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

Town of Seymour

Building Inspector's Office, Town of Seymour  
1 First Street, Seymour, CT 06483  
Building Inspector Hrs: Mon, Tue, Thur 4pm-6pm  
Secretary Hrs: Mon, Tue, Thur 8:30am-6pm & Wed 8am-5pm, Closed Friday  
Phone 203.888.3545 Fax 203.881.5005  
[www.seymourct.org/Building-Inspector/](http://www.seymourct.org/Building-Inspector/)

## Accessing Application Materials

All required forms are available in this package, online, and as hard copy in the Building Department at Seymour Town Hall. Please call for 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:

- SEYMOUR SOLAR PERMIT APPLICATION** and the following attachments:
  - Tax Assessor & Tax Collector signoff
  - 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 license, worker's compensation, and letter of authorization if applicable
- \*Include system size on front page of application
- Application Fees: Please see the **BUILDING DEPARTMENT PERMIT FEE SCHEDULE**. Project cost much be divided 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 Building Department for assistance

- ZONING PERMIT APPLICATION**, site plan, and \$100 state (Officer Hrs: Mon, Tue, Thurs 4-6pm)
- If septic or well on property, submit a site plan to the Naugatuck Valley Health District to receive signoff. **B100A APPLICATION** and site visit might be required if regulatory compliance is not clear
- Wetland signoff is required with Building/Electrical Permit. If within 100 feet of a wetland, an **INLAND WETLAND COMMISSION APPLICATION** may be required. Wetlands Officer will advise. (Office Hours: Monday, Tuesday, Thursday 4-6pm)

## Submitting Municipal Permit Applications

Applications must be signed and include payment to be considered complete. All signoffs can be collected on the **DEPARTMENT APPROVALS** form from the applicable offices all located in Town Hall. Completed Building/Electrical, Zoning and Wetlands Applications can be submitted via mail or in person (faster) to the Building Department. Applications submitted by mail will be circulated internally for the necessary signoffs. Applicants must visit the necessary offices when submitting applications in person. 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/Commission must be contacted separately for approval.

| <u>Town Department</u>  | <u>Typical Processing Time*</u> | <u>Ground/Pole Mount</u> | <u>Roof Mount</u> |
|---|---------------------------------|--------------------------|-------------------|
| <input type="checkbox"/> Zoning Department                      | 1-5 Days                        | ✓                        |                   |
| <input type="checkbox"/> Tax, Wetlands, Health Signoff          | 1-5 Days                        | ✓                        |                   |
| <input type="checkbox"/> Health Approval or Wetlands Commission | 15-30 Days                      | ✓                        |                   |
| <input type="checkbox"/> Building Department                    | 1-5 Days                        | ✓                        | ✓                 |

Note: Applicants are encouraged to coordinate the timing of application submission with the Building Official hours

Typically, in-person Building Permit applications are issued over-the-counter and mailed-in Building Permits are issued by mail within 3-5 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 is required for roof mounted systems and two inspections are required for ground and pole mounted systems. Call to schedule an inspection. Inspection appointments are scheduled within 48 hours of request. given in 1 hour windows during regular office hours. Follow up day-of for a more specific time.

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



# Office of Building Compliance Town of Seymour, Connecticut Application for Solar Permit



\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Location Street Address

\_\_\_\_\_  
Lot #

\_\_\_\_\_  
Owner's Name (As it appears in Land Records)

\_\_\_\_\_  
Owner's Street Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Street Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
E-1 or HIC License

\_\_\_\_\_  
License #

**Permit Type:**  Building Permit Permit # \_\_\_\_\_ Estimated Cost \_\_\_\_\_ Fee \_\_\_\_\_

Electrical Permit Permit # \_\_\_\_\_ Estimated Cost \_\_\_\_\_ Fee \_\_\_\_\_

CRS#: \_\_\_\_\_ **TOTAL** \_\_\_\_\_

Structure within the 100-year flood plain?  Yes  No Structural Upgrades?  Yes  No

