

Click **BLUE BOLDED** text below to jump to required form

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

Town of Coventry

Building Department, Town of Coventry
1712 Main Street, Coventry CT 06238
Phone (860) 742-4064 Fax (860) 742-8911
Hours Mon-Wed 8:30am-4:30pm, Thurs 8:30am-6:30pm, Friday 8:30am-1:30pm
Email jcallahan@coventryct.org
Website www.coventryct.org/index.aspx?nid=123

Accessing Application Materials

Coventry's permit application materials are available in this package as well as on the town's website or directly through these links: [Building/Zoning Permit Application](#) and [B100A Application](#). Hardcopies of all forms are available at the Building Department in Town Hall. Please do not submit application through the online portal. It does not properly assign pricing and the documentation required demands for hard copies to be directly sent to the Building and Zoning Department for review and approval.

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 information will be delayed.

Roof Mounted:

- BUILDING / ZONING PERMIT APPLICATION** and the following attachments:
 - One-line electrical diagram (two copies)
 - Building plans and roof description
 - One-line site plan (two copies)
 - Solar PV module specification sheets (two copies)
 - Inverter specification sheets (two copies)
 - Copy of E-1 and HIC license, worker's compensation and letter of authorization of applicable
 - CT STRUCTURAL REVIEW WORKSHEET**
- Application fee payable to Town of Coventry: [\$15 per first \$1,000 or portion thereof] and \$25 Zoning fee.

Ground Mounted:

- *The following is required IN ADDITION to the requirements for Roof Mounted Solar PV. Please call the Building Department for assistance*
- Eastern Highlands Health District approval is required. Submit **B100A APPLICATION**, a site plan indicating system specifications and location in relation to the property, and \$50 fee payable to Town of Coventry.
 - Submit a plot plan indicating system location in relation to property with the **BUILDING / ZONING PERMIT APPLICATION**
 - If within 200 feet of a wetland, contact the Land Use Department for possible additional permit requirements (860) 742-4062

Submitting Municipal Permit Applications

Completed Zoning Permit Applications and Wetland Applications can be submitted by mail or in person to the Zoning Department (Mon-Wed 8:30-4:30, Thurs 8:30-6:30, Fri 8:30-1:30). Applications will not be processed until the Application Fee is received.

Process of Approval

The below steps indicate the departments in the order of required approvals and the typical processing time. Eastern Highlands Health District will notify Coventry of applicant approval.

Town Department	Typical Processing Time*	Ground/Pole Mounted	Roof Mounted
<input type="checkbox"/> Wetlands Commission (if applicable)	30 – 60 Days	✓	
<input type="checkbox"/> Eastern Highlands Health District	5 – 10 Days	✓	
<input type="checkbox"/> Building & Zoning Dep't	3 – 5 Days	✓	✓

Typically, the Building Permit and approved plans are mailed within 1 business day of approval

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 multiple inspections may be required for ground and pole mounted systems. An electrician must be present at the time of the inspection. Inspections are typically scheduled during the morning (10am) or afternoon (2pm) time slots. Call 48 hours in advance to schedule an inspection.

Once the system has passed inspection the Building Department will notify Eversource within 1 business day.

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

APPLICATION FOR PERMIT- TOWN OF COVENTRY, CT

PERMIT # _____

ZONING PERMIT# _____

Permit type- Building Plumbing Mechanical Electrical Gas Zoning

Address of Job (street name and No.#)		
Property Owner	Address (if different)	Telephone #
Applicant/Contractor	Address	Telephone #
Lic.# , Type, Exp. Date	Name & Contact No.# of person to contact for Questions & Upon Approval	

Residential Commercial Industrial Public Specific Use _____ Zone _____

Description of Proposed Activity: _____

SIZE OF PROPOSED STRUCTURE:

of Stories _____ Height _____ Depth _____ Front _____ Total New Floor Area _____
 Lot Size _____

