

**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 & \_\_\_\_\_ ZONING APPROVAL
- \_\_\_\_\_ DRIVEWAY EXCAVATION PERMIT & FEE  
( ) STATE ( ) TOWN
- \_\_\_\_\_ PAYMENT OF PROPERTY TAXES (See Tax Collector)
- \_\_\_\_\_ PROOF OF NEW HOME CONSTRUCTION LICENSE & LIABILITY INSURANCE
- \_\_\_\_\_ RES CHECK COMPLIANCE



# 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

<b>Applicant:</b>		<b>Owner:</b>	
<b>Address:</b>		<b>Permit #</b>	

Area Category	Cost per Square Foot (66% of BVD)	X	Gross Floor Area (sf)	=	Estimated Cost of Construction
Finish Floor Area (a)	\$101.71	X		=	\$
Unfinished Floor Area (.66a)	\$67.13	X		=	\$
Finished Basement (.66a)	\$67.13	X		=	\$
Unfinished Basement (b)	\$15.31	X		=	\$
Garage (c)	\$49.97	X		=	\$
Enclosed & Unheated Breezeways (c)	\$49.97	X		=	\$
Decks or Open Porches (.8c)	\$39.98	X		=	\$
Attach additional sheet if necessary			<b>Total Estimated Cost of Construction</b>		\$

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 (Add \$100 if needed)				\$
<b>Total Payment</b>					\$
<b>For Office Use Only:</b>					

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 \_\_\_\_\_  
A/C Permit \_\_\_\_\_  
FVHD/MDC Final \_\_\_\_\_  
Heat Loss \_\_\_\_\_

Plumbing Permit \_\_\_\_\_  
Electrical Permit \_\_\_\_\_  
Final B.O. Inspection \_\_\_\_\_

Heating Permit \_\_\_\_\_  
As-Built Plot Plan \_\_\_\_\_  
Driveway Completion \_\_\_\_\_  
State \_\_\_\_\_ or Town \_\_\_\_\_

**EXCAVATION PERMIT APPLICATION**  
**TOWN OF EAST GRANBY**

Rev. 6/16/2021

Date: \_\_\_\_\_

**FEES: Minor work and simple driveway cuts within the Town ROW \$100**

**Major work within the Town ROW \$1500 plus Retainer: \$3,000 for Plan Review and Inspections**

Cash or Irrevocable Letter of Credit (to be determined based on the extent of the work within the Town roadway)  
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 or irrevocable letter of credit 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" \_\_\_\_\_ Contractor Lic.# \_\_\_\_\_

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 \_\_\_\_\_ Public Works Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**For utility installations: The Town Engineer or the Director of Public Works shall be contacted to inspect the trench prior to the installation of the Processed Aggregate. (see attached detail.)**

**For minor work and simple driveway cuts within Town ROW:** 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 cash bond will be required before a certificate of occupancy will be issued to ensure the paving is completed.

**For major work within Town ROW:** Applicant shall submit plan to be reviewed and approved by Town Engineer. Applicant shall pay fee of \$1,500 and pay retainer of \$3,000 to cover cost of plan review and inspections. Any part of the retainer that is unused will be turned back to applicant after final approval has been given by Town Engineer. If retainer is fully expended the Town can require the applicant to submit additional funds to cover the cost of the necessary engineering services for additional plan review and/or inspection services.

Cc: Town Engineer 860-986-3617/DPW Supervisor 860-655-8470/ Building Official 860-653-3444