

WHAT YOU NEED TO
KNOW TO GET A
PERMIT

DECKS
SHEDS
SECONDARY
STRUCTURES



**TOWN OF EAST GRANBY
CHECKLIST FOR BUILDING PERMITS
NEW STRUCTURES – SECONDARY**

Projects falling in this category are usually an accessory to a residential use and unattached, such as but not limited to: tool sheds, garages, decks, greenhouses, and carports. (For aboveground and in-ground pools – see separate application and guidelines.)

The applicant must submit some or all of the following:

1. Approval from the Farmington Valley Health District for any possible impact on septic/well – See separate application form which must be approved **before** application for the building permit.
2. A completed building permit application form.
3. A plot plan with the project drawn in to scale. Distance to side and rear yards must be shown. See chart for residential setback requirements.*
4. Distance to any wetland areas must be shown and if within 100 feet, a separate application may be necessary.
5. If structural (such as a deck), framing details must be presented.
6. Fee - \$15 per \$1,000 of the estimated cost – (we round up, and it's in increments of 15 with \$15 the minimum fee – i.e. est. cost \$2400 = \$45 fee).
7. State law requires a certificate of clearance from the tax collector.

Additional requirements:

1. Homeowners may sign for almost any permits.
2. If a contractor signs for the permit, he or she must present evidence of the appropriate license and liability insurance. This applies to all subcontractors also.
3. A "blanket" permit pays all fees up front based on a total estimated cost. Additional permit applications are required but no further fees are owed.

Required Inspections where applicable:

1. Footings before pouring
2. Waterproofing
3. All roughs before insulation
4. Insulation
5. **Final before use – A certificate of occupancy, use or completion will be issued in most cases.**

Other inspections may be made if necessary, Please allow at least one to two days notice to prevent delays.

*** Sheds over 200 sq. ft. must meet the side and rear yard requirements for the respective residential zone. Sheds under 200 sq ft (except in MFDR and EH) can be located 6 ft from the side or rear yard and require all other approvals except a building permit.** *SEE ZONING FORM - NOT BUILDING*



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 _____



ZONING PERMIT APPLICATION

SHEDS (under 200 sq.ft.)

Town of East Granby

9 Center Street PO BOX 1858 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:() _____

Estimated Cost: \$ _____ Zone _____

Description of Work: _____

(i.e. 8' x 10' storage shed on stone)

ELECTRICAL [] Yes [] No **If yes, separate electrical permit is needed.**

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 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 - see attached

Zoning Official _____ Date _____

Side Yard requirements:

R-20 Zone - 20 ft

R-30 Zone - 20 ft

R-40 Zone - 25 ft

PRD Zone - 25 ft

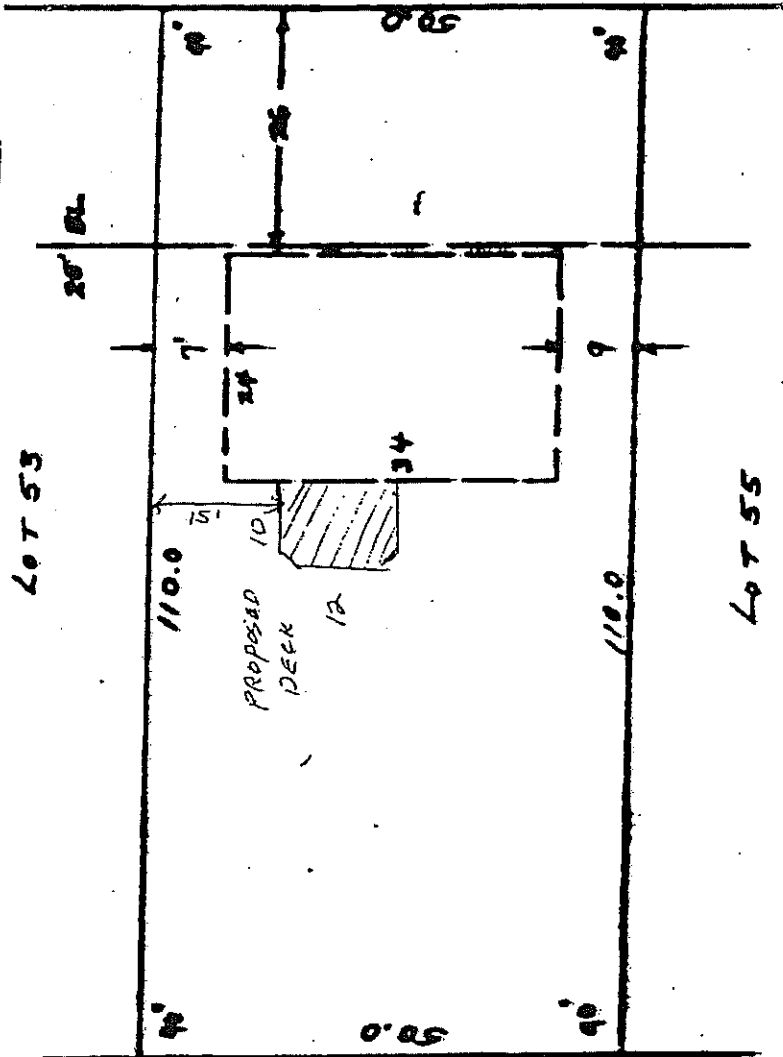
Sheds in Residential Zones:

