



# 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 \_\_\_\_\_  
Zoning: [ ] N/A [ ] Approved \_\_\_\_\_  
Fire Marshal: [ ] N/A [ ] Approved \_\_\_\_\_  
FVHD/MDC: [ ] N/A [ ] Approved \_\_\_\_\_

Building Official \_\_\_\_\_ Date \_\_\_\_\_

**TOWN OF EAST GRANBY**  
**ADDITIONAL REQUIRED ROOFING PERMIT INFORMATION**

1. Is this to be a re-roof over an existing roof? Yes \_\_\_ No \_\_\_  
If yes, how many layers exist? \_\_\_\_\_
2. Is the existing roof to be stripped? Yes \_\_\_ No \_\_\_
3. What are the existing roof materials? \_\_\_\_\_
4. Will there be any structural modifications? Yes \_\_\_ No \_\_\_
5. Is the existing roof sheathing being replaced? Yes \_\_\_ No \_\_\_
6. Will there be new sheathing over the existing? Yes \_\_\_ No \_\_\_
7. What materials will be used for the new roof? \_\_\_\_\_  
20yr \_\_\_\_\_ 30yr \_\_\_\_\_ 40 yr \_\_\_\_\_ Lifetime \_\_\_\_\_
8. Is a ridge vent to be installed? Yes \_\_\_ No \_\_\_
9. Will an ice & water shield be installed? Yes \_\_\_ No \_\_\_

**GUIDELINES FOR ROOFING PERMITS**

1. The applicant will fill out a building permit application.
2. The contractor or owner may apply for the permit. If the contractor applies, we require proof of the proper license and insurance. If you apply as homeowner, you should require the same from whomever you hire but be aware that as the permit holder, you are responsible for the work being performed – not the contractor.
3. Almost all roof work requires a permit. A “layer on layer” is allowed but two layers is the maximum. A repair to a small area of the roof does not require a permit.
4. When stripping the existing layer, the roofer should be checking for any damage to the framing and replace as needed. Tar paper is required before the shingles are placed. New roofs require the installation of a ridge vent and ice/water shields.

3/01/13