**Remarks:**

\_\_\_\_\_  
**Construction Type:**  Residential  Commercial  Industrial

\_\_\_\_\_  
**Use Group(s):** \_\_\_\_\_

\_\_\_\_\_  
**Mixed Use:**  Yes  No  Separated  Non-separated

\_\_\_\_\_  
**Height of Building:** Stories: \_\_\_\_\_ Feet: \_\_\_\_\_

\_\_\_\_\_  
**Total Sq. Ft. of Building:** \_\_\_\_\_

\_\_\_\_\_  
**Engineer's Information:** (Attach as applicable) License # \_\_\_\_\_

\_\_\_\_\_  
**General Description of Solar PV Array:** \_\_\_\_\_

\_\_\_\_\_  
**System Size (kW DC):** \_\_\_\_\_

Roof Mount  Ground Mount  Pole Mount  Other, specify: \_\_\_\_\_

**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: \_\_\_\_\_

Related 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? \_\_\_\_\_

**Documents Submitted/Attached:**

- Additional Subcontractors and Information
- One Line Site Plan Drawing
- Solar PV Module Specification Sheets from Manufacturer
- Structural Evaluation by licensed design professional
- Additional Information for Large Solar PV Systems \_\_\_\_\_
- One Line Electrical Drawing
- Attachment Details (Line Drawing)
- Inverter Specification Sheets from Manufacturer
- Pole or Ground Mount Information (if applicable)

**Certification:**

I hereby 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 and 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. I further grant authorization to a representative of the Town of Seymour to enter the property on this application to conduct the required inspections per CT State Building code and that there are no environmental issues or hazards in the proposed work.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

**For Building Official's Use Only**

|  |                    |
|--|--------------------|
| Completed Application Received Date: _____ | Permit #: _____    |
| Other Fees (State of CT): _____            | Permit Use: _____  |
| Certificate of Occupancy Fee: _____        | Permit Fee: _____  |
| Total Fee:   Cash   Check   _____          | Review Date: _____ |
| Check #: _____                             |                    |

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Signature of Building Official

