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

---

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

**Town of Southington**

**Accessing Application Materials**

Applications for Solar PV can be completed and submitted online at [https://www.viewmypermitct.org/](https://www.viewmypermitct.org/) through Southington's portal. All required forms are available in this permit package. In addition, Southington’s Electrical Permit Application can be found in person at the Building Department. Zoning Permit Applications and Inland Wetland Applications can be found online or as hard copies in the Zoning Department. Assistance is available to guide you through the permitting process.

**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.

- **SOUTHINGTON ELECTRICAL PERMIT**  
  - Requirements: 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’s electrical license, insurance, worker’s compensation  
  - Application fee: $40 compliance fee and $20.26 for first $1,000 and $15.26 per additional (See fee schedule)

- **GROUND AND POLE MOUNTED**  
  - ZONING PERMIT APPLICATION and $80.00 fee  
  - Submit 5 copies of plot plans. If well or septic system is present, submit 8 copies  
  - If within 200 feet of a wetland, Inlands Wetlands Approval is required. Submit an INLAND WETLAND APPLICATION and $110 fee at least 3 days prior to the Conservation Commission meetings (1st Thurs. of each month at 7pm).

**Submitting Municipal Permit Applications**

Completed applications are encouraged to be submitted online. Once on Southington’s portal, select “Electrical Permit” then “Photovoltaic Solar” as the sub-category to properly begin your application. To apply in person or by mail submit an Electrical Permit Application with the required documents listed above to the Building Department. Completed Zoning Permit Applications and Wetland Applications can be submitted either by mail or in person to the Zoning Department (Mon-Fri 8:30am-4:30pm, Thursdays until 7pm). Applications will not be processed until the Application Fee is received.

**Process of Approval**

The below steps indicate the departments in the order they require approval and the typical processing time. Each department must be contacted separately for approval.

<table>
<thead>
<tr>
<th>Town Department</th>
<th>Typical Processing Time*</th>
<th>Ground/Pole Mounted</th>
<th>Roof Mounted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wetland/Conservation Commission</td>
<td>30 Days</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Zoning</td>
<td>10-14 days</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Building</td>
<td>7-10 days</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Note: Applicants are encouraged to coordinate their Wetland Application submission, if applicable, with the Conservation Commission’s regular meeting schedule for quicker review (1st Thursday of each month at 7pm).

Typically, the applicant will be notified of permit approval via phone or email within 1 business day.

**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 up to two inspections are required for ground and pole mounted systems. Inspections can be scheduled by contacting the Building Department by telephone. Please call the morning of your scheduled inspection for an estimate of your specific appointment time.

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.
### ELECTRICAL PERMIT APPLICATION - TOWN OF SOUTHTON

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>__________ 20__</td>
</tr>
<tr>
<td>Permit No.</td>
<td>Cash</td>
</tr>
<tr>
<td>C.C.</td>
<td>Check#</td>
</tr>
<tr>
<td>Job Location Address:</td>
<td></td>
</tr>
<tr>
<td>Owners Name:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Address:</td>
<td>State: Zip:</td>
</tr>
<tr>
<td>Contractor:</td>
<td>License #:</td>
</tr>
<tr>
<td>Address:</td>
<td>State: Zip:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax: Email:</td>
</tr>
<tr>
<td>Business Name:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Amperage:</td>
<td>__________</td>
</tr>
<tr>
<td>Size of Feeder:</td>
<td>__________</td>
</tr>
<tr>
<td>No Receptacles:</td>
<td>__________</td>
</tr>
<tr>
<td>Communications Cabling:</td>
<td>__________</td>
</tr>
<tr>
<td>Primary Source of Heat:</td>
<td>________ If electric, Required Load Calculation: Provided ________ Wattage: ________</td>
</tr>
</tbody>
</table>

The undersigned has been authorized by the owner of record to perform the electrical work outlined above, hereby applies for a permit to do electrical work in the Town of Southton. All applicable provisions of the National Electrical Code and the local building ordinances will be complied with whether specified herein or not.

