

Click **BLUE BOLDED** text below to jump to required form

Connecticut Standardized Municipal Instructions for Residential Solar Photovoltaic (PV) Permitting Process

Town of Seymour

Accessing Application Materials

All required forms are available in this package, online, and as hard copy in the Building Department at Seymour Town Hall. Please call for assistance.

Building Inspector's Office, Town of Seymour
1 First Street, Seymour, CT 06483
Building Inspector Hrs: Mon, Tue, Thur 4pm-6pm
Secretary Hrs: Mon, Tue, Thur 8:30am-6pm &
Wed 8am-5pm, Closed Friday
Phone 203.888.3545 Fax 203.881.5005
www.seymourct.org/Building-Inspector/

Application Materials Checklist

Below is a checklist of materials needed for roof, ground and pole-mounted applications to be considered complete. Please note that applications with missing attachments will be delayed.

Roof Mounted:

- SEYMOUR SOLAR PERMIT APPLICATION** and the following attachments:
 - Tax Assessor & Tax Collector signoff
 - Structural evaluation by professional engineer
 - One-line electrical diagram
 - One-line site plan
 - Solar PV Module specification sheets
 - Inverter specification sheets
 - Copy of E-1's license, worker's compensation, and letter of authorization if applicable
- *Include system size on front page of application
- Application Fees: Please see the **BUILDING DEPARTMENT PERMIT FEE SCHEDULE**. Project cost much be divided between building and electrical work.

Ground and Pole Mounted:

The following is required **IN ADDITION** to the requirements for Roof Mounted Solar PV. Please call the Building Department for assistance

- ZONING PERMIT APPLICATION**, site plan, and \$100 state (Officer Hrs: Mon, Tue, Thurs 4-6pm)
- If septic or well on property, submit a site plan to the Naugatuck Valley Health District to receive signoff. **B100A APPLICATION** and site visit might be required if regulatory compliance is not clear
- Wetland signoff is required with Building/Electrical Permit. If within 100 feet of a wetland, an **INLAND WETLAND COMMISSION APPLICATION** may be required. Wetlands Officer will advise. (Office Hours: Monday, Tuesday, Thursday 4-6pm)

Submitting Municipal Permit Applications

Applications must be signed and include payment to be considered complete. All signoffs can be collected on the **DEPARTMENT APPROVALS** form from the applicable offices all located in Town Hall. Completed Building/Electrical, Zoning and Wetlands Applications can be submitted via mail or in person (faster) to the Building Department. Applications submitted by mail will be circulated internally for the necessary signoffs. Applicants must visit the necessary offices when submitting applications in person. Applications will not be processed until the Application Fee is received.

Process of Approval

The below steps indicate the departments in the order they require approval and the typical processing time. Each Department/Commission must be contacted separately for approval.

<u>Town Department</u>	<u>Typical Processing Time*</u>	<u>Ground/Pole Mount</u>	<u>Roof Mount</u>
<input type="checkbox"/> Zoning Department	1-5 Days	✓	
<input type="checkbox"/> Tax, Wetlands, Health Signoff	1-5 Days	✓	
<input type="checkbox"/> Health Approval or Wetlands Commission	15-30 Days	✓	
<input type="checkbox"/> Building Department	1-5 Days	✓	✓

Note: Applicants are encouraged to coordinate the timing of application submission with the Building Official hours

Typically, in-person Building Permit applications are issued over-the-counter and mailed-in Building Permits are issued by mail within 3-5 business days. Applicant will be notified by phone when permit has been issued.

Inspection Requirements

Once all permits to construct the solar installation have been issued and the system has been installed, it must be inspected. One on-site inspection is required for roof mounted systems and two inspections are required for ground and pole mounted systems. Call to schedule an inspection. Inspection appointments are scheduled within 48 hours of request. given in 1 hour windows during regular office hours. Follow up day-of for a more specific time.

Once the system has passed inspection the Building Department will notify Eversource within 1 business day.

*Typical processing times are not guaranteed. Per state statute, municipal building departments have 30 days to approve/deny permits



Office of Building Compliance Town of Seymour, Connecticut Application for Solar Permit

B

Date

Property Location Street Address

Lot #

Owner's Name (As it appears in Land Records)

Owner's Street Address

Town/City

State

ZIP Code

Home Phone #

Work Phone #

Fax #

Mobile Phone #

Applicant's Name

Applicant's Street Address

Town/City

State

ZIP Code

Home Phone #

Work Phone #

Fax #

Mobile Phone #

E-1 or HIC License

License #

Permit Type: Building Permit Permit # _____ Estimated Cost _____ Fee _____

Electrical Permit Permit # _____ Estimated Cost _____ Fee _____

CRS#: _____ **TOTAL** _____

Structure within the 100-year flood plain? Yes No Structural Upgrades? Yes No

Remarks:

Construction Type: Residential Commercial Industrial

Use Group(s): _____

Mixed Use: Yes No Separated Non-separated

Height of Building: Stories: _____ Feet: _____

Total Sq. Ft. of Building: _____

Engineer's Information: (Attach as applicable) License # _____

General Description of Solar PV Array: _____

System Size (kW DC): _____

Roof Mount Ground Mount Pole Mount Other, specify: _____

Electrical Description

Size (amps) and type (phase, voltage) of electrical service:

Amperage of Main Breaker: _____ Will the value of main breaker change? Yes No To: _____

Related amperage of the bus bar in the main panel: _____

Type of interconnection (e.g. breaker-load side, supply-side interconnect): _____

Electrical panel location: _____

If load side interconnect, will solar intertie into a subpanel: Yes No

If yes, rated amperage of the subpanel bus bar? _____ Value of breaker protecting subpanel bus bar? _____

Documents Submitted/Attached:

- Additional Subcontractors and Information
- One Line Site Plan Drawing
- Solar PV Module Specification Sheets from Manufacturer
- Structural Evaluation by licensed design professional
- Additional Information for Large Solar PV Systems _____
- One Line Electrical Drawing
- Attachment Details (Line Drawing)
- Inverter Specification Sheets from Manufacturer
- Pole or Ground Mount Information (if applicable)

Certification:

I hereby certify that: I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. I further grant authorization to a representative of the Town of Seymour to enter the property on this application to conduct the required inspections per CT State Building code and that there are no environmental issues or hazards in the proposed work.

