



© Town of Bethany

## TOWN OF BETHANY

Land-Use Administrator

Town Hall – 40 Peck Road

Bethany, Connecticut 06524-3378

Telephone: (203) 393-2100 X 1135 Email: [buildingclerk@bethany-ct.com](mailto:buildingclerk@bethany-ct.com)

April 4, 2024

### Solar Application Process

#### General Instructions

- Permit applications may be submitted in-person or by mail. **DO NOT** email permit applications. **DO NOT** submit incomplete applications. Fees are required at the time of submittal.
- After the Building Officials have completed their review and have approved your permits, we will notify you of any changes in the estimated cost of the project/changes in fees.
- Call the Building Clerk, Veronica Novack, at 203-393-2100 ext. 1135 with any questions regarding the permitting process or for verification of fees.

#### Ground-Mounted PV Systems

- Contact Quinnipiac Valley Health District at 203-248-4528 to obtain health district permits before applying for municipal permits. QVHD will require a site plan.
- Contact the Bethany ZEO to determine if an Inland/Wetlands permit is required. This could take up to 2 months, so please plan accordingly.
- Complete and submit all necessary documentation to the Building & Land Use Department (see below for required documentation).

#### Roof-Mounted Systems

- If structural upgrades to the roof are required, a separate building permit must be submitted.
- Complete and submit all necessary documentation to the Building & Land Use Department (see below for required documentation).

#### Required Documents for all solar PV projects

- Zoning Permit Application
- Building Permit Application
- Electrical Permit Application
- Homeowner's Authorization Form/signed contract
- Copy of contractor's license and proof of workers compensation insurance
- Usage guide for structural review worksheet
- 3 sets of structural plans stamped by an engineer

***AUTHORIZATION AKNOWLEDGMENT  
TO APPLY FOR BUILDING AND  
LAND USE PERMITS.***

***TO: TOWN OF BETHANY  
Town Hall  
Land Use & Building Department  
40 Peck Road  
Bethany, CT 06524***

I certify that I am the owner of record of the named property \_\_\_\_\_ or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, we agree to conform to all applicable laws, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Please check if you Agree.

Signature of Applicant: \_\_\_\_\_



**NOTICE:**

Issuance of this permit states that the applicant has provided sufficient evidence for **Zoning Compliance**. (See Inspection Process form for Certificate of Zoning Compliance information upon completion.)

Applicant must obtain the following signatures. All departments must review the same site and building plans. If a change has occurred in the plans, it is the applicant's responsibility to obtain a new application and begin the process again.

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**QVHD:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Wetlands Enforcement Officer:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Public Works Director:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Tree Warden:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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THIS SECTION IS FOR OFFICE USE ONLY

<u>What's Required?</u>	<u>No</u>	<u>Yes</u>	<u>Rec'd</u>
Owner Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Road Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Process form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bethany Zoning Regulations Section 11 Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 sets of Site Plans - dated: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 set of Building Plans - dated: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood Hazard Zone	<input type="checkbox"/>	<input type="checkbox"/>	
Zoning Certificate of Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetlands Permit			

Reviewed by: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Zoning Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_



**NOTICE:**

- All mechanicals require separate permits and appropriate fees.
- Certificates of Use and Occupancy are required prior to occupancy of a building.

***Permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.***

**APPROVED BUILDING PLANS MUST BE AVAILABLE ON THE JOB SITE AT ALL TIMES.  
POST THIS BUILDING PERMIT SO IT IS VISIBLE FROM THE ROAD.**

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**Zoning Enforcement Officer:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Fire Marshal:**

(Required for Commercial Permits Only)

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**QVHD:**

(Required only if no Zoning Permit Needed)

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**THIS SECTION IS FOR OFFICE USE ONLY**

<u>What's Required?</u>	<u>No.</u>	<u>Yes</u>	<u>Rec'd</u>
Owner Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Process form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Registration or Contractor's License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 sets of Building Plans – dated: _____ (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquent taxes	<input type="checkbox"/>	<input type="checkbox"/>	
Building Certificate of Approval	<input type="checkbox"/>	<input type="checkbox"/>	

**Fees:**

Date Received: \_\_\_\_\_

Amount: \_\_\_\_\_

Received By: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date submitted to Bldg Dept: \_\_\_\_\_

Bldg Permit #: \_\_\_\_\_

Date issued: \_\_\_\_\_



# Building Department

TOWN OF BETHANY

(203) 393-2100 x1116

(203) 393-2100 x1117

## Application for Electrical Permit

Permit No. \_\_\_\_\_

Job Location \_\_\_\_\_ Date \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

Owner(s) Phone \_\_\_\_\_

Kind of Building       New - Residential       Rehab - Residential       Addition - Residential  
 New - Non-residential       Rehab - Non-residential       Addition - Non-residential

Number of Families \_\_\_\_\_

Description of work to be done \_\_\_\_\_

### SERVICE

Amps \_\_\_\_\_ Conductor Size \_\_\_\_\_ Phase \_\_\_\_\_ No. of Meters \_\_\_\_\_ Overhead \_\_\_\_\_  
Underground \_\_\_\_\_ Copper \_\_\_\_\_ Alum \_\_\_\_\_ SEC \_\_\_\_\_ Plastic Pipe \_\_\_\_\_ EMC \_\_\_\_\_

### TYPE OF WIRING

Armor clad (BX)     Non-metallic     EMC     Phone     TV     Alarm     Other \_\_\_\_\_

### CIRCUITS

Heating       Oil       Gas       Electric       Solar       Other \_\_\_\_\_  
Appliances       Water heater       Dishwasher       Clothes Washer       Dryer       Range  
 Water Pump       Other \_\_\_\_\_

Special Circuits \_\_\_\_\_

Number of Outlets \_\_\_\_\_ Number of Circuits \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_ Type \_\_\_\_\_

Cost of Work \_\_\_\_\_ Permit Fee \_\_\_\_\_

Signature of Electrical Contractor \_\_\_\_\_ Approved: \_\_\_\_\_  
Signature of Inspector \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: On request of the issuing authority the applicant shall furnish plans and design information on all systems to be installed under this permit. All work shall comply with the Connecticut State Building Code.