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

Town of Avon

Building Department, Town of Avon
60 West Main Street (Route 44), Avon CT 06001
Hours: Monday-Friday 8:30AM - 4:30PM
Building Official: James Sansone
Phone: (860) 409-4316 Fax: (860) 409-4321
www.avonct.gov/building-department

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. 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:

- AVON BUILDING PERMIT, ELECTRICAL PERMIT**, and the following attachments:
 - Zoning Signoff (obtained internally)
 - CT SOLAR PV PERMIT SUPPLEMENT**
 - Structural Review by a professional engineer
 - One-line electrical diagram
 - One-line site plan drawn to-scale with module attachment details
 - 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: \$30 per first \$1,000 and \$15 per \$1,000 thereafter. Project costs should be split 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 Planning & Zoning Office for assistance

- Zoning Signoff on Building Permit: submit site plan on an A2 survey indicating system location. Zoning Officer reviews for wetlands and zoning **setback** compliance
- If within 100 feet of a wetland and significant impact, a **WETLAND PERMIT APPLICATION** and Commission hearing may be required.
- If septic on property, submit **LOCATION APPROVAL APPLICATION** and \$50 fee to FVHD
- If sewer on property, Engineering Department reviews for location of system in relation to sewer and signs off on Building Permit

Submitting Municipal Permit Applications

Location Approval Applications can be submitted via mail or email to info@fvhd.org and paid for by credit card to the Farmington Valley Health District (95 River Road, Suite C, Canton CT 06019). All other permit applications can be submitted to the Building Department by mail or in person and paid for by cash or check only. Applications will be circulated internally for necessary signoffs. The Building Department will call applicant if information is missing or additional steps are required. Applications will not be processed until the Application Fees are received.

Process of Approval

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.

| <u>Town Department</u> | <u>Typical Processing Time*</u> | <u>Ground/Pole Mount</u> | <u>Roof Mount</u> |
|--|---------------------------------|--------------------------|-------------------|
| <input type="checkbox"/> Farmington Valley Health District (if applicable) | 5-7 Days | ✓ | |
| <input type="checkbox"/> Zoning (Wetlands, Engineering) Department | 2-3 Days | ✓ | ✓ |
| <input type="checkbox"/> Building Department | 3-5 Days | ✓ | ✓ |

Approved Building Permits are typically mailed to applicant within 1 business day of issuance (copy sent to homeowner). Applicants are encouraged to call to check on permit status.

Inspection Requirements

Once all permits to construct the solar installation have been issued and the system has been installed, one on-site inspection for roof mounted and two inspections for ground and pole mounted systems are required. Please call Building Department in advance to schedule inspection, typically 10am-12pm or 2pm-4pm. Appointments are given a 2 hour window for appointment time. A copy of the approved plans must be provided at inspection.

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 AVON - Building Department

60 West Main Street Avon Connecticut 06001-3743

Tel: 860.409.4316 Fax: 860.409.4321 Email: BuildingDept@avonct.gov

All work done under this permit must comply with the 2005 Connecticut State Building Code effective December 31, 2005 As Amended

APPLICATION FOR BUILDING PERMIT ONE OR TWO FAMILY DWELLING Information MUST be provided in shaded areas

