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

Town of Middlebury

Building & Land Use Office, Town of Middlebury  
1212 Whittemore Road, Middlebury, CT 06762  
Hours: Monday, Tuesday, Thursday, Friday 8am-4pm, Wednesday 8am-12pm  
Oliver LeDuc, Building Official  
Phone 203-577-4162 Fax 203-598-7640  
[www.middlebury-ct.org](http://www.middlebury-ct.org)

## Accessing Application Materials

All required forms are available in this permit package, on the Building Department's website, and as hard copies in the Land Use Office (Ground Floor). Please call for any 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.

### Roof Mounted:

- MIDDLEBURY BUILDING PERMIT**, and **ELECTRICAL PERMIT**, and the following attachments:
  - Letter of authorization from homeowner
  - 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 and HIC license, worker's compensation, and letter of authorization if applicable
- Application fee: \$49 for first \$3,000 and \$12 per \$1,000 thereafter (project cost should be split between Building and Electrical Permits)

### Ground and Pole Mounted

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

- Submit **ZONING PERMIT APPLICATION**, \$75 fee, site plan, and tax collector signoff. \*New houses require an A-2 survey
- Submit **TORRINGTON AREA HEALTH DISTRICT APPLICATION** and \$35 check payable to TAHD
- If within 150 feet of a wetland, submit a **WETLAND PERMIT APPLICATION** to the wetlands agent at least 8 days prior to the next Conservation Commission meeting (last Tuesday of each month)

## Submitting Municipal Permit Applications

Building/Electrical, Zoning, Health and Wetlands Applications can be submitted to the Building & Land Use Office either **by mail or in person**. Applicants are encouraged to submit applications in coordination with reviewing department office hours for faster approval. Department hours: Health Department Agent (Wed 8-10am), Wetlands Agent (Wed 8am-12pm), Zoning Department (Mon/Wed 9:30am-12pm). Applications will not be processed until the Application Fees are received. The Building & Land Use Office will call applicants if information is missing from the application.

## Process of Approval

All Building, Electrical, and Zoning applications must obtain signoff from Tax Collector's Office (1<sup>st</sup> Floor of Town Hall Monday-Friday 8am-4pm) prior to submitting applications to the Land Use Department. The below steps indicate the departments in the order they require approval and the typical processing time. Once the Land Use Department receives the application, it will be circulated internally for all other signoffs. Applicants are encouraged to consider Department hours when submitting applications for quicker review.

Town Department	Typical Processing Time*	Ground/Pole Mounted	Roof Mounted
<input type="checkbox"/> Tax Collector (Sewer & Tax)	1 Day	✓	✓
<input type="checkbox"/> Conservation Commission (If applicable)	30-60 Days	✓	
<input type="checkbox"/> Building & Land Use (Zoning, Health, Wetlands)	7-10 Days	✓	✓

Building Permits are typically mailed within 1 business day of issuance. Applicants are encouraged to call to check on their permit status.

## 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. Please call Building Department at least 48 hours in advance to schedule inspection. Appointments are given an AM or PM time slot.

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

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





# TOWN OF MIDDLEBURY

1212 Whittemore Road

Middlebury, Connecticut 06762

DEPARTMENT OF BUILDING, HEALTH & LAND USE

## APPLICATION FOR ELECTRICAL PERMIT

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

*For Building Department Use Only*

Estimated Cost of Construction: \$ \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_  
(Labor and Materials)

Tax Collector: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Tel.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*No. & Street City/Town State Zip*

Name of Electrical Contractor: \_\_\_\_\_ Tel.: \_\_\_\_\_

Address: \_\_\_\_\_  
*No. & Street City/Town State Zip*

License #: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### DESCRIPTION OF WORK [Check items which apply]

- New Construction   
  Addition   
  Alteration   
  Accessory Bldg   
  Swimming Pool   
  Security  
*For Residential Only:*   
 Electrical design based on   
 NEC 2011   
 IRC 2009 Electrical Chapters

Item	KW	No.
<input type="checkbox"/> Electric Service	CRS#	
<input type="checkbox"/> Electric Range		
<input type="checkbox"/> Electric Cooktop		
<input type="checkbox"/> Electric Ovens		
<input type="checkbox"/> Air Conditioning		
<input type="checkbox"/> Lighting Circuits		
<input type="checkbox"/> H.V.A.C.		