200 sq ft or less can be 6 ft

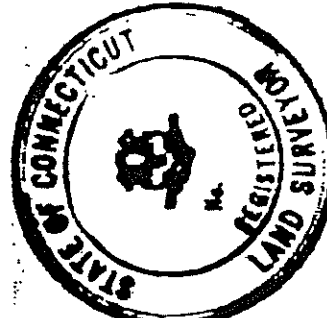
from side or rear yd

Over 200 sq ft - must meet yard reqs.

SAMPLE PLOT PLAN



LOT AREA 5500 SQ. FT.



I HEREBY CERTIFY THIS MAP TO BE ESSENTIALLY CORRECT AND IN ACCORDANCE WITH CLASS A-2 OF CODE OF CONNECTICUT TECHNICAL COUNCIL.

CIVIL ENGINEER
CONN.

SCALE: 1" = 20 FT | DATE: OCT 1968

PROPERTY OF
EXCEPT FOR NON-CONFORMING SIDE YARD
AND LOT AREA.

WILSON RESURF
100 W. H. H. RD.

REQUIRED FRAMING INFORMATION FOR RESIDENTIAL DECK PLANS

GENERAL INFORMATION

What are the dimensions of the deck?

How is the deck attached to the house?

Is any portion of the deck floor
more than 30 inches above the ground?

YES NO

FLOOR JOIST

What size are the floor joists?

What length are the floor joists?

_____ FEET

What is the spacing between joists?

_____ INCHES ON CENTER

BEAMS

How many beams are there?

What size are the beams?
(for example – three 2x8's)

PIERS AND POSTS

What size are the posts holding the beams?
(posts must be attached to the beam with
brackets or bracing)

What is the spacing between vertical posts
or piers holding the beams?

_____ FEET

What size are the piers?

_____ INCHES

How deep are they?

_____ INCHES

FLOORING MATERIAL AND STAIRS

What is the type of flooring (decking) material?

Is there a stairway to the deck?
(stairways that have 3 steps or more require
a handrail that can be gripped)

YES NO

GUARDS AND RAILINGS

Is there a guard or railing?
(required for the deck and stairway if over
30 inches above the ground)

YES NO

How high is the guard or railing?
(the space between rails or balusters on the guard
or railing must be no more than 4 inches)

_____ INCHES

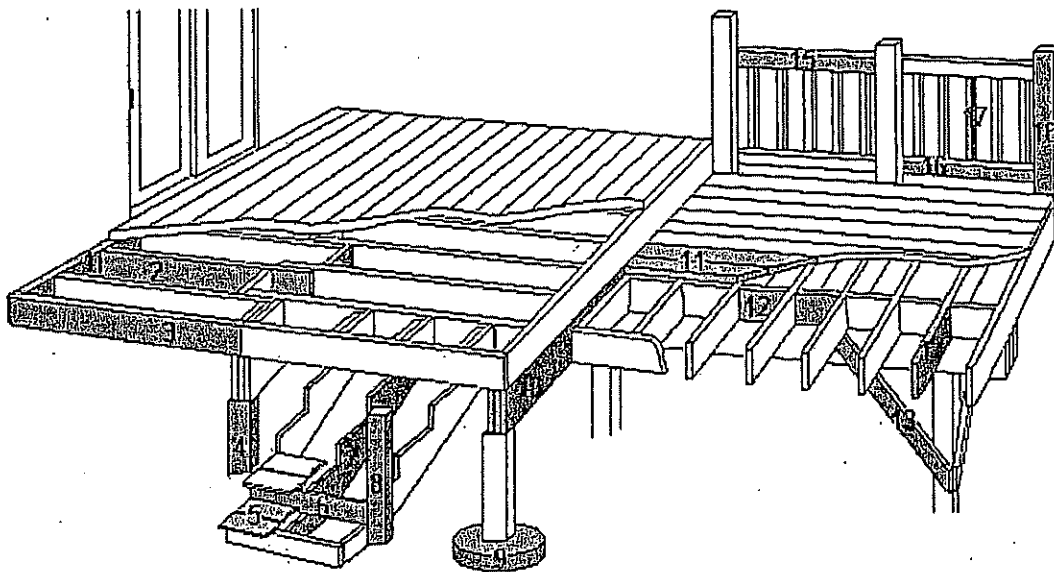
In addition to the guard rail – a “graspable handrail” is required

