

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

Applicant:		Owner:	
Address:		Permit #	

Area Category	Cost per Square Foot (66% of BVD)	X	Gross Floor Area (sf)	=	Estimated Cost of Construction
Finish Floor Area (a)	\$92.15	X		=	\$
Unfinished Floor Area (.66a)	\$60.82	X		=	\$
Finished Basement (.66a)	\$60.82	X		=	\$
Unfinished Basement (b)	\$13.86	X		=	\$
Garage (c)	\$46.45	X		=	\$
Enclosed & Unheated Breezeways (c)	\$46.45	X		=	\$
Decks or Open Porches (.8c)	\$37.16	X		=	\$
Attach additional sheet if necessary			Total Estimated Cost of Construction	=	\$

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					
	Estimated Cost of Construction in Thousands (\$)	X	Permit Fee per Thousand (\$)	=	Permit Fee (per BVD)
	\$	X	\$15	=	\$
	Driveway Permit Fee \$50 if needed			(Add)	\$
Total Payment				=	\$
For Office Use Only:					

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

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 | 10. ___ Location and Distance to Wetlands and/or FEMA Flood Zone | 16. ___ Required Sedimentation and Erosion Control |
| 2. ___ Property Owner | 11. ___ Upland Regulated Area Limit Line | 17. ___ Note Any Variances Granted and Approval Date |
| 3. ___ Street Address and Lot Number | 12. ___ Location of Utilities on Property and Along Street Frontage | 18. ___ Note "To Be Pinned" |
| 4. ___ Zone | 13. ___ Elevation of Foundation and Garage Floor | 19. ___ Proposed Sanitary System and Well Location |
| 5. ___ Lot Area | 14. ___ Elevation of Basement Floor | 20. ___ Easements and Encroachments |
| 6. ___ L.S. Raised Seal and Signature | 15. ___ Driveway Location and Construction Type | 21. ___ Location of Any Accessory Buildings |
| 7. ___ A2 Survey Standard | | 22. ___ Footing, Curtain, and/or French Drain Location |
| 8. ___ Contours Existing and Proposed | | 23. ___ Proposed Placement of House |
| 9. ___ Building Line and Required Side and Rear Yard Lines | | |

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 elevation
- 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 _____

FEE \$50

Rev. 6/15/10

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.

Cc: DPW