REQUIREMENTS FOR ISSUANCE OF BUILDING PERMITS

FOR SINGLE FAMILY DWELLINGS

___ 2 SETS OF PLANS FOR REVIEW
___ BUILDING APPLICATION FORM COMPLETED
___ FEE (See calculation sheets)
___ F.V.H.D APPROVAL/PERMIT TO INSTALL
___ PLOT PLAN
___ DRIVEWAY EXCAVATION PERMIT & FEE
___ PAYMENT OF PROPERTY TAXES (See Tax Collector)
BUILDING PERMIT APPLICATION
Town of East Granby
9 Center Street East Granby, CT 06026
Phone: (860) 653-3444 Fax: (860) 653-4017

Date: ____________________________
Job Location (No. and Street): ____________________________
Owner's Name: ____________________________ Phone: ____________________________
Owner's Address: ____________________________
Town: ____________________________ State: _______ Zip Code: ____________________________

Applicant's Name: First: ____________________________ Last: ____________________________
Applicant's Company Name: ____________________________
Applicant's Address: (No. and Street): ____________________________
Town: ____________________________ State: _______ Zip Code: ____________________________
Bus: Phone: ____________________________ Cell Phone: ____________________________ Email: ____________________________
License Type: ____________________________ License #: ____________________________ Exp Date: ____________________________

Bldg Size (in sq ft): ____________ Height of Bldg: ____________ Estimated Cost: $ ____________
Zone: ____________________________ Lot #: ____________________________ Use Group: ____________________________ Type of Construction: ____________________________
Change of use: [ ] Yes [ ] No Change of occupancy: [ ] Yes [ ] No
If yes - Current Use/Occupancy: ____________________________ New Use/Occupancy: ____________________________

Description of Work: ____________________________________________________________

BLANKET [ ] Yes [ ] No If yes - Estimated cost includes: [ ] Electrical [ ] Plumbing [ ] HVAC

I hereby certify that I am the owner of the property which is subject of this application OR the authorized agent of the property owner; I agree to call at least 24 hrs. in advance for each inspection; I agree to uncover and expose any work which is covered or concealed without inspector’s approval; I understand that when a permit is issued, it is a permit to proceed and grants no right to violate any code, ordinance, or statute, regardless of what may be shown or omitted on the submitted plans and specifications of any agreement with the official. All information contained within is true and accurate to the best of my knowledge and belief.

Signature: ________________________________________________________________

FOR OFFICE USE ONLY

Fee Paid: $ ________ [ ] Cash [ ] Check Receipt #: ____________________________ Permit #: ____________________________

APPROVALS
Wetlands: [ ] N/A [ ] Approved ____________________________ WEO
Zoning: [ ] N/A [ ] Approved ____________________________ ZEO
Fire Marshal: [ ] N/A [ ] Approved ____________________________
FVHD/MDC: [ ] N/A [ ] Approved - see attached ____________________________

Building Official __________________________________ Date ____________________________
TOWN OF EAST GRANBY
BUILDING PERMIT FEE CALCULATION WORKSHEET
NEW RESIDENTIAL ONE & TWO FAMILY DWELLINGS

<table>
<thead>
<tr>
<th>Area Category</th>
<th>Cost per Square Foot (66% of BVD)</th>
<th>X</th>
<th>Gross Floor Area (sf)</th>
<th>=</th>
<th>Estimated Cost of Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finish Floor Area (a)</td>
<td>$95.10</td>
<td>X</td>
<td></td>
<td>=</td>
<td>$</td>
</tr>
<tr>
<td>Unfinished Floor Area (.66a)</td>
<td>$62.77</td>
<td>X</td>
<td></td>
<td>=</td>
<td>$</td>
</tr>
<tr>
<td>Finished Basement (.66a)</td>
<td>$62.77</td>
<td>X</td>
<td></td>
<td>o</td>
<td>$</td>
</tr>
<tr>
<td>Unfinished Basement (b)</td>
<td>$14.82</td>
<td>X</td>
<td></td>
<td>=</td>
<td>$</td>
</tr>
<tr>
<td>Garage (c)</td>
<td>$47.36</td>
<td>X</td>
<td></td>
<td>=</td>
<td>$</td>
</tr>
<tr>
<td>Enclosed &amp; Unheated Breezeways (c)</td>
<td>$47.36</td>
<td>X</td>
<td></td>
<td>=</td>
<td>$</td>
</tr>
<tr>
<td>Decks or Open Porches (.8c)</td>
<td>$37.89</td>
<td>X</td>
<td></td>
<td>=</td>
<td>$</td>
</tr>
</tbody>
</table>

Attach additional sheet if necessary

Total Estimated Cost of Construction $ 

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a = BVD Value for Residential One & Two Family Finished Floor
b = BVD Value for Unfinished Basement (all use groups)
c = BVD Value for Garages: Utility, miscellaneous