**BUILDING PERMIT FEE SCHEDULE**

| Rev 1/14     |        |       |       |        |              |          |       |       |          |
|--------------|--------|-------|-------|--------|--------------|----------|-------|-------|----------|
| Cost of Work | FEE    | State | CO    | TOTAL  | Cost of Work | FEE      | State | CO    | TOTAL    |
| 1,000.00     | 50.00  | 5.00  | 50.00 | 105.00 | 51,000.00    | 534.00   | 30.00 | 50.00 | 614.00   |
| 2,000.00     | 50.00  | 5.00  | 50.00 | 105.00 | 52,000.00    | 544.00   | 30.00 | 50.00 | 624.00   |
| 3,000.00     | 54.00  | 5.00  | 50.00 | 109.00 | 53,000.00    | 554.00   | 30.00 | 50.00 | 634.00   |
| 4,000.00     | 64.00  | 5.00  | 50.00 | 119.00 | 54,000.00    | 564.00   | 30.00 | 50.00 | 644.00   |
| 5,000.00     | 74.00  | 5.00  | 50.00 | 129.00 | 55,000.00    | 574.00   | 30.00 | 50.00 | 654.00   |
| 6,000.00     | 84.00  | 5.00  | 50.00 | 139.00 | 56,000.00    | 584.00   | 30.00 | 50.00 | 664.00   |
| 7,000.00     | 94.00  | 5.00  | 50.00 | 149.00 | 57,000.00    | 594.00   | 30.00 | 50.00 | 674.00   |
| 8,000.00     | 104.00 | 5.00  | 50.00 | 159.00 | 58,000.00    | 604.00   | 30.00 | 50.00 | 684.00   |
| 9,000.00     | 114.00 | 5.00  | 50.00 | 169.00 | 59,000.00    | 614.00   | 30.00 | 50.00 | 694.00   |
| 10,000.00    | 124.00 | 5.00  | 50.00 | 179.00 | 60,000.00    | 624.00   | 30.00 | 50.00 | 704.00   |
| 11,000.00    | 134.00 | 10.00 | 50.00 | 194.00 | 61,000.00    | 634.00   | 35.00 | 50.00 | 719.00   |
| 12,000.00    | 144.00 | 10.00 | 50.00 | 204.00 | 62,000.00    | 644.00   | 35.00 | 50.00 | 729.00   |
| 13,000.00    | 154.00 | 10.00 | 50.00 | 214.00 | 63,000.00    | 654.00   | 35.00 | 50.00 | 739.00   |
| 14,000.00    | 164.00 | 10.00 | 50.00 | 224.00 | 64,000.00    | 664.00   | 35.00 | 50.00 | 749.00   |
| 15,000.00    | 174.00 | 10.00 | 50.00 | 234.00 | 65,000.00    | 674.00   | 35.00 | 50.00 | 759.00   |
| 16,000.00    | 184.00 | 10.00 | 50.00 | 244.00 | 66,000.00    | 684.00   | 35.00 | 50.00 | 769.00   |
| 17,000.00    | 194.00 | 10.00 | 50.00 | 254.00 | 67,000.00    | 694.00   | 35.00 | 50.00 | 779.00   |
| 18,000.00    | 204.00 | 10.00 | 50.00 | 264.00 | 68,000.00    | 704.00   | 35.00 | 50.00 | 789.00   |
| 19,000.00    | 214.00 | 10.00 | 50.00 | 274.00 | 69,000.00    | 714.00   | 35.00 | 50.00 | 799.00   |
| 20,000.00    | 224.00 | 10.00 | 50.00 | 284.00 | 70,000.00    | 724.00   | 35.00 | 50.00 | 809.00   |
| 21,000.00    | 234.00 | 15.00 | 50.00 | 299.00 | 71,000.00    | 734.00   | 40.00 | 50.00 | 824.00   |
| 22,000.00    | 244.00 | 15.00 | 50.00 | 309.00 | 72,000.00    | 744.00   | 40.00 | 50.00 | 834.00   |
| 23,000.00    | 254.00 | 15.00 | 50.00 | 319.00 | 73,000.00    | 754.00   | 40.00 | 50.00 | 844.00   |