Agent/Contractor Signature: _______________________ Owner Signature: _______________________

Approved By: ___________________________ Date Approved: ___________________________
**ZONING PERMIT APPLICATION**

*fee includes $60.00 state fee

**FEE:**
- ☐ residential accessory structure/addition $80.00
- ☐ new construction/commercial/industrial $160.00

<table>
<thead>
<tr>
<th>ZP #__________</th>
</tr>
</thead>
</table>

Applicant name and mailing address (please print)  
____________________________________________________  ___________________________________________________

____________________________________________________  ___________________________________________________

____________________________________________________  ___________________________________________________

Telephone ____________________  Telephone _______________________

**ADDRESS OF PROPERTY:** ___________________________________________________ Zone: ______________

Utilities:  Sewer ____________ Septic System ____________ Well ____________ Town Water ____________

**PROPOSED ACTIVITY:** ____________________________________________________________

Does the proposed activity entail construction or land alteration within 50 feet of a wetland/wet area/waterbody?  YES _____ NO _____

<table>
<thead>
<tr>
<th>APPROVAL</th>
<th>DATE</th>
<th>FILE #</th>
<th>APPROVAL</th>
<th>DATE</th>
<th>FILE #</th>
<th>APPROVAL</th>
<th>DATE</th>
<th>FILE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Permit*</td>
<td>Inland Wetland</td>
<td>Special Exception *</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subdivision</td>
<td>Filling of Floodplain</td>
<td>Home Occupation *</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Plan</td>
<td>Variance</td>
<td>Expansion of Non-Conforming Use*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submit five (5) sets of plot plans, if well or septic eight (8) copies of plot plan required.  *NOTE: Provide one copy of certain approval letters stamped by the Town Clerk and noting the volume and page number of the approval in the land records.

**OFFICE USE ONLY:**

Planner/Inland Wetlands: ____________________________  ____________________________

Zoning Officer: ____________________________  ____________________________

Town Engineer: ____________________________  ____________________________

Health Department: ____________________________  ____________________________

Approved for Zoning Permit. A copy of this approval shall be presented to the Building Official prior to the issuance of a Building Permit.

<table>
<thead>
<tr>
<th>Zoning Enforcement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFICATE OF ZONING COMPLIANCE:**

I hereby certify that all improvements were installed in compliance with the Zoning Permit.

Approved: ____________________________  Denied: ____________________________

Planner/Inland Wetlands: ____________________________  ____________________________

Zoning Officer: ____________________________  ____________________________

Town Engineer: ____________________________  ____________________________

Water Department: ____________________________  ____________________________

Health Department: ____________________________  ____________________________

Approved for Certificate of Zoning Compliance. A copy of this approval shall be presented to the Building Official prior to the issuance of a Certificate of Occupancy.

<table>
<thead>
<tr>
<th>Zoning Enforcement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td></td>
</tr>
</tbody>
</table>

I have received a copy of the ordinance requiring the fencing of pools.

Signed: ____________________________  Print: ____________________________

I:\Planning and Zoning\P & Z forms\zoning permit application rev. 8.14.13.doc

http://www.southington.org
APPLICATION TO CONDUCT REGULATED ACTIVITY WITHIN INLAND WETLAND OR WATERCOURSE
(In accordance to Connecticut General Statutes Section 22a-36 to 22a-45 inclusive, authorized by the Council of the Town of Southington in accordance with an ordinance adopted March 25, 1974.)

