

**Connecticut Standardized Municipal Instructions for Residential Solar Photovoltaic (PV) Permitting**  
*Town of North Haven*

Building Department, Town of North Haven  
 5 Linsley Street, Rm 205, North Haven CT 06473  
 Phone 203-239-5321 Fax 203-234-8375  
 Hours: Monday-Friday 8:30-4:30, Closed 1-2  
 Permit Hours: Monday-Friday 8:30-11:30am ONLY  
[www.northhaven-ct.gov](http://www.northhaven-ct.gov)

**Accessing Application Materials**

The Building/Electrical Permit Application can be completed and paid for online at <https://www.viewmypermitct.org/> through North Haven's portal. The Zoning Permit Application and all other required forms are available in this package or as hard copy in Town Hall. The [Electrical Permit](#), [Building Permit](#), and [B100A Letter](#) can be found online. 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.

Roof Mounted:

- For Zoning Approval, submit **ZONING PERMIT APPLICATION**, Plot plan, and \$60 fee in person to Zoning Department (Monday-Friday 8:30-11:30)
- NORTH HAVEN BUILDING and ELECTRICAL PERMIT APPLICATION** with the following attachments:
  - 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
- \*Include the UI CRS# on the Electrical Application
- Application fee: \$48 per first \$1,000 & \$12 per subsequent \$1,000 (project cost must be calculated at \$4/W)

Ground Mounted:

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

- If septic on property, submit **B100A APPLICATION** to Quinnipiac Valley Health District with plot plan and \$50 fee. QVHD will email approval to applicant and mail to town. Include Health Department approval with zoning application.
- If within 50 feet of Wetlands- contact the Land Use Office for materials and procedures (Commission meetings 4<sup>th</sup> Wednesday of each month)

**Submitting Municipal Permit Applications**

Applications must be signed and include payment to be considered complete. The Zoning Application and check must be submitted in person. Zoning approval can be scanned and submitted online with Building & Electrical permit application or all documents can be submitted in person.

**Process of Approval**

The below steps indicate the departments in the order of required approvals and the typical processing time. Please note, you must visit the Zoning Department with payment before submitting Building & Electrical permit. The Zoning Department will evaluate your application for wetland regulation compliance. \* **NOTE:** Applicants are encouraged to coordinate submission of all applications considering department office hours for quicker review

<u>Town Department</u>	<u>Typical Processing Time</u>	<u>Ground/Pole Mounted</u>	<u>Roof Mounted</u>
<input type="checkbox"/> Quinnipiac Health District (if applicable)	5-10 Days	✓	
<input type="checkbox"/> Zoning Department	7-10 Days	✓	✓
<input type="checkbox"/> Wetlands Commission (if applicable)	30 Days	✓	
<input type="checkbox"/> Building Department	7-10 Days	✓	✓

Typically, the applicant will be notified of Building Permit issuance via phone or email within 2 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. 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 online using ViewPermit or by calling the Building Department. Inspections appointments are made during inspection hours (M W & F 11:45am-3pm) Call day-of for a more specific time.

Once the system has passed inspection the Building Dep't will notify United Illuminating 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 North Haven Electrical Permit Application

DATE: \_\_\_\_\_

Telephone (203)239-5321 Ext. 405

**PROPERTY INFORMATION** Residential Non Residential

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

Bus. Name: \_\_\_\_\_

Unit # \_\_\_\_\_

Floor: \_\_\_\_\_

# Stories \_\_\_\_\_

Building Height: \_\_\_\_\_

S.F. of Unit \_\_\_\_\_

Total Building S.F. \_\_\_\_\_

Fire sprinklers

 YES NOProperty in a Flood Zone YES NOProperty contains Easements YES NOPublic Sewer YES NOPublic Water supply YES NOContains Wetlands YES NOIs work in a Confined Space YES NO

CBYD Number (if required) \_\_\_\_\_

Start Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant is:

 Owner Contractor Other \*see below

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

License # &amp; Type: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

\* Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROJECT INFORMATION** New Construction Addition Renovation Tenant Fit Out Other \_\_\_\_\_ Service

\_\_\_\_ Overhead

\_\_\_\_ Underground

Amps:

Existing \_\_\_\_\_ New \_\_\_\_\_

**WORK ORDER #: required -** Solar

\_\_\_\_ Roof

\_\_\_\_ Ground

 Wiring Generator Low Voltage**Detailed Description of Work:****Permit fees:**Value of Work: \$ \_\_\_\_\_  
(include labor and materials)

Bldg Fee \$ \_\_\_\_\_

Other Fee \$ \_\_\_\_\_

Fire fee \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Total \$ \_\_\_\_\_

OVER

## REQUIRED DOCUMENTS

**Prior to any review process the following must be provided**

- Plot plan/Zoning approval** -To scale/Site plan (detailing the existing &proposed work to be done)or detailed plan of work to be performed (may require an A-2 survey, depending on scope of work)
- Architectural plan** detailing the Existing Building and Proposed work. (1) set to Fire and (2) sets for Building  
Plans must show: Current &proposed use in all spaces including sq feet of proposed work area and total sq feet of Bldg
- Stamped Drawings**       Not required
- Workers' Compensation** or Waiver Affidavit.