Item	KW	No.
<input type="checkbox"/> Water Heater		
<input type="checkbox"/> Electric Dryer		
<input type="checkbox"/> Clothes Washer		
<input type="checkbox"/> Oil Burner		
<input type="checkbox"/> Dishwasher		
<input type="checkbox"/> Appliance Circuits		
<input type="checkbox"/> Other		

*NOTE: For non-residential projects, attach itemized schedule of other electrical loads*

**CERTIFICATION:** I hereby certify that the proposed work is authorized by the owner of the property and that I have been authorized by the owner to make this application as an authorized agent. All information contained in the foregoing Application for Building Permit is true and accurate to the best of my knowledge and belief.

*For Building Department Use*

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Telephone*

APPROVED
_____ <i>BO / ABO</i>
_____ <i>Date</i>



**TOWN OF MIDDLEBURY**  
DEPARTMENT OF BUILDING, HEALTH & LAND USE  
1212 Whittemore Road  
Middlebury, Connecticut 06762  
(203) 577-4162 ph (203) 598-7640 fx

**ZONING PERMIT APPLICATION**

DATE: \_\_\_\_\_ APPLICATION NUMBER \_\_\_\_\_  
(Office to Designate)

TAXES PAID \_\_\_\_\_  
(Tax Collector Signature)

**\*\*NOTE: APPLICATION IS NOT COMPLETE UNTIL TAXES AND FEES ARE PAID\*\***

PROPERTY OWNER(S): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S MAILING ADDRESS: \_\_\_\_\_  
( If different than above)

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
( If different than above)

OWNER'S AGENT (IF ANY) NAME & ADDRESS \_\_\_\_\_  
(\*Note: If an owner's agent signs the application, the application must be accompanied by a letter of agency in favor of the agent with the owner's signature and two witnesses\*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CATEGORY OF APPLICATION**

1. CHANGE OF USE OF EXISTING BUILDING OR STRUCTURE \_\_\_\_\_
2. PROPOSED BUILDING OR STRUCTURE AND USE THEREOF \_\_\_\_\_
3. CERTIFICATE FOR A LAWFUL NON-CONFORMITY \_\_\_\_\_
4. USE OF LAND \_\_\_\_\_
5. SPECIAL EXCEPTION \_\_\_\_\_

**PROPERTY DATA**

ZONING DISTRICT \_\_\_\_\_ AREA OF LOT (SQUARE/ACRES) \_\_\_\_\_

ASSESSOR'S MAP NUMBER: \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

# OF EXISTING BUILDINGS AND STRUCTURES ON THE LOT AS INDICATED BELOW:

	TYPE/USE	SQUARE FOOT GROUND COVERAGE
1.	_____ / _____	_____ ;
2.	_____ / _____	_____ ;
3.	_____ / _____	_____ .

THE LOT HAS FRONTAGE OF \_\_\_\_\_ FEET ON ONE OR MORE OF THE FOLLOWING  
IN A FILED SUBDIVISION APPROVED BY THE PLANNING & ZONING COMMISSION WITH A  
COMPLETION BOND IN EFFECT \_\_\_\_\_

**PROPOSED PROJECT**

USE \_\_\_\_\_

DETAILED DESCRIPTION \_\_\_\_\_

NUMBER OF PROPOSED BUILDINGS \_\_\_\_\_

	TYPE/USE	GROUND COVERAGE	HEIGHT	# OF STORIES
1.	_____ / _____	_____ / _____	_____ / _____	_____ / _____
2.	_____ / _____	_____ / _____	_____ / _____	_____ / _____
3.	_____ / _____	_____ / _____	_____ / _____	_____ / _____

