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

PERMIT CERTIFICATION AFFIDAVIT
TO BE FILLED OUT BY APPLICANT

Certification:

☐ I hereby certify that I am the owner of record for the property located at

_____

OR

☐ The work proposed at _____
is authorized by the owner of record and I have been authorized to make this application as an authorized agent.

The laws and building regulations of the State of Connecticut and the Town of Redding shall at all times have precedence over drawings and specifications. Anything contrary to said laws and regulations that may at any time appear in drawings and specifications, or in the work as executed, shall be corrected without delay upon the receipt of due notice from the Building Official. The granting of a permit for the proposed work shall not be assumed or construed any right or permission to do anything contrary to the laws and regulations of the aforesaid, under any circumstances whatsoever.

I HEREBY CERTIFY THAT ALL THE STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT.

_____

(Print Owner OR Agent Name in Ink)

_____ _____

(Signature Owner OR Agent Name in Ink) (Date)