PERMIT NO. _____

Application and Fee Received By _____

| | | | | | | | | |
|--|----------------|--|------|--|-------------------------|--|-------------------|---|
| LOCATION OF JOB (NO & STREET) | | GIS No. | Zone | Const Type VB | Use Group IRC | Occupancy Residential | CBYD | |
| TITLE | | ADDRESS (No., Street, Town, State, Zip) | | | TEL. | FAX | CELL PHONE | |
| PROPERTY OWNER | | | | | | | | |
| APPLICANT | | | | | | | | |
| BUILDER | REGISTRATION # | | | | | | | |
| ARCHITECT/HOME DESIGNER | LICENSE # | | | | | | | |
| ENGINEER | LICENSE # | | | | | | | |
| CONTACT PERSON | | | | | | | | |
| PERMIT - CHAPT 1 <input type="checkbox"/> Foundation <input type="checkbox"/> Residence <input type="checkbox"/> Garage <input type="checkbox"/> Deck <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Other _____ | | PROJECT TYPE - CHAPT 1 <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Change of Occupancy Other _____ # Dwelling Units _____ | | STORY Bsmt. _____ 1st _____ 2nd _____ 3rd _____ Total _____ Building Height _____ ft | | CHAPTER 2 Gross sq. ft. _____ FIRE SPRINKLERS <input type="checkbox"/> Y <input type="checkbox"/> N INSURANCE C.I. H.O. G.C. S.P. | | PERMIT FEE CALCULATION Phase Est. Value Fee Const _____ Elec. _____ Mech. _____ Plbg. _____ Spnkr. _____ Other _____ Total _____ |
| FRAMING JOIST CHAPTER 5 + 8 Type Size Center Span Live Load Species Grade Sheathing 1st _____ 2nd _____ 3rd _____ Rafter _____ | | | | LOAD BEARING STUD CHAPTER 6 Grade Size Center Height Sheathing _____ _____ _____ _____ | | | | |
| CHAPTER 4 FOOTING Material _____ Size _____ Depth Below Grade _____ | | FOUNDATION CHAPTER 4 Material _____ Height of Unbalanced Fill _____ Thickness _____ | | Private Public Water <input type="checkbox"/> <input type="checkbox"/> Sewerage <input type="checkbox"/> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Y <input type="checkbox"/> N | | DESCRIPTION OF WORK / REMARKS _____ _____ _____ | | |
| All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall become invalid if work does not commence within 180 days after issuance. | | | | | | | | |
| Property Owner Signature | | Date | | Agent Signature | | Date | | |
| | | | | | | B. O. Witness | | |
| | | | | | | Date | | |
| PRE-APPROVAL BY OTHER AGENCIES SIGN DATE SIGN DATE Zoning _____ Water _____ Wetland _____ Sewerage _____ Town Eng. _____ Other _____ | | | | APPROVAL CONSTITUTES ISSUANCE OF THIS ONE OR TWO FAMILY DWELLING PERMIT Plan Reviewed By _____ Date _____ <input type="checkbox"/> Approved as noted <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Building Official _____ Date _____ | | | | |

All work done under this permit must comply with the State of Connecticut Building Code effective

December 31, 2005 AS AMENDED.

NEC Article # _____
IRC Chapter # () _____

APPLICATION FOR ELECTRICAL PERMIT PERMIT NO. _____

TOWN OF AVON

Tel. (860) 409-4316 • Fax (860) 409-4321

60 West Main Street • Avon, Connecticut 06001-3743

Information MUST be provided in shaded areas.

Application Accepted By _____

| | | | | | | | |
|--------------------------------|------|---------|-------------|-----------|-----------|--|------|
| LOCATION OF JOB (NO. & STREET) | FILE | GIS No. | CONST. TYPE | USE GROUP | OCCUPANCY | CODE USED NEC <input type="checkbox"/> IRC <input type="checkbox"/> | CBYD |
|--------------------------------|------|---------|-------------|-----------|-----------|--|------|

| TITLE | ADDRESS (No., Street, Town, State, Zip) | TEL. | FAX | CELL PHONE |
|-----------------------|---|------|-----|------------|
| PROPERTY OWNER | | | | |
| TENANT | | | | |
| APPLICANT | | | | |
| ELECTRICAL CONTRACTOR | LICENSE # | | | |
| ARCHITECT | LICENSE # | | | |
| ENGINEER | LICENSE # | | | |
| INTERIOR DESIGNER | LICENSE # | | | |
| CONTACT PERSON | | | | |