**Current Occupancy:** \_\_\_\_\_  
**Proposed Occupancy:** \_\_\_\_\_

Occupancy codes: A-1 to A-5, B, E, F1 or F-2, H-1 to H-5, I-1 to I-14, M, R-1 to R-4, S-1 or S-2. Occupancy classifications are listed in Ch. 3 of the International Building Code. If you are uncertain of the correct occupancy code, please contact your design professional.

**Type of Construction:** \_\_\_\_\_

Construction codes: IA or B, IIA or B, IIIA or B, IV, VA or B  
Types of construction are described in Ch.6 of the International Building Code. If you are unsure of the type of construction, please contact your design professional.

Additional information **MAY** be required depending on the nature of the property and project. If you are unsure whether these are required, please review this list with the Building Inspector.

### APPLICANT :

I hereby certify that I am the Owner of the property which is the subject of this application, or the authorized agent of the property owner and have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the State Building Code or any other code, regulation, ordinance or statute, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief. All permits approved are subject to inspections. In addition I authorize the Town of North Haven to properly dispose of all residential construction plans two (2) years after issuance of the Certificate of Occupancy or Final inspection, unless written request is submitted to the Building Office prior to that time.

<input type="checkbox"/>	_____ APPLICANT SIGNATURE	_____ DATE
<input type="checkbox"/>	_____ Health Department Signature	_____ DATE
<input type="checkbox"/>	_____ Zoning Official Signature	_____ DATE
<input type="checkbox"/>	_____ Town Engineer Signature	_____ DATE
<input type="checkbox"/>	_____ Fire Marshal Signature	_____ DATE
<input type="checkbox"/>	_____ Tax Collector	_____ DATE
<input type="checkbox"/>	_____ Building Official Signature	_____ DATE



# Town of North Haven Building Permit Application

DATE: \_\_\_\_\_

Telephone (203)239-5321 Ext. 405

**PROPERTY INFORMATION** Residential Non Residential

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

Bus. Name: \_\_\_\_\_

Unit # \_\_\_\_\_

Floor: \_\_\_\_\_

# Stories \_\_\_\_\_

Building Height: \_\_\_\_\_

S.F. of Unit \_\_\_\_\_

Total Building S.F. \_\_\_\_\_

Fire sprinklers

 YES NOProperty in a Flood Zone YES NOProperty contains Easements YES NOPublic Sewer YES NOPublic Water supply YES NOContains Wetlands YES NOIs work in a Confined Space YES NO

CBYD Number (if required) \_\_\_\_\_

Start Date: \_\_\_\_\_

**APPLICANT INFORMATION****Applicant is:** Owner Contractor Other

\*see below

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

License # &amp; Type: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

\* Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROJECT INFORMATION** New Construction Addition Renovation Tenant Fit Out Other \_\_\_\_\_

Detailed Description of Work: \_\_\_\_\_

**Building Set Backs (for this project):**

Required:

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side #1: \_\_\_\_\_

#2: \_\_\_\_\_

Lot coverage

%

Provided:

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side #1: \_\_\_\_\_

#2: \_\_\_\_\_

Lot coverage

%

**Permit fees:**Value of Work: \$ \_\_\_\_\_  
(include labor and materials)

Bldg Fee \$ \_\_\_\_\_

Other Fee \$ \_\_\_\_\_

Fire fee \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Total \$ \_\_\_\_\_

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Plans must show: Current & proposed use in all spaces including sq feet of proposed work area and total sq feet of Bldg
- Stamped Drawings**       Not required
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### APPLICANT :

I hereby certify that I am the Owner of the property which is the subject of this application, or the authorized agent of the property owner and have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the State Building Code or any other code, regulation, ordinance or statute, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief. All permits approved are subject to inspections. In addition I authorize the Town of North Haven to properly dispose of all residential construction plans two (2) years after issuance of the Certificate of Occupancy or Final inspection, unless written request is submitted to the Building Office prior to that time.