LIST ANY ADDITIONAL DATA AND/OR PLANS SUBMITTED WITH THIS APPLICATION

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**APPROVAL OF THIS APPLICATION OR ISSUANCE OF A ZONING PERMIT SHALL NOT BE CONSIDERED TO CONSTITUTE COMPLIANCE WITH ANY OTHER REGULATIONS, ORDINANCE OR LAW OR RELIEVE THE UNDERSIGNED FROM RESPONSIBILITY TO OBTAIN PERMIT THEREUNDER.**

DATE \_\_\_\_\_ APPLICANT'S NAME IN PRINT \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

REASON(S) FOR DENIAL \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(ZONING ENFORCEMENT OFFICER)

**\*WHEN APPLICABLE, APPLICANT'S MUST SUPPLY AN ADDITIONAL  
TEN (10) 11" X 17" COPIES OF SITE PLANS\***

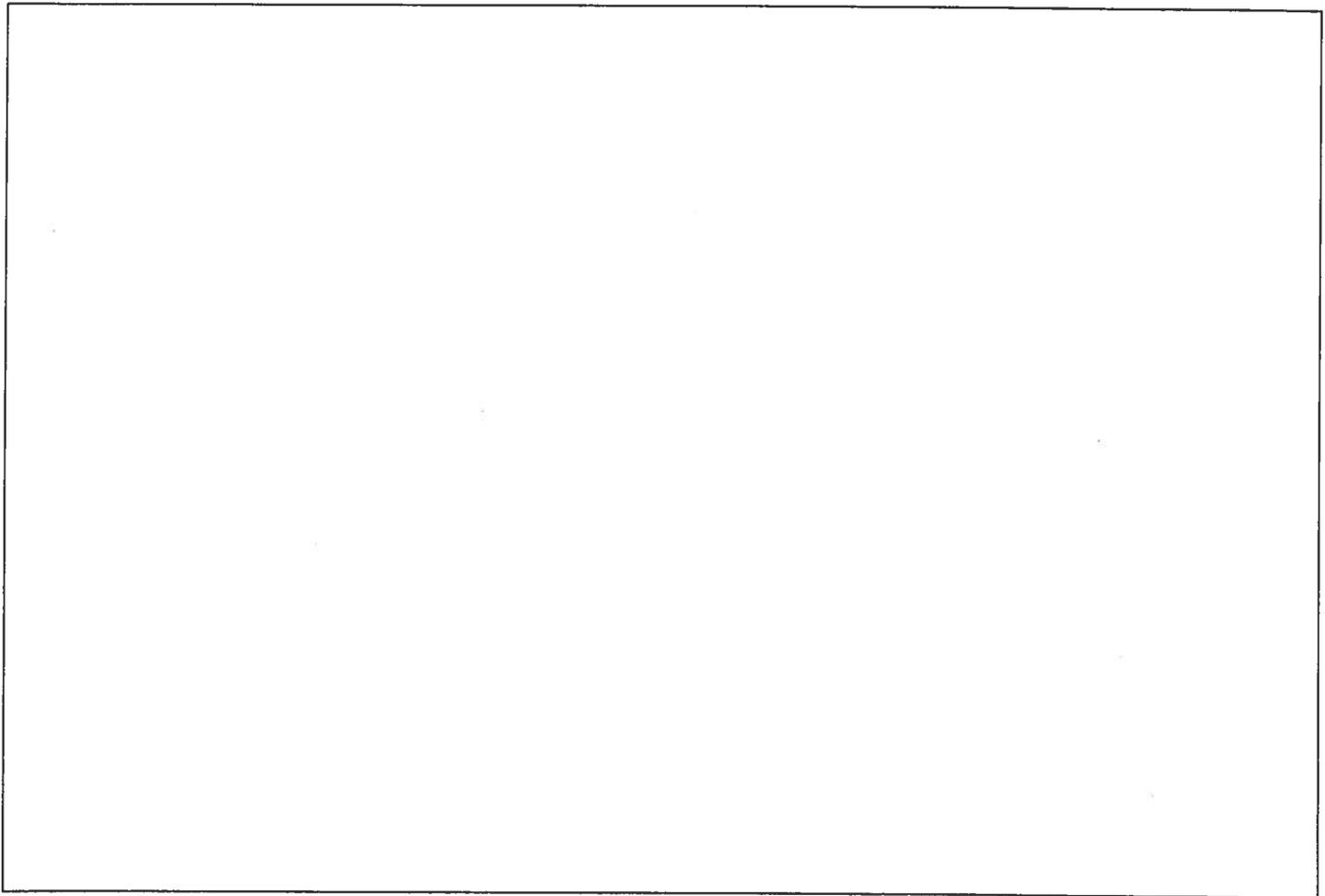
# PLOT PLAN FOR MINOR ACCESSORY STRUCTURES AND ADDITIONS

DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

OWNER OF LAND \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

INTERIOR OR CORNER LOT \_\_\_\_\_ ZONE \_\_\_\_\_

A large, empty rectangular box with a thin black border, intended for the user to draw a plot plan showing minor accessory structures and their setback distances.

**DRAW AN ADDITION OR MINOR ACCESSORY STRUCTURE ON PLOT PLAN  
AND SHOW APPLICABLE SETBACK DISTANCES.**

**INDICATE WELL, SEPTIC OR SEWER LINE AND PROPERTY DISTANCES.**

**THE ZONING OFFICE RESERVES THE RIGHT TO REQUIRE A-2 SURVEYS**



**APPLICATION FOR PERMIT  
MIDDLEBURY CONSERVATION COMMISSION  
MIDDLEBURY, CONNECTICUT**

Application # \_\_\_\_\_  
Date Received \_\_\_\_\_  
Fee Received \_\_\_\_\_  
Received by \_\_\_\_\_

Name of Development \_\_\_\_\_

Location \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Record Property Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

1. Site Development Map should include:  
Total # of acres \_\_\_\_\_ Total # of wetland acres \_\_\_\_\_
- a. Soil types shown and wetland boundaries to be indicated by shading
  - b. Contour lines of five-foot intervals or less
  - c. Existing watercourses both perennial and intermittent
  - d. Appropriate setback line from wetlands and watercourses in distinctive colors