| | | | | |
|---|---|---|---|---|
| PROJECT TYPE <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Tenant Fit Out <input type="checkbox"/> Sign <input type="checkbox"/> Temporary Service <input type="checkbox"/> Service Upgrade <input type="checkbox"/> Generator <input type="checkbox"/> Other _____ | PANELS NEC 408 (IRC 39) No. Amps. Main _____ Sub _____ Sub _____ Other _____ | SERVICE <input type="checkbox"/> UG <input type="checkbox"/> OH Service Entrance Conductor _____ Grounding Electrode Conductor _____ Grounding Electrodes _____ | NEC 230 (IRC 36) Ampacity _____ CONDUCTOR Size _____ Type _____ | PERMIT FEE Estimated Value _____ Fee _____ Paid In Permit No. _____ |
| | LOW VOLTAGE NEC 720 (IRC 43) <input type="checkbox"/> Security <input type="checkbox"/> Fire <input type="checkbox"/> Vacuum <input type="checkbox"/> Communication <input type="checkbox"/> Other _____ | BRANCH CIRCUITS Type No. Amp. CONDUCTOR Size Type Appliance _____ Range _____ General _____ Other _____ Other _____ Lighting _____ Emergency _____ Exit _____ | NEC 210 (IRC 37) Type No. Amp. CONDUCTOR Size Type Individual _____ ARC Fault _____ A.C. _____ Boiler/Furnace _____ Dryer _____ Water Pump _____ Fan Coil _____ Other _____ | OUTLETS No. Of Lights _____ Switches _____ Receptacles _____ GFCI _____ |

All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall become invalid if work does not commence within 180 days after issuance.

Property Owner Signature _____ Date _____

Agent Signature _____ Date _____

DESCRIPTION OF WORK/REMARKS

APPROVAL CONSTITUTES ISSUANCE OF THIS ELECTRICAL PERMIT

Plan Reviewed By _____ Date _____

Approved as noted Approved Disapproved

Building Official _____ Date _____

Permit # [For Jurisdiction Use]: _____

CT Standardized Solar PV Permit Application Supplement

Please fill in the following information and submit ALL applicable attachments.

Date: _____

General Description of Solar PV Array: _____

System Size (kW DC): _____

Solar PV Mounting Information

Mounting Type (roof, pole, ground, other-specify): _____

Mounting System Manufacturer: _____

Product Name and Model #: _____

Building Information (For Roof-Mounted Systems Only)

Building Type (e.g. house, shed, barn, slab): _____

Building Height (in feet): _____

Is the building permitted? Yes No NA

If no, reason: _____

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: _____

Rated 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? _____

Attachments for application (Example Attachments are available for download at www.energizect.com/sunrisene)

- 1. Additional Subcontractors and Information
- 2. One-Line Electrical Drawing
- 3. One-Line Site Plan Drawing
- 4. Attachment Details (Line Drawing)*
- 5. Solar PV Module Specification Sheets From Manufacturer
- 6. Inverter Specification Sheets From Manufacturer
- 7. Pole or Ground Mount Information (if applicable)*
- 8. Structural Evaluation (if required by municipality). See page 3 for documentation requirements.
- 9. Additional Information for Large Solar PV Systems (as Specified by the Municipality)

***NOTE:** Applicants should submit either Attachment 4 for roof-mounted systems OR Attachment 7 for pole/ground-mounted systems, not both.

**TOWN OF AVON
INLAND WETLANDS COMMISSION**

APPLICATION # _____

**APPLICATION FOR DULY AUTHORIZED AGENT APPROVAL OF REGULATED
ACTIVITIES, UNDER SECTION 12 OF THE INLAND WETLAND AND WATERCOURSES
REGULATIONS**

Section 12 of the Town of Avon Inland Wetlands and Watercourses Regulations provides guidance for approval by a Duly Authorized Agent. Applicants are encouraged to discuss the proposed activities with the Duly Authorized Agent PRIOR to using this application process.

1. **APPLICANT**

Name _____
Business Address _____ Phone _____
Home Address _____ Phone _____
Fax _____ Email _____

2. **OWNER(S) OF RECORD**

Name _____
Business Address _____ Phone _____
Home Address _____ Phone _____
Fax _____ Email _____

Name _____
Business Address _____ Phone _____
Home Address _____ Phone _____
Fax _____ Email _____

3. **DESCRIPTION OF PARCEL**

Location _____
Area (acres) _____ (square feet, if less than 2 acres) _____
Parcel I.D. No. _____ Zone _____

4. **PERMIT APPLICATION DESCRIPTION**

Complete attached Page 2.