| 24,000.00    | 264.00 | 15.00 | 50.00 | 329.00 | 74,000.00    | 764.00   | 40.00 | 50.00 | 854.00   |
| 25,000.00    | 274.00 | 15.00 | 50.00 | 339.00 | 75,000.00    | 774.00   | 40.00 | 50.00 | 864.00   |
| 26,000.00    | 284.00 | 15.00 | 50.00 | 349.00 | 76,000.00    | 784.00   | 40.00 | 50.00 | 874.00   |
| 27,000.00    | 294.00 | 15.00 | 50.00 | 359.00 | 77,000.00    | 794.00   | 40.00 | 50.00 | 884.00   |
| 28,000.00    | 304.00 | 15.00 | 50.00 | 369.00 | 78,000.00    | 804.00   | 40.00 | 50.00 | 894.00   |
| 29,000.00    | 314.00 | 15.00 | 50.00 | 379.00 | 79,000.00    | 814.00   | 40.00 | 50.00 | 904.00   |
| 30,000.00    | 324.00 | 15.00 | 50.00 | 389.00 | 80,000.00    | 824.00   | 40.00 | 50.00 | 914.00   |
| 31,000.00    | 334.00 | 20.00 | 50.00 | 404.00 | 81,000.00    | 834.00   | 45.00 | 50.00 | 929.00   |
| 32,000.00    | 344.00 | 20.00 | 50.00 | 414.00 | 82,000.00    | 844.00   | 45.00 | 50.00 | 939.00   |
| 33,000.00    | 354.00 | 20.00 | 50.00 | 424.00 | 83,000.00    | 854.00   | 45.00 | 50.00 | 949.00   |
| 34,000.00    | 364.00 | 20.00 | 50.00 | 434.00 | 84,000.00    | 864.00   | 45.00 | 50.00 | 959.00   |
| 35,000.00    | 374.00 | 20.00 | 50.00 | 444.00 | 85,000.00    | 874.00   | 45.00 | 50.00 | 969.00   |
| 36,000.00    | 384.00 | 20.00 | 50.00 | 454.00 | 86,000.00    | 884.00   | 45.00 | 50.00 | 979.00   |
| 37,000.00    | 394.00 | 20.00 | 50.00 | 464.00 | 87,000.00    | 894.00   | 45.00 | 50.00 | 989.00   |
| 38,000.00    | 404.00 | 20.00 | 50.00 | 474.00 | 88,000.00    | 904.00   | 45.00 | 50.00 | 999.00   |
| 39,000.00    | 414.00 | 20.00 | 50.00 | 484.00 | 89,000.00    | 914.00   | 45.00 | 50.00 | 1,009.00 |
| 40,000.00    | 424.00 | 20.00 | 50.00 | 494.00 | 90,000.00    | 924.00   | 45.00 | 50.00 | 1,019.00 |
| 41,000.00    | 434.00 | 25.00 | 50.00 | 509.00 | 91,000.00    | 934.00   | 50.00 | 50.00 | 1,034.00 |
| 42,000.00    | 444.00 | 25.00 | 50.00 | 519.00 | 92,000.00    | 944.00   | 50.00 | 50.00 | 1,044.00 |
| 43,000.00    | 454.00 | 25.00 | 50.00 | 529.00 | 93,000.00    | 954.00   | 50.00 | 50.00 | 1,054.00 |
| 44,000.00    | 464.00 | 25.00 | 50.00 | 539.00 | 94,000.00    | 964.00   | 50.00 | 50.00 | 1,064.00 |
| 45,000.00    | 474.00 | 25.00 | 50.00 | 549.00 | 95,000.00    | 974.00   | 50.00 | 50.00 | 1,074.00 |
| 46,000.00    | 484.00 | 25.00 | 50.00 | 559.00 | 96,000.00    | 984.00   | 50.00 | 50.00 | 1,084.00 |
| 47,000.00    | 494.00 | 25.00 | 50.00 | 569.00 | 97,000.00    | 994.00   | 50.00 | 50.00 | 1,094.00 |
| 48,000.00    | 504.00 | 25.00 | 50.00 | 579.00 | 98,000.00    | 1,004.00 | 50.00 | 50.00 | 1,104.00 |
| 49,000.00    | 514.00 | 25.00 | 50.00 | 589.00 | 99,000.00    | 1,014.00 | 50.00 | 50.00 | 1,114.00 |
| 50,000.00    | 524.00 | 25.00 | 50.00 | 599.00 | 100,000.00   | 1,024.00 | 50.00 | 75.00 | 1,149.00 |

