



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

Building Official _____ Date _____