5. The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his knowledge and belief. Furthermore, the applicant agrees that submission of this application constitutes permission for and consent to Commission and Town Staff inspections of the site of proposed activity.

(Applicant's Signature) (Print or Type Name and Title)

6. The undersigned owner(s) of record consent(s) to the submission of this application and to inspections of the site.

(Owner's Signature) (Print or Type Name)

(Owner's Signature) (Print or Type Name)

LOCATION OF WORK PROPOSED:

Address: _____

Parcel I.D.# : _____

DESCRIPTION OF WORK PROPOSED:

Distance to nearest wetland soil or watercourse:

_____ Feet to wetland soil _____ Total square feet of disturbance

_____ Feet to watercourse _____ Total square feet of proposed structure

Measures proposed by the Applicant to minimize impact on wetland or
watercourse: _____

Title of drawing or sketch included with application:

AUTHORIZED AGENT ACTION: _____

After considering the factors set forth in Section 12 of the Town of Avon Inland Wetlands and
Watercourses Regulations, the Authorized Agent determines the following:

Application Approval: _____ YES _____ NO

If application was not approved the applicant may apply to the Agency for a Permit at its next
regular meeting.

CONDITIONS OF APPROVAL, (if applicable):



Town of Avon Building Department

NEW CONSTRUCTION PERMIT FEE AND VALUE CALCULATION – ONE & TWO FAMILY DWELLINGS

TOWN REGULATION 9-23: Permit fees shall be \$30 for the first \$1,000 of work or part thereof, and an additional \$15 for each additional \$1,000 of work or part thereof.*

| WORK DESCRIPTION | <u>GROSS SQ FT</u> | <u>VALUE SQ FT</u> | <u>GROSS VALUE</u> | <u>FEE</u> |
|--|---------------------------|---------------------------|---------------------------|-------------------|
| <u>Building Permit</u> | | | | |
| Foundation | _____ | \$15 | _____ | _____ |
| First Floor | _____ | \$70 | _____ | _____ |
| Second Floor | _____ | \$70 | _____ | _____ |
| Third Floor | _____ | \$70 | _____ | _____ |
| Attic – Finished | _____ | \$40 | _____ | _____ |
| Basement – Finished | _____ | \$40 | _____ | _____ |
| Covered or Screened Porch | _____ | \$30 | _____ | _____ |
| Deck | _____ | \$20(min.) | _____ | _____ |
| Garage | _____ | \$30 | _____ | _____ |
| Shed | _____ | \$20 | _____ | _____ |
| 3-Season Room | _____ | \$70 | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |
| <i>Construction – Total Value & Fee per Ordinance*</i> | | | | |
| <u>Plumbing Permit</u> | | | | |
| Plumbing for New SFD | _____ | \$5 | _____ | _____ |
| <i>Plumbing – Total Value & Fee per Ordinance*</i> | | | | |
| <u>Mechanical Permit</u> | | | | |
| Heat (Hot Air) | _____ | \$3 | _____ | _____ |
| Air Conditioning | _____ | \$4 | _____ | _____ |
| Heat (Hot Air) & AC | _____ | \$5 | _____ | _____ |
| <i>Mechanical – Total Value & Fee per Ordinance*</i> | | | | |
| <u>Electric Permit</u> | | | | |
| Electric | _____ | \$3 | _____ | _____ |
| <i>Electrical – Total Value & Fee per Ordinance*</i> | | | | |
| Total Project Value (Constr + P+M+E) | | | _____ | _____ |
| | | | * Total Fees: | _____ |



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

SOME IMPORTANT CONSIDERATIONS FOR ADDITIONS/RENOVATIONS, ACCESSORY APARTMENTS AND POOLS.

