



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 _____