Owner Name: ___________________________________________ Telephone: (____ )
Last                                                        First
Owner Address:  __________________________________________  _______________________________________________________________________________________________
Street #                      Street Name                               Town                                              State                                  Zip Code

Applicant Name: __________________________________________ Telephone: (____ )
Last                                                        First
Applicant Address: ________________________________________  _______________________________________________________________________________________________
Street #                      Street Name                               Town                                              State                                  Zip Code

LOCATION OF PROPOSED ACTIVITY:
Street Address: __________________________________________ Total Area of Property: ________________________ acres
Assessor Map # ___________ Parcel # ___________ Lot # ___________ Assessor ID #: __________________
Is activity associated with a proposed subdivision?   Y    N   Subdivision  #: __________________
Is any portion of this property within 500 feet of a Town Boundary?  N  Y  Town: _________________________

REQUESTING PERMISSION TO:  ________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

PROPOSED WETLAND AND BUFFER IMPACTS

<table>
<thead>
<tr>
<th></th>
<th>Existing</th>
<th>Filled or Disturbed</th>
<th>Proposed Mitigation</th>
<th>Net Change (Existing-Disturbed+Mitigation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wetland Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buffer Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL AREA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Official Use Only
IW # __________________
Date of official referral to Conservation Commission: __________________ Fee Received: __________________
Stipulations of Conservation Commission: _____________________________________________________________
_______________________________________________________________________________________________
Action of Agency: ___________________________ Date of Action: ___________________________

Please Circle Units
sq. ft           acres
Detailed Activity Information:

a. Material to be deposited and/or excavated (maximum slope of 2 horizontal / 1 vertical):
   Area of fill: _______________ acres        ______________ square feet
   Volume of fill: ____________ acres        ______________ cubic feet
   Physical composition (texture, components) of material to be deposited:
   ____________________________________________________________________________________

b. Data for existing water body(ies) located on parcel:
   1. Size of ponds or lakes: ___________ acres     ______________ square feet
   2. Maximum depth and, if possible, volume of water:
      Depth: ___________ feet    Volume: ________ cubic feet

c. Location of discharges (if applicable):
   Type: ______________________________
   Frequency: __________________________
   Volume: ___________________ cubic feet
   Chemical composition: ___________________________________

d. Wetland Soil Identification (Please include a detailed map of soil locations):
   Soil type: ___________ Area on site:  __________ acres        ________ square feet
   Soil type: ___________ Area on site:  __________ acres        ________ square feet
   Soil type: ___________ Area on site:  __________ acres        ________ square feet

   Signature of Soil Scientist: ________________________________       Date: ______________________

Measures proposed to protect regulated area from:

a. Erosion and sedimentation: ___________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

b. Leaching of pollutants: _____________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
Measures proposed to protect regulated area from: (continued)

c. Direct discharge of pollutants: _________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

d. Increased flooding and surface runoff hazards: _________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

**Surety Bond:**

Permit approval granted under these regulations, may require the applicant to submit a surety bond with the Agency in a form satisfactory to the Town Attorney and in an amount recommended by the Town Engineer and approved by the Agency as sufficient to guarantee completion of those items specified by the Agency and in conformity with the provisions of these regulations. Such bond shall not be released by the Agency until written certification from the Town Engineer has been received that all of the requirements of these regulations and the Agency have been fully satisfied.

**NOTE:** Activities affecting a wetland and/or a watercourse may also require a permit from the Army Corps of Engineers. Before beginning activities, it is recommended that the applicant check with this Agency:

U.S. Army Corps of Engineers
New England District-Regulatory Division
696 Virginia Road
Concord, MA 01742-2751
1-800-343-4798

The applicant understands that this application is to be considered complete only when all information and documents required by the Agency have been submitted.

The applicant understands town officials may require access to said property to review proposed activity prior to, during the activity, and after the activity has concluded.

Applications shall be submitted to the Agency at least fourteen (14) days prior to its regular meeting in order for the application to be included on the agenda.

The official date of receipt of this application shall be the next regularly scheduled Conservation Commission meeting following the date of submission, provided such meeting is no earlier than three (3) business days after the receipt or thirty-five (35) days after submission, whichever is sooner.

Applicant must complete attached State of Connecticut reporting form.

The undersigned warrants the truth of all statements contained herein and in all supporting documents according to the best of their knowledge and belief.

Signature of Applicant/Owner/Agent: ______________________________ Date: _____________

P:\P & Z forms\inland wetland application.doc