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Connecticut Standardized Municipal Instructions for Solar Photovoltaic (PV) Permitting Process Town of Cromwell

Building Department, Town of Cromwell
41 West Street, Cromwell, CT 06416
Phone: 860-632-3428 Fax: 860-632-3477
Hours: Monday-Friday 8:30am-4:00pm
Building Official: David Jolley
Email: djolley@cromwellct.com
Website: www.cromwellct.com/dept-building

Accessing Application Materials

All materials can be found in this package and online at www.cromwellct.com.
Hard copies are located at the Cromwell Town Hall. Please call the Building Department for assistance.

Application Materials Checklist

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

For Roof Mounted Systems:

- BUILDING PERMIT APPLICATION** including total panels, kW and Fee (\$15.00 / 1st 1,000 & \$10.00 / additional 1,000 or part thereof) plus \$0.026/1,000 State Education Fee
- Signed statement from land owner approving installation
- Contact the Tax Collector Department (860) 632-3445 to receive a Signed Tax Approval Form, Submit form with application
- Copy of Home Improvement Registration number and Worker's Compensation Certificate or Affidavit
- Copy of E-1 Electrician's License **and** Worker's Compensation Certificate or Affidavit
- Contractors authorization letter(s) for the Registered Home Improvement Contractor and the Electrician
- Structural analysis – stamped and signed by a State of Connecticut Licensed Design Professional
- On 11" x 17" (both sides) provide the following :
 - Panel, roof rack/support system and inverter specifications
 - 3 line diagram
 - Plan view – showing placement on roof
 - Labels

For Ground Mount & Pole Mount Only - The following is required IN ADDITION to the requirements for Roof Mounted Solar PV. Depending on your project, the below departments may require additional permits. Contact each department individually to determine what is necessary to acquire signoff for your project.

- Submit a copy of **Signed ZONING APPROVAL FORM**. For approval, contact the Planning & Zoning Department at (860) 632-3422.
Note: Zoning Department will evaluate for Wetlands Regulations compliance (Wetlands forms included in this package if applicable)
- Submit a copy of **Signed HEALTH DEPARTMENT FORM**. For approval, contact the Health Department at (860) 632-3426
- Call Sewer Department (860) 632-3430 to decide if **SEWER DEPARTMENT APPROVAL** is required. If so, submit copy of **signed** form

Submitting Municipal Permit Application

Applications must be signed and include payment to be considered complete. Completed applications can be submitted in person or mailed to their respective Departments. We encourage applicants to coordinate document submission with the below approval process and timing in mind. Each department must be contacted separately for approval. Applications will not be processed until all fees are submitted.

Estimated Processing Time for the following Departments

Please Note: Submission of construction documents/applications can be done simultaneously.

<u>Town Department</u>	<u>Typical Processing Time*</u>	<u>Ground/Pole Mounted</u>	<u>Roof Mounted</u>
Sewer	1 Day	✓	N/A
Health Department	2 Days – 14 Days	✓	N/A
Wetlands Department	60 – 90 Days	✓	N/A
Zoning/Engineering Department	7 Days	✓	N/A
Building Department	1 Day	✓	✓

Typically, the applicant will be notified of issuance of Building Permit approval via phone or email within 1 business day

Inspection Requirements

The owner, builder or contractor shall be responsible for requesting the following inspections. Inspections can be scheduled by contacting the Cromwell Building Department at least twenty-four (24) hours in advance. For Ground and Pole Mounted Systems, two (2) inspections are required: (1) to verify depth, diameter, and re-bar, prior to placement of concrete for the piers, per the Licensed Design Professional's Design and (2) Final Inspection. For Roof Mounted Systems, one (1) Final Inspection is required.

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

BUILDING PERMIT APPLICATION/BUILDING PERMIT- TOWN OF CROMWELL 10/2015

41 West Street, Cromwell CT 06416 – Tel. (860) 632-3428

(Please Print or Type all Entries) Fax- (860) 632-3477

DATE: _____

Estimated Cost of Construction..... \$ _____
(Including Value of Labor % Material)
Building Fee..... \$ _____
Plan Review Fee..... \$ _____
C.O. Fee..... \$ _____
State Education Fund Fee..... \$ _____
TOTAL..... \$ _____

Job Site Address: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

TAXES

Home Phone: _____

Cell Phone: _____

FEE INCLUDES MECHANICALS: Y N

APPLICANT PLEASE NOTE: Call 24 hours in advance for inspections and for final inspection before use.