**Permit Fee Formula**

<table>
<thead>
<tr>
<th>Estimated Cost of Construction in Thousands ($)</th>
<th>X</th>
<th>Permit Fee per Thousand ($)</th>
<th>=</th>
<th>Permit Fee (per BVD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>X</td>
<td>$15</td>
<td>=</td>
<td>$</td>
</tr>
</tbody>
</table>

Driveway Permit Fee (Add
$50 if needed) $ 

Total Payment $ 

---

Worksheet by:_________________________ Checked by:_________________________
Amount Paid:________________________ Date:_________________________

*BVD is a square foot construction cost, based on use group, and type of construction

As of July 1st of each fiscal year the most recently updated BVD will be used to calculate permit fee worksheets

rev. 7/01/19
TOWN OF EAST GRANBY
BUILDING DEPARTMENT

THE FOLLOWING MINIMUM INFORMATION MUST BE PROVIDED
ON THE PLOT PLAN FOR NEW SINGLE FAMILY HOUSES

1. ____ Developer and/or
   Contractor

2. ____ Property Owner

3. ____ Street Address and
   Lot Number

4. ____ Zone

5. ____ Lot Area

6. ____ L.S. Raised Seal and
   Signature

7. ____ A2 Survey Standard

8. ____ Contours Existing
   and Proposed

9. ____ Building Line and
   Required Side and
   Rear Yard Lines

10. ____ Location and
    Distance to
    Wetlands and/or
    FEMA Flood Zone

11. ____ Upland Regulated
    Area Limit Line

12. ____ Location of Utilities
    on Property and
    Along Street
    Frontage

13. ____ Elevation of
    Foundation and
    Garage Floor

14. ____ Elevation of
    Basement Floor

15. ____ Driveway Location
    and Construction
    Type

16. ____ Required
    Sedimentation and
    Erosion Control

17. ____ Note Any Variances
    Granted and
    Approval Date

18. ____ Note “To Be
    Pinned”

19. ____ Proposed Sanitary
    System and Well
    Location

20. ____ Easements and
    Encroachments

21. ____ Location of Any
    Accessory Buildings

22. ____ Footing, Curtain,
    and/or French Drain
    Location

23. ____ Proposed Placement
    of House

The following information must be provided on the as-built drawing:

- Actual location of footing, curtain and/or french drains
- Actual well location and septic as-built
- Placement of all structures
- Actual location of gas, electrical, communication service
- At least one elevator
- All easements and building lines

Revised 5/14/04
Town of East Granby

NEW SINGLE FAMILY DWELLINGS
& Major Residential Construction

ADDRESS

Contact Name: ___________________________ Daytime Phone: ___________________________

Required Inspections:

___ Erosion Controls (measures in place before start of work)
___ Footing and/or piers (before pouring concrete)
___ Waterproofing and footing drains
___ Underground plumbing (before covering and water test)
___ Temporary Electrical if needed
___ Masonry - fireplace throat
___ Rough - framing, electrical, HVAC, plumbing
___ Gas Pipe Test (if applicable)
___ Insulation before covering
___ Final for certificate of occupancy
___ Other: __________________________________

Certificate of Occupancy Requirements:

Building Permit ______ Plumbing Permit ______ Heating Permit ______
A/C Permit ______ Electrical Permit ______ As-Built Plot Plan ______
FVHD/MDC Final ______ Final B.O. Inspection ______ Driveway Completion ______
Heat Loss ______ State ______ or Town ______
EXCAVATION PERMIT APPLICATION
TOWN OF EAST GRANBY

Date: ___________________________ Bond Amount: ___________________________

The undersigned hereby agrees to perform the described work below at the location shown in compliance with the ordinances, rules and regulations of the Town of East Granby, and to post a cash bond in an amount to be determined by the Town Engineer and/or his agent to cover the cost of construction. At the discretion of the town Engineer or his agent, the bond may be waived. Furthermore, where applicable, the undersigned agrees to complete all the work described below and understands that, if not completed to the Town’s satisfaction within six (6) months of the posting of the bond, the Town of East Granby will retain the bond to ensure completion.

CALL BEFORE YOU DIG “TICKET NUMBER” ___________________________

Name of Applicant ___________________________ Phone # ________________

Address ___________________________________________________________

Location of Proposed Work _____________________________________________

Description of Proposed Work _________________________________________

Please attach sketch of proposed work

Approximate Date to Start _______ Approximate Date of Completion _______

Name, Address and Phone # of Person, Corporation, or Agency performing work of other than applicant:

_____________________________________________________________________

_____________________________________________________________________

Signed _____________________________________________________________

Applicant or Authorized Representative

Approved: ___________________________ Date _____________________________

Town Engineer

When this application is for a driveway cut on an approved Town of East Granby road, a plan must be submitted with this application showing how controls will be installed to ensure that no damage occurs to the Town road or adjoining properties. These controls will be inspected by the Town Engineer or his representative before construction commences and several times during construction. Any damage that occurs during construction must be repaired and the PORTION OF THE DRIVEWAY WITHIN THE TOWN RIGHT-OF-WAY MUST BE PAVED. A $500 bond will be required before a certificate of occupancy will be issued to ensure the paving is completed.

Co: DPW