1) ON SITE SEWAGE DISPOSAL SYSTEM AND WELLS

a) Adequacy of the Lot

Before additions, etc. can be approved an area to repair or expand your septic system must be shown to exist on the property. If soil testing is determined to be necessary, a separate "Site Evaluation Application" must be submitted. A new septic system may not be required if the existing system is functioning adequately, but you must demonstrate the suitability of the site to support a new replacement system in the future if it becomes necessary.

b) Adequacy of septic system

The system must be large enough to support its intended use. Information pertaining to septic system size and type must be provided. Often a change in use can overwhelm an inadequate system. Again, soil testing may be needed to determine whether the site has the capability of supporting the intended use.

c) Location

The septic system location must be determined before the application can be reviewed to ensure that the system will not be damaged during construction. Also, the planned addition must meet the required separating distance to your septic system and **not** be located in an area that may be utilized as a septic area in the future.

2) POOLS AND HOT TUBS

Pool backwash water must not be discharged into household septic systems and must be disposed of in such a way as to prevent nuisance conditions. Septic systems have not been designed to receive large amounts of water from pools or spas.

3) REQUIRED SEPARATING DISTANCES

- Building without footing drain to Septic Tank.....10 Feet
- Building without footing drain to Septic Fields.....15 Feet
- Building with footing drain to Septic & Well.....25 Feet
- Above ground pool to septic system10 Feet
- In-ground pool to Septic System & Well.....25 Feet
- Accessory Structures with frost wall and no footing drains.....10 Feet
- Accessory Structures no frost wall (Decks, Sheds, etc.).....5 Feet



FEE: \$50.00

Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

APPLICATION FOR ADDITION

PROPERTY OWNER: _____ PHONE # (H): _____

ADDRESS _____ TOWN _____ PHONE # (Work/Cell) _____

*CONTRACTOR: _____ PHONE #: _____

* Contractors that conduct renovation, remodeling or paint removal activities on residential houses, apartments and child-occupied facilities built before 1978 **MUST** be EPA certified.

TYPE OF PROPOSAL

Building Addition &/or Interior Renovation (describe) _____

Number of bedrooms in existing house _____ Number of bedrooms after addition _____

Detached Structure Shed Barn Garage Propane Generator Pad Other(describe) _____

Swimming Pool In-ground Above ground (filter type _____) heated y/n Deck provided Yes No

Building Conversion - Change in use (describe) _____

House Teardown, Replacement: Using existing foundation _____ New foundation _____
Bedrooms in existing house _____ # Bedrooms in proposed house _____

PLEASE COMPLETE

Will the addition have: Heat yes no Plumbing yes no Exterior sewer pipe/pump needed? yes no
Interior sewage pump needed? yes no

Full foundation Frost Wall Slab Piers Other _____

Footing Drains yes (show on plan) no Cuts in grade <50' downhill of septic system? yes no

Distance of proposed addition from: Septic tank _____ ft Leaching system _____ ft Well _____ ft

Any sewage backups, overflows or other problems noted with the existing septic system? Yes No

** PROVIDE A SKETCH SHOWING THE LOCATION OF THE ADDITION RELATIVE TO THE WELL & SEPTIC **

FVHD ASSUMES NO RESPONSIBILITY FOR PRESENT/FUTURE OPERATION OF SEPTIC SYSTEM OR FOR ANY DAMAGE TO THE SEPTIC SYSTEM CAUSED BY THE NEW CONSTRUCTION OR ANY NECESSARY TESTING.

I certify that I'm the owner or owner's contractual representative & that the information above is accurate to the best of my knowledge. I also acknowledge that I'm responsible for securing any required approvals from other town/state agencies (Bldg, Wetlands, Zoning, etc.)

Signature _____

DATE _____

THE APPROVAL WILL BE FAXED TO TOWN BLDG DEPT. FVHD WILL CALL ONLY IF QUESTIONS ARISE.

(OFFICE USE ONLY)

FVHD APPROVED _____ DENIED _____ Date: _____

COMMENTS:



Location / Addition Proposal Sketch

ADDRESS _____ **TOWN** _____

Please show the location of the existing building, septic tank, leaching fields and well relative to the proposed construction.

Date: _____