Signature of Owner/Authorized Agent

For Building Official's Use Only

Completed Application Received Date: _____	Permit #: _____
Other Fees (State of CT): _____	Permit Use: _____
Certificate of Occupancy Fee: _____	Permit Fee: _____
Total Fee: Cash Check _____	Review Date: _____
Check #: _____	

Received by

Signature of Building Official



Office of Building Compliance Town of Seymour, Connecticut Application for Zoning Permit

PERMIT #: _____

Date

Property Location Street Address

Lot #

Owner's Name (As it appears in Land Records)

Owner's Street Address

Town/City

State

ZIP Code

Home Phone #

Work Phone #

Fax #

Mobile Phone #

Applicant's Name

Applicant's Street Address

Town/City

State

ZIP Code

Home Phone #

Work Phone #

Fax #

Mobile Phone #

Owner/Contractor/General Contractor

CT Registration #

Project Type: Relocation Change of Use Demolition
Is structure within the 100-year flood plain? Yes No

Remarks: _____

Purpose of Permit Type: _____

New Construction: _____

Commercial Residential

Addition: _____

Commercial Residential

Pool: _____

Above-Ground In-Ground

Garage: _____

Detached Portable

Sign: _____

Temporary Permanent

Cert. of Occupancy: _____

Erosion Control Plan: _____

Excavation: _____

Adult Living/In-Law: _____

Decks: _____

Sheds: _____

Demo: _____

Generators: _____

Change of Use: _____

Special Permit: _____

TOTAL _____

Remarks: _____

Submitted Plan: _____

A-2 Survey: Required Not Required Plot Plan Required

Construction Type: Residential Commercial Industrial

Zone Designation: _____ **Permitted Use:** _____

Mixed Use: Yes No Separated Non-separated

Total Sq. Ft. of Building: _____ **Distorted Area:** _____

Approvals:
 Zoning Zoning Appeal Board Wetlands Health Dept.

Engineer's Information: (Attach as applicable) License # _____

Surveyor Information: (Attach as applicable) Registration # _____

Documents Submitted/Attached:

Zoning Building Plans Site Plans Building Sections Building Elevations Health Dept.
Reports Calculations Details Photographs Threshold Review Insurance Cert.
Correspondence Authorization of Applicant Other than Owner Manufacturer's Literature
Statement of Special Inspections Other (describe) _____

Certification:

I hereby certify that: I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Signature of Owner/Authorized Agent

For Zoning Official's Use Only

Completed Application Received Date: _____ **Permit #:** _____

Other Fees (State of CT): _____ **Permit Use:** _____

Plan Review Fee _____ **Permit Fee:** _____

Certificate of Occupancy Fee: _____ **Review Date:** _____

Total Fee: Cash Check _____

Check #: _____

Received by

Signature of Zoning Official

**Town of Seymour
Office of Town Building Inspector
Application for Building Permit
Department Approvals (Solar)**

1. Applicant's Name: _____
Address: _____

Phone #: _____
Building Use: _____
Energy Conservation Code: _____

2. Assessor's Office: Joe Kusiak (203) 881-5013 List# _____
PROPERTY ADDRESS MUST BE CONFIRMED WITH ASSESSOR'S OFFICE
Property Location: Owner: _____
Street# Street Name _____ **Dev. Lot** _____
Assessor's Map/Lot _____

3. Tax Collector: Dana Flach (203) 888-0517
TAX OFFICE IS LOCATED DOWN AND ACROSS FROM ASSESSOR'S OFFICE
There are no delinquent taxes due on the above property
Date: _____ **Tax Collector** _____

For Ground or Pole Mounted Solar Systems:

4. Zoning Approval: Bill Paecht (203) 881-5007 Bob Looker (203) 881-5008
A. Plot Plan A-2 Survey submitted _____
Plot Plan A-2 not required _____
B. Zoning Board of Appeals
_____ ZBA approval not required. Project meets all zoning requirements.
_____ Variances approved by ZBA at meeting of _____
C. Planning and Zoning Commission
_____ Use allowed by administrative approval. Zoning permit is attached.
_____ Site plan and/or special permit approved by P&Z Commission
on _____
Date: _____ **ZEO or Town Planner** _____

5. Inland Wetlands and Aquifer Protection Approval:
Bob Looker (203) 881-5008 Hours Monday, Tuesday, Thursday 4-6:00pm
A. Based on review of the Inland Wetlands Map, record subdivision plan, site plan or other data, the project does not involve a regulated activity _____
B. Project Approved by Inland Wetlands Commission on _____
Date: _____ **Agent for Wetlands:** _____

6. Naugatuck Valley Health District (Food Service or Day Care)
(203) 881-3255
The plans submitted are in conformance with the applicable health regulations.
Date: _____ **NVHD** _____