Documents Submitted/ Attached:

Health Permit Building Plans Plot Plans Manufacturer's Literature Heat Loss/Gain
 RESCHECK/COMCHECK

Flood Hazard Zone: _____ Yes _____ No _____ Inland Wetlands/Watercourses _____
 Agency, Commission or Board actions: _____ IWA _____ PZC _____ ZBA

TOTAL CONSTRUCTION VALUE (Contracted Price of Labor & Materials) _____

All work covered by this application have been authorized by the owner or agent of this property and will be done according to all State regulations. This permit will lapse/ expire if work does not commence within six months and is not continuously worked on. I hereby acknowledge that this permit requires inspections from the Building Officials

This permit, if issued, is based upon the plot plan submitted. Falsification by misrepresentation or failure to comply to comply with the conditions of approval of this permit shall constitute a violation of the Town of Coventry Zoning Regulations. Agents of the Town of Coventry are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

 Date Owner or Agent Signature

OFFICE USE ONLY BELOW THIS LINE

<u>VALUE</u>	<u>FEE</u>	<u>APPROVALS/DATE</u>
Construction _____	_____	Zoning _____
<input type="checkbox"/> Electrical		Wetlands _____
<input type="checkbox"/> Plumbing		Fire Marshal _____
<input type="checkbox"/> Heating		Sanitarian _____
Air Conditioning _____	_____	
Health Dept. (Plan / B-100/ Permit/ Soil) _____	_____	
Zoning _____	_____	
Fire Marshal. (Plan review/ Permit) _____	_____	
Demolition _____	_____	
Other _____	_____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
TOTAL _____	_____	_____

USE GROUP _____ TYPE OF CONSTRUCTION _____ Date _____ Building Official _____ TAXES VERIFIED _____

Structural Information

Please fill in the following Roof Description Information

ROOF DESCRIPTION:

Wind Exposure Category (B / C / D):¹ _____

Roofing Type (e.g. asphalt shingle, slate, clay tile, cedar shake, metal seam, single-ply membrane, built-up): _____

Age of roof: _____ Number of Layers: _____

Roof Type (e.g. gable, hipped, flat): _____

Framing Type (e.g. stick-built, trusses): _____

If trusses, list manufacturer, if known: _____

Rafter Material (wood, steel, etc.; if wood, specify rafter species²): _____

Rafter Size (e.g. 2x6): _____ Rafter Spacing (e.g. 16"): _____

Maximum unsupported rafter span: _____ Feet _____ Inches

Ceiling joist or rafter tie size and spacing (e.g. 2x6@16"): _____

Ceiling joist or rafter tie orientation (relative to rafters): parallel perpendicular

Height of ceiling joist or rafter tie measured vertically above top of rafter support walls (enter "0" if ceiling joists are located at the top of the support walls): _____

Height of roof ridge measured vertically above top of rafter support walls: _____

Ridge type (beam or board): _____

Framing Irregularities in vicinity of proposed panel installation (e.g. modifications, skylights, dormers that interrupt rafter spans): _____

Heavy equipment or unusual loads suspended from rafters in the vicinity of proposed panel installation: _____

Other information/Comments: _____

¹ http://publiccodes.cyberregs.com/icod/irc/2009/icod_irc_2009_3_par010.htm

² Obtain species from grade stamps on the rafters. If no grade stamps, assume Spruce-Pine-Fir #2.

Please perform the following Roof Load Calculations

ROOF LOAD CALCULATIONS:

a. Total weight of PV modules, rails, mountings, hardware and wiring _____ Lbs

b. Total number of attachments (mountings) _____ Mountings

c. Weight per attachment point (mounting) a÷b _____ Lbs/Attachment

d. Maximum spacing between adjacent attachment (mounting) points _____ Feet-Inches

e. Total surface area of PV modules (square feet) _____ Ft²

f. Distributed weight of PV modules a÷e _____ Lbs/ft²