  - e. Proposed relocation of watercourses or location and extent of proposed fill or excavation in all wetlands or regulated areas or watercourses
  - f. Inset parcel location map (scale 1" = 1,000') and north arrow
  - g. Identification of all adjacent property owners and appropriate mailing addresses for Public Hearing only.
  - h. Location of proposed buildings, wells, driveway and septic
  - i. Drainage systems and road profiles

2. Nature and location of proposed activity in regulated areas (appropriate setback inclusive)

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3. Amount of deposition of material in regulated area \_\_\_\_\_
  - a. Type and toxicity of material \_\_\_\_\_
  - b. Vertical height of deposition, including side-slope gradients after construction \_\_\_\_\_
  - c. Amount of excavated material in regulated area \_\_\_\_\_
  - d. Type and toxicity of material \_\_\_\_\_
  - e. Depth of excavation, including side-slope gradients after construction \_\_\_\_\_

4. Include with application the following:
  - a. Soils report
  - b. Hydrology study
  - c. Alternatives considered by the applicant and why the proposal to alter wetlands set forth in the application was chosen (include any mitigation measures)
  - d. Soil Erosion Control Plan

5. It is understood by the applicant that submittal of any additional information may be deemed essential by the Commission. Further, the Agency may require the posting of a performance bond in a sufficient amount to insure the proper completion of the approved activity.

Has an application been previously submitted? If so, under what name and date.

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SIGNATURE OF APPLICANT

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SIGNATURE OF RECORD OWNER(S)

\*NOTE: THE APPLICANT IS RESPONSIBLE FOR OBTAINING ANY FEDERAL, STATE OR LOCAL PERMITS AS REQUIRED BY LAW.

\*\*NOTE: EFFECTIVE JULY 1, 1992, AS AMENDED AUGUST 20, 2003(PUBLIC ACT 03-06) & OCTOBER 1, 2009(PUBLIC ACT 09-03) ALL TOWNS ARE REQUIRED (UNDER PUBLIC ACT 82-235) TO COLLECT A \$60.00 SURCHARGE ON BEHALF OF THE STATE OF CONNECTICUT, D.E.P., FOR ANY PERSON MAKING AN APPLICATION FOR ANY APPROVAL.