REQUIRED FRAMING INFORMATION FOR RESIDENTIAL DECK PLANS

Show railing (guard) construction & location. Openings between rails or balusters must be no more than 4 inches. Rail height at least 36 inches. Posts must be secure. (items 15-18) Railings are required where the top of deck floor is more than 30 inches off the ground.

Show floor joist construction. Indicate joist material, size and length. How are they secured to the support beams? Use joist hangers, ledgers, or run on top of beam. (items 1-3) Show any cantilevers and their lengths. (item 14)

Indicate type, size, and thickness of flooring (decking) materials. (item 11)

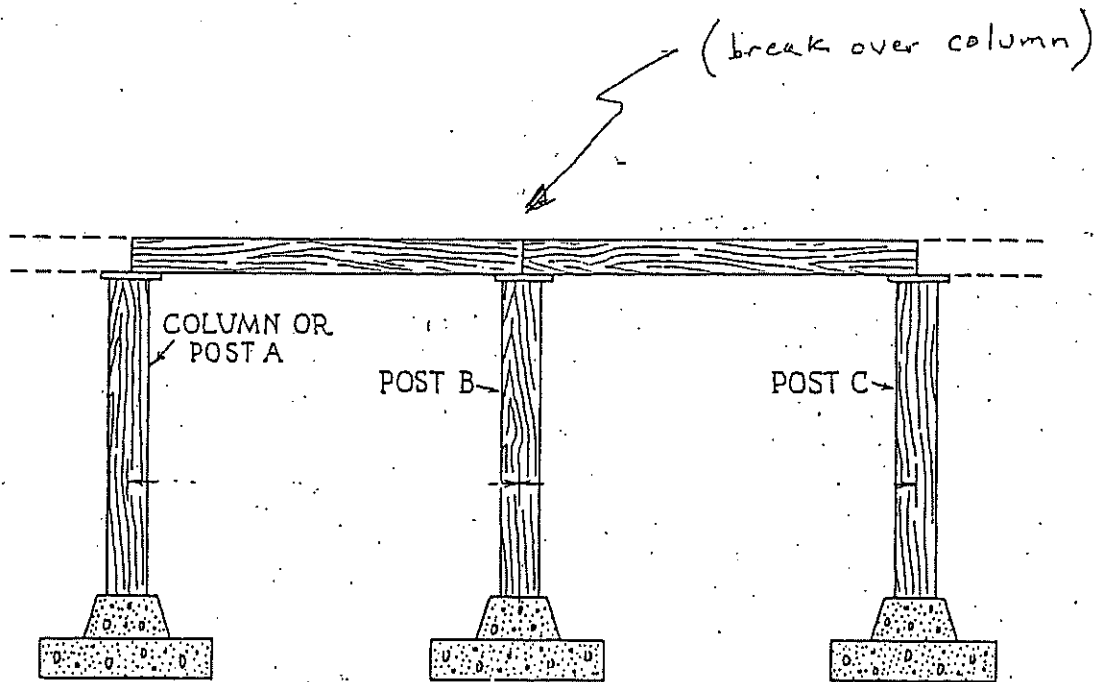


Pier footings for supports: at least 42 inches deep and twice the size or diameter of the support. (item 9)

Show all beams and supports. Beam size and material? What is the size of the supports? What is the spacing? (items 4, 10 & 12) Supports must be secured to the beams. (item 13) Show any cantilevers and their length. (item 14)

Show any stair construction. Rise: no more than 8 1/4 inches. Run: not less than 9 inches. Stairs that have at least 3 steps and 4 risers require a handrail; one that can be gripped. Guards are required on sides of stairs to deck floors that are over 30 inches off the ground. (items 5-8)

**REMINDER: BREAKS AND JOINTS BETWEEN
FRAMING MEMBERS OF A CARRYING BEAM SHALL
BE LOCATED OVER A COLUMN!**





Farmington Valley Health District

95 River Road, Suite C • Canton, CT 06019 • Phone (860) 352-2333 • Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

SOME IMPORTANT CONSIDERATIONS FOR ADDITIONS/RENOVATIONS, ACCESSORY APARTMENTS AND POOLS.