Name: _____

Business Phone: _____

Address: _____

Cell Phone: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Business Name: _____

Fax Number: _____

PURPOSE OF PERMIT: _____

THIS LOT IS _____ CITY SEWER _____ CITY WATER _____
SERVICED BY: or

NUMBER OF:

Bedrooms: _____

_____ SEPTIC SYSTEM _____ WELL WATER _____

Bathrooms: _____

LICENSE NUMBERS:

Elec. Contractor License _____

Home Improvement Reg. No. _____

Plumbing Contractor License _____

New Home Const. Cont. No. _____

H.V.A.C. Contractor License _____

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 applicable laws, regulations and ordinances. We further understand that it is our responsibility to request all required inspections, to ascertain the results of all required inspections and to call for a final inspection prior to use. All information contained within is true and accurate to the best of my knowledge and belief.

Signature: _____

Building Official: _____

Print name: _____

Date Approved: _____

REQUEST FOR ZONING APPROVAL

Date of Application _____
Applicant Name _____
Applicant Address _____
Owner Name _____
Address of proposed activity _____
Phone Number: Day _____ Evening _____ Cell _____

____ Addition ____ Accessory Building ____ Filling ____ Garage
____ Fuel/Gas Tank ____ Sign ____ Swimming Pool ____ Other

____ New Construction - Foundation As-Built must be approved before building construction

Erosion and Sediment Bond Required ____ Yes ____ N/A E & S Bond # _____
Zoning District _____ Assessor Map# _____ Block# _____ Lot# _____
Is there Wetlands/Vernal Pool or Watercourse on this Property or within 100 feet of the requested activity ____ Yes ____ No

Is an Inland Wetland Permit Required? ____ Yes ____ No
Permit# _____

Description of proposed activity: _____

Dimensions: Height _____ Width _____ Length _____
Living Floor Area: First Floor _____ Second Floor _____ Garage _____
Special Permit Required: ____ Yes ____ No Record Volume: _____ Page: _____

Are the approved mylars signed and filed in the Town Clerk's office: ____ Yes ____ N/A
Map file numbers _____ to _____.

This request, if approved is based upon information and plot plan submitted.
Falsification by misrepresentation or omission, or failure to comply with the conditions of approval shall constitute a violation of the Town of Cromwell Zoning or Wetlands Regulations.

Signature: _____
Check One: ____ Owner ____ Applicant ____ Agent

Condition of approval: _____

FOUNDATION'S FOR NEW BUILDINGS REQUIRE SUBMISSION AND APPROVAL OF A FOUNDATION AS BUILT PRIOR TO FURTHER CONSTRUCTION.

Approved by: _____ Date: _____

Rejected by: _____ Date: _____

1/27/10

SEWER APPROVAL/CONTACT FORM

DATE

SERVICE ADDRESS

PROPERTY OWNER'S NAME

(_____)_____
PROPERTY OWNER'S PHONE

CONTACT NAME (CONTRACTOR/AGENT)

(_____)_____
PHONE

WHAT TYPE OF PROJECT ARE YOU DOING?

___ New Construction (Single-Family, Multi-Family, Commercial, ect.)

___ Addition (Single-Family, Conversion to Multi-Family, Commercial etc.)

Other: (Please provide details)_____

**CONTACT SEWER DEPARTMENT FOR APPROPRIATE FORMS, PERMITS, AND
INFORMATION RELEVANT TO YOUR PROJECT.**

RETURN COMPLETED FORM(S) TO :

TOWN OF CROMWELL

SEWER DEPARTMENT @ 41 WEST STREET, CROMWELL, CT 06416

PHONE (860) 632-3430 FAX (860) 632-3477

APPROVED BY: _____ **DATE:** _____

REJECTED BY: _____ **DATE:** _____

COMMENTS: _____

HEALTH DEPARTMENT PLAN REVIEW

- FOR:
1. Addition up or out, 3 Season Rooms, Decks - Fee \$100.00
 2. Garages, Sheds, Pools – Fee \$100.00
 3. New Food Establishments – Fee \$100.00
 4. Commercial Food Establishment Retrofits – Fee \$100.00
 5. Plan Review – Fee \$100.00
 6. Septic Plan Review – Fee \$100.00
 7. Soil Testing – Fee \$120.00 per lot
 8. B100a Review – Fee \$100.00

DATE: _____

STREET: _____

PROPERTY OWNER: _____

TELEPHONE NUMBER: _____

Signature of Owner: _____
Signature of owner

Print name: _____
Print name

Signature of Agent: _____
Signature of Agent

Print name: _____
Print name of Agent

Telephone number of Agent: _____

Email Address: _____

DESCRIBE PROJECT: _____

Please submit any documents that will help in describing your project.
NOTE: The property owner is responsible for providing accurate and appropriate information.
This approval is for Health Department only.

Approve: _____ Date: _____

Rejected: _____ Date: _____

Comments: _____

Plan Review fee \$100.00 _____
Date Check #

Plot Plan of Property
Healthdept/Applications-formshealthdept/HealthDepartPlanReviewApplic