#** _____ **Phone #** _____

Plumber _____ **Lic.#** _____ **Phone #** _____

Heating/HVAC _____ **Lic.#** _____ **Phone #** _____

Architect/Engineer _____ **Phone #** _____

Estimated Cost \$ _____

Building Permit Fee _____

Work Without Permit Fee _____

Certificate of Occupancy _____

Total Fees \$ _____

NOTE: Contractor is responsible to schedule all inspections as required by the State of Connecticut, with a minimum of twenty-four (24) hours notice. Contractor or his representative to be on the job at the time of inspection. Work must be started within six (6) months, or permit renewed in writing. The undersigned agrees to and understands above noted obligation/responsibilities.

Owner or Authorized (in writing) Agent _____

Permit # _____ **Check #** _____ **Building Official** _____