1) ON SITE SEWAGE DISPOSAL SYSTEM AND WELLS

a) Adequacy of the Lot

Before additions, etc. can be approved an area to repair or expand your septic system must be shown to exist on the property. If soil testing is determined to be necessary, a separate "Site Evaluation Application" must be submitted. A new septic system may not be required if the existing system is functioning adequately, but you must demonstrate the suitability of the site to support a new replacement system in the future if it becomes necessary.

b) Adequacy of septic system

The system must be large enough to support its intended use. Information pertaining to septic system size and type must be provided. Often a change in use can overwhelm an inadequate system. Again, soil testing may be needed to determine whether the site has the capability of supporting the intended use.

c) Location

The septic system location must be determined before the application can be reviewed to ensure that the system will not be damaged during construction. Also, the planned addition must meet the required separating distance to your septic system and not be located in an area that may be utilized as a septic area in the future.

2) POOLS AND HOT TUBS

Pool backwash water must not be discharged into household septic systems and must be disposed of in such a way as to prevent nuisance conditions. Septic systems have not been designed to receive large amounts of water from pools or spas.

3) REQUIRED SEPARATING DISTANCES

- Building without footing drain to Septic Tank.....10 Feet
- Building without footing drain to Septic Fields.....15 Feet
- Building with footing drain to Septic & Well.....25 Feet
- Above ground pool to septic system10 Feet
- In-ground pool to Septic System & Well.....25 Feet
- Accessory Structures with frost wall and no footing drains.....10 Feet
- Accessory Structures no frost wall (Decks, Sheds, etc.).....5 Feet



FEE: \$50.00

Farmington Valley Health District

95 River Road, Suite C • Canton, CT 06019 • Phone (860) 352-2333 • Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

APPLICATION FOR ADDITION

PROPERTY OWNER: _____ PHONE # (H): _____

ADDRESS _____ TOWN _____ PHONE # (Work/Cell) _____

CONTRACTOR: _____ PHONE #: _____

TYPE OF PROPOSAL

Building Addition &/or Interior Renovation (describe) _____

Number of bedrooms in existing house _____ Number of bedrooms after addition _____

Detached Structure Shed Barn Garage Propane Generator Pad Other(describe) _____

Swimming Pool In-ground Above ground (filter type _____) heated y/n Deck provided Yes No

Building Conversion, change in use (describe) _____

House Teardown, Replacement: using existing foundation _____ new foundation _____
bedrooms in existing house _____ # bedrooms in proposed house _____

PLEASE COMPLETE

Will the addition have: Heat yes no Plumbing yes no Exterior sewer pipe/pump needed? yes no
Interior sewage pump needed? yes no

Full foundation Frost Wall Slab Piers Other _____

Footing Drains yes (show on plan) no Cuts in grade <50' downhill of septic system? yes no

Distance of proposed addition from: Septic tank _____ ft Leaching system _____ ft Well _____ ft
Any sewage backups, overflows or other problems noted with the existing septic system? Yes No

**** PROVIDE A SKETCH SHOWING THE LOCATION OF THE ADDITION RELATIVE TO THE WELL & SEPTIC ****

FVHD ASSUMES NO RESPONSIBILITY FOR THE PRESENT OR FUTURE OPERATION OF THE SEPTIC SYSTEM OR FOR ANY DAMAGE TO THE SEPTIC SYSTEM CAUSED BY THE NEW CONSTRUCTION OR ANY NECESSARY TESTING.

I certify that I'm the owner or owner's contractual representative & that the information above is accurate to the best of my knowledge. I also acknowledge that I'm responsible for securing any required approvals from other town/state agencies (bldg, wetlands, zoning, ...)

Signature _____ **DATE** _____

(OFFICE USE ONLY)
FVHD APPROVED _____ DENIED _____ Date: _____
COMMENTS:



Location / Addition Proposal Sketch

ADDRESS _____ **TOWN** _____

Please show the location of the existing building, septic tank, leaching fields and well relative to the proposed construction.

Date: _____