

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

Accessing Application Materials

The Building Department Application can be found online at www.cromwellct.com. These materials can also be found as a hard copy located at the Cromwell Town Hall. Questions, please call (860) 632-3428 between 8:30 and 4:00, M-F.

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 Ground Mount & Pole Mount Only-The following is required IN ADDITION to the requirements for Roof Mounted Solar PV.

- Copy of **Signed** Zoning Approval (860) 632-3422
- Copy of **Signed** Health Department Approval (860) 632-3426
- Copy of **Signed** Sewer Department Approval (860) 632-3430

Building Permit Application and Construction Documents

- Signed statement from land owner approving installation
- Signed Tax approval from the Tax Department (860) 632-3445
- Completed building permit application including total panels and total KW
- Copy of home improvement registration number
- Copy of Electrician's License
- 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
- Worker's Compensation Certificate or Affidavit
- 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

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 the Town of Cromwell, Attn: Building Department, 41 West Street, Cromwell, CT 06416. Applications will not be processed until all fees are submitted. (\$20.00 for 1st 1,000. \$15.00 for each 1,000 or part there of and \$0.26/1,000 for the State Education Fund Fee).

Process of Approval

The below steps indicate the departments in the order of required approvals and the estimated processing time.

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

Inspection Requirements

The owner, builder or contractor shall be responsible for requesting the following inspections: A minimum twenty-four (24) hour advanced notice is needed when requesting inspections. Inspections can be scheduled by contacting the Cromwell Building Department by phone at (860) 632-3428 between 8:30 – 4:00, M-F.

Pole and Ground Mount:

- Inspection to verify depth, diameter, and re-bar, prior to placement of concrete for the piers, per the Licensed Design Professional's Design.
- Final Inspection

Roof Mount

- Final Inspection

BUILDING PERMIT APPLICATION/BUILDING PERMIT- TOWN OF CROMWELL11/2017
04/27/18**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: _____

Home Phone: _____

Cell Phone: _____

Email: _____

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: _____

Email: _____

PURPOSE OF PERMIT: _____**LICENSE NUMBERS:**

Elec. Contractor License _____

Home Improvement Reg. No. _____

Plumbing Contractor License _____

New Home Const. Cont. No. _____

H.V.A.C. Contractor License _____

Swimming Pool Builder No. _____

IRRIGATION: ☐ Waiver Received ☐ Waived - Reason waived: _____
Reviewed by: _____**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: _____

TOWN OF CROMWELL

REQUEST FOR ZONING APPROVAL

**Areas required for review*

*Date of Application ____/____/____

*Address of proposed activity _____

*Applicant Name _____

*Applicant Address _____

*Phone Number: Day _____ Evening _____ Cell _____

*Email: _____

*Owner Name _____

*** TYPE OF WORK**

____ Addition ____ Accessory Building (shed, gazebo) ____ Garage ____ Above Ground Fuel/Gas Tank

____ Sign (indicate: dimension type & quantity) _____

____ Pool ____ Hot Tub ____ Carport ____ Filling ____ Other specify: _____

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

Erosion and Sediment Bond Required ____ Yes ____ N/A E & S Bond # _____ Amount \$ _____

Zoning District _____ Assessor Map# _____ Block# _____ Lot# _____

ZBA Approved ____ Yes ____ N/A Volume _____ Page _____

*Are there Wetlands/Vernal Pools or Watercourses 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 _____ N/A _____

*Living Floor Area: First Floor _____ Second Floor _____ Garage _____ N/A _____

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

For Office use only

Approved by: _____ Date: _____

Rejected by: _____ Date: _____

Condition(s) of approval: _____

CROMWELL ZONING REGULATION §8.2.A- "No building, sign or other structure shall be constructed, reconstructed, altered, extended or enlarged in whole or in part for any purpose until a Zoning Signoff has been issued by the Zoning Enforcement Officer."

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, etc.)

____ 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