

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

## Town of Wethersfield

Building Department, Town of Wethersfield  
505 Silas Deane Hwy. Wethersfield, CT  
06109

Phone 860-721-2839 Fax 860-721-2843

Hours

Mon-Fri 8AM-4:30PM

### Accessing Application Materials

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

### 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.

Click [BLUE text](#) below to jump to required form.

#### Roof Mounted:

- WETHERSFIELD SOLAR PERMIT APPLICATION ([Building Permit](#), [Electric Permit](#)) and the following attachments:
  - Structural evaluation by a professional engineer
  - One-line site plan
  - One-line electrical diagram
  - Solar PV module specification sheets
  - Inverter specification sheets
  - Copy of E-1's electrical license, worker's compensation, and letter of authorization if applicable.
  - [HDC permit application](#) when applicable
- Application fee: \$30.26 per first \$1,000, \$16.26 per Subsequent \$1,000

#### Ground Mounted:

*The following may be required IN ADDITION to the requirements for Roof Mounted Solar PV. Please call for assistance.*

- [Planning and Zoning](#) approval. Zoning Officer will advise. (Office hours: Mon-Fri 8am-4:30pm) 860-721-2835
- [Engineering / Inland Wetland](#) Commission approval. Wetlands Officer will advise. (Office hours: Mon-Fri 8am-4:30pm) 860-721-2850

### Submitting Municipal Permit Applications

Applications must be signed and include payment to be considered complete. Completed applications can be submitted via mail or in person. Applications are circulated internally once submitted to department. Applications will not be processed until all fees are submitted.

### Process of Approval

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

<u>Town Department</u>	<u>Typical Processing Time*</u>	<u>Ground/Pole Mounted</u>	<u>Roof Mounted</u>
<input type="checkbox"/> Historic District (if applicable)	15-30 Days	X	X
<input type="checkbox"/> Engineering / Wetlands	15-30 Days	X	
<input type="checkbox"/> Zoning Department	1-5 Days	X	X
<input type="checkbox"/> Building Department	1-5 Days	X	X

Typically, Building Permits are issued by mail within 3-5 business Days

### Inspection Requirements

Once all permits to construct the solar installation have been issued and the system has been installed, it must be inspected. Typically, one on-site inspection(s) is required for roof mounted systems and two inspections are required for ground and pole mounted systems. Inspections can be scheduled by contacting The Building Department @860-721-2839 Ext. 1. Follow up day-of before 9am for a 1 hour appointment window.

Once the system has passed inspection the Building Dep't will notify Eversource within 1 business day(s).

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

Receipt no. \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

Permit No. \_\_\_\_\_

[ ] check No. \_\_\_\_\_ [ ] Cash

**Town of Wethersfield**

App. Date \_\_\_\_\_

Address of Work \_\_\_\_\_

Parcel no. \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Owner's email \_\_\_\_\_  Residential  Commercial Zone \_\_\_\_\_

Est. Cost \$ \_\_\_\_\_ Contractor/Agent \_\_\_\_\_ Address \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupancy Fee \$ \_\_\_\_\_ Contractor License No. \_\_\_\_\_

Total Fee \$ \_\_\_\_\_ Net area \_\_\_\_\_ No. of Family \_\_\_\_\_ No. Story \_\_\_\_\_

Use Group \_\_\_\_\_ Construction Type \_\_\_\_\_ Size of Lot \_\_\_\_\_

Description of Work \_\_\_\_\_

**NOTE: A MINIMUM (30) DAYS NOTICE TO THE BUILDING DEPARTMENT PRIOR TO THE DATE WHEN A CO IS DESIRED IS REQUIRED SO SITE INSPECTIONS CAN BE SCHEDULED. AGENTS/ CONTRACTORS SIGNATURE INDICATES OWNER'S APPROVAL**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

- Planner
- Eng.
- HDC
- Health
- F.M
- Wet
- Zoning

Receipt no. \_\_\_\_\_ **ELECTRICAL PERMIT APPLICATION** Permit No. \_\_\_\_\_  
[ ] check No. \_\_\_\_\_ [ ] Cash **Town of Wethersfield** App. Date \_\_\_\_\_

The undersigned, hereby applies for a permit to do work according to the following specifications. All provisions of the State Building Code shall be complied with in the installation of this work whether specified herein or not.

Est. Cost \$ _____	Address of Work _____
Fee \$ _____	Owner _____ Address _____
State Fee \$ _____	City _____ State _____ Zip Code _____
Total Fee \$ _____	Owner _____ Owner _____ Phone _____ Email Address _____
	Contractor/ Agent _____ Address _____

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contractor's Email Address \_\_\_\_\_

Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License No. \_\_\_\_\_ Classification \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Telephone No. \_\_\_\_\_ Address \_\_\_\_\_

**Agents/ Contractors signature indicates owner's approval**

**TOWN OF WETHERSFIELD  
HISTORIC DISTRICT COMMISSION**

Application for  
**CERTIFICATE OF APPROPRIATENESS**

OFFICE USE ONLY	OFFICE USE ONLY
Application No. _____	Date Received _____

Application is hereby made for the issuance of a CERTIFICATE OF APPROPRIATENESS for proposed work as described below and as shown on photographs and plans or drawings.

Address of Proposed Work \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
Applicant's Street \_\_\_\_\_ Email REQUIRED \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_  
Owner's Street \_\_\_\_\_ Email REQUIRED \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

Agent or Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ Email REQUIRED \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

**APPLICATION FEE: \$25.00**

**THE FOLLOWING INFORMATION MAY BE REQUIRED (Please consult staff):**

\_\_\_ Photographs/Manuf. Cut Sheets \_\_\_ Plot Plan of Property \_\_\_ Plans/Drawings of proposed work

**EXPLANATION OF APPLICATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

OFFICE USE ONLY	OFFICE USE ONLY
( ) Referred to Historic District Commission for Public Hearing On _____	
( ) Notice of Public Hearing published on _____	

**COMMISSION ACTION**

- |   |   |
|---|---|
| ( ) Application <b>TABLED</b>                           | ( ) Application <b>APPROVED AS SUBMITTED</b>      |
| ( ) Application <b>DENIED</b>                           | ( ) Application <b>APPROVED AS MODIFIED</b>       |
| ( ) Application <b>CONTINUED WITH HEARING LEFT OPEN</b> | ( ) Application <b>APPROVED WITH STIPULATIONS</b> |

Date \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Clerk, Historic District Commission

Signed \_\_\_\_\_  
Clerk, Historic District Commission