<input type="checkbox"/>	_____ APPLICANT SIGNATURE	_____ DATE
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<input type="checkbox"/>	_____ Town Engineer Signature	_____ DATE
<input type="checkbox"/>	_____ Fire Marshal Signature	_____ DATE
<input type="checkbox"/>	_____ Tax Collector	_____ DATE
<input type="checkbox"/>	_____ Building Official Signature	_____ DATE



LAND USE DEPARTMENT  
5 Linsley Street, North Haven  
Phone 203-239-5321 ext 440 Fax: 203-234-3986



**APPLICATION FOR ZONING PERMIT  
RESIDENTIAL ADDITIONS, POOLS, AND ACCESSORY STRUCTURES**

ADDRESS OF PROPERTY \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

TYPE & SIZE (dimensions) OF PROPOSED CONSTRUCTION: Deck: \_\_\_\_\_ Pool: \_\_\_\_\_

Shed: \_\_\_\_\_ Garage: \_\_\_\_\_ Addition \_\_\_\_\_ sq. ft. Other \_\_\_\_\_

HEIGHT OF PROPOSED STRUCTURE: \_\_\_\_\_ ft.

FLOOR AREA \_\_\_\_\_ sq. ft. TOTAL FLOOR AREA AFTER COMPLETION \_\_\_\_\_ sq. ft.

TOTAL COVERAGE AFTER COMPLETION OF PROJECT: \_\_\_\_\_ sq. ft. = \_\_\_\_%

**PLEASE SUBMIT WITH COMPLETED APPLICATION:**

1. State of Connecticut DEEP fee: \$60.00
2. A plot plan depicting all existing and proposed structures and offsets to applicable property lines. The ZEO may require an A-2 survey and any additional information necessary to insure compliance with the Regulations.
3. Architectural drawings and elevations with with proposed dimensions.
4. QVHD approval if the property is served by septic and/or well.

WETLANDS ( Y or N ) \_\_\_ FLOODPLAIN ( Y or N ) \_\_\_ QVHD REQUIRED ( Y or N ) \_\_\_

The undersigned states that information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Owner \_\_\_\_\_ Applicant \_\_\_\_\_

PLEASE PRINT

PLEASE PRINT

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Fee Paid \_\_\_\_\_ Received Date \_\_\_\_\_

Permit Granted \_\_\_\_\_ Permit Denied \_\_\_\_\_

ZEO Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT NOTICE:** Zoning permits issued by the Zoning Enforcement Officer may be appealed by an aggrieved party pursuant to Section 8-7 of the CGS and PA 03-144. The permit holder may publish legal notice in a newspaper having substantial circulation in the Town of North Haven in order that potentially aggrieved parties are aware of the decision. Please see reverse for details.



***AN ACT CONCERNING NOTICE OF ZONING DECISIONS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (f) of section 8-3 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2003*):

(f) No building permit or certificate of occupancy shall be issued for a building, use or structure subject to the zoning regulations of a municipality without certification in writing by the official charged with the enforcement of such regulations that such building, use or structure is in conformity with such regulations or is a valid nonconforming use under such regulations. Such official shall inform the applicant for any such certification that such applicant may provide notice of such certification by either (1) publication in a newspaper having substantial circulation in such municipality stating that the certification has been issued, or (2) any other method provided for by local ordinance. Any such notice shall contain (A) a description of the building, use or structure, (B) the location of the building, use or structure, (C) the identity of the applicant, and (D) a statement that an aggrieved person may appeal to the zoning board of appeals in accordance with the provisions of section 8-7, as amended by this act.

Sec. 2. Section 8-7 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2003*):

The concurring vote of four members of the zoning board of appeals shall be necessary to reverse any order, requirement or decision of the official charged with the enforcement of the zoning regulations or to decide in favor of the applicant any matter upon which it is required to pass under any bylaw, ordinance, rule or regulation or to vary the application of the zoning bylaw, ordinance, rule or regulation. An appeal may be taken to the zoning board of appeals by any person aggrieved or by any officer, department, board or bureau of any municipality aggrieved and shall be taken within such time as is prescribed by a rule adopted by said board, or, if no such rule is adopted by the board, within thirty days, by filing with the zoning commission or the officer from whom the appeal has been taken and with said board a notice of appeal specifying the grounds thereof. Such appeal period shall commence for an aggrieved person at the earliest of the following: (1) Upon receipt of the order, requirement or decision from which such person may appeal, (2) upon the publication of a notice in accordance with subsection (f) of section 8-3, as amended by this act, or (3) upon actual or constructive notice of such order, requirement or decision.