**BUILDING PERMIT FEE SCHEDULE**

| Cost of Work | FEE      | State | CO     | TOTAL    | Cost of Work | FEE      | State  | CO     | TOTAL    |
|--------------|----------|-------|--------|----------|--------------|----------|--------|--------|----------|
| 101,000.00   | 1,034.00 | 55.00 | 75.00  | 1,164.00 | 151,000.00   | 1,534.00 | 80.00  | 100.00 | 1,714.00 |
| 102,000.00   | 1,044.00 | 55.00 | 75.00  | 1,174.00 | 152,000.00   | 1,544.00 | 80.00  | 100.00 | 1,724.00 |
| 103,000.00   | 1,054.00 | 55.00 | 75.00  | 1,184.00 | 153,000.00   | 1,554.00 | 80.00  | 100.00 | 1,734.00 |
| 104,000.00   | 1,064.00 | 55.00 | 75.00  | 1,194.00 | 154,000.00   | 1,564.00 | 80.00  | 100.00 | 1,744.00 |
| 105,000.00   | 1,074.00 | 55.00 | 75.00  | 1,204.00 | 155,000.00   | 1,574.00 | 80.00  | 100.00 | 1,754.00 |
| 106,000.00   | 1,084.00 | 55.00 | 75.00  | 1,214.00 | 156,000.00   | 1,584.00 | 80.00  | 100.00 | 1,764.00 |
| 107,000.00   | 1,094.00 | 55.00 | 75.00  | 1,224.00 | 157,000.00   | 1,594.00 | 80.00  | 100.00 | 1,774.00 |
| 108,000.00   | 1,104.00 | 55.00 | 75.00  | 1,234.00 | 158,000.00   | 1,604.00 | 80.00  | 100.00 | 1,784.00 |
| 109,000.00   | 1,114.00 | 55.00 | 75.00  | 1,244.00 | 159,000.00   | 1,614.00 | 80.00  | 100.00 | 1,794.00 |
| 110,000.00   | 1,124.00 | 55.00 | 75.00  | 1,254.00 | 160,000.00   | 1,624.00 | 80.00  | 100.00 | 1,804.00 |
| 111,000.00   | 1,134.00 | 60.00 | 75.00  | 1,269.00 | 161,000.00   | 1,634.00 | 85.00  | 100.00 | 1,819.00 |
| 112,000.00   | 1,144.00 | 60.00 | 75.00  | 1,279.00 | 162,000.00   | 1,644.00 | 85.00  | 100.00 | 1,829.00 |
| 113,000.00   | 1,154.00 | 60.00 | 75.00  | 1,289.00 | 163,000.00   | 1,654.00 | 85.00  | 100.00 | 1,839.00 |
| 114,000.00   | 1,164.00 | 60.00 | 75.00  | 1,299.00 | 164,000.00   | 1,664.00 | 85.00  | 100.00 | 1,849.00 |
| 115,000.00   | 1,174.00 | 60.00 | 75.00  | 1,309.00 | 165,000.00   | 1,674.00 | 85.00  | 100.00 | 1,859.00 |
| 116,000.00   | 1,184.00 | 60.00 | 75.00  | 1,319.00 | 166,000.00   | 1,684.00 | 85.00  | 100.00 | 1,869.00 |
| 117,000.00   | 1,194.00 | 60.00 | 75.00  | 1,329.00 | 167,000.00   | 1,694.00 | 85.00  | 100.00 | 1,879.00 |
| 118,000.00   | 1,204.00 | 60.00 | 75.00  | 1,339.00 | 168,000.00   | 1,704.00 | 85.00  | 100.00 | 1,889.00 |
| 119,000.00   | 1,214.00 | 60.00 | 75.00  | 1,349.00 | 169,000.00   | 1,714.00 | 85.00  | 100.00 | 1,899.00 |
| 120,000.00   | 1,224.00 | 60.00 | 75.00  | 1,359.00 | 170,000.00   | 1,724.00 | 85.00  | 100.00 | 1,909.00 |
| 121,000.00   | 1,234.00 | 65.00 | 75.00  | 1,374.00 | 171,000.00   | 1,734.00 | 90.00  | 100.00 | 1,924.00 |
| 122,000.00   | 1,244.00 | 65.00 | 75.00  | 1,384.00 | 172,000.00   | 1,744.00 | 90.00  | 100.00 | 1,934.00 |
| 123,000.00   | 1,254.00 | 65.00 | 75.00  | 1,394.00 | 173,000.00   | 1,754.00 | 90.00  | 100.00 | 1,944.00 |
| 124,000.00   | 1,264.00 | 65.00 | 75.00  | 1,404.00 | 174,000.00   | 1,764.00 | 90.00  | 100.00 | 1,954.00 |
| 125,000.00   | 1,274.00 | 65.00 | 75.00  | 1,414.00 | 175,000.00   | 1,774.00 | 90.00  | 100.00 | 1,964.00 |
| 126,000.00   | 1,284.00 | 65.00 | 75.00  | 1,424.00 | 176,000.00   | 1,784.00 | 90.00  | 100.00 | 1,974.00 |
| 127,000.00   | 1,294.00 | 65.00 | 75.00  | 1,434.00 | 177,000.00   | 1,794.00 | 90.00  | 100.00 | 1,984.00 |
| 128,000.00   | 1,304.00 | 65.00 | 75.00  | 1,444.00 | 178,000.00   | 1,804.00 | 90.00  | 100.00 | 1,994.00 |
| 129,000.00   | 1,314.00 | 65.00 | 75.00  | 1,454.00 | 179,000.00   | 1,814.00 | 90.00  | 100.00 | 2,004.00 |
| 130,000.00   | 1,324.00 | 65.00 | 75.00  | 1,464.00 | 180,000.00   | 1,824.00 | 90.00  | 100.00 | 2,014.00 |
| 131,000.00   | 1,334.00 | 70.00 | 75.00  | 1,479.00 | 181,000.00   | 1,834.00 | 95.00  | 100.00 | 2,029.00 |
| 132,000.00   | 1,344.00 | 70.00 | 75.00  | 1,489.00 | 182,000.00   | 1,844.00 | 95.00  | 100.00 | 2,039.00 |
| 133,000.00   | 1,354.00 | 70.00 | 75.00  | 1,499.00 | 183,000.00   | 1,854.00 | 95.00  | 100.00 | 2,049.00 |
| 134,000.00   | 1,364.00 | 70.00 | 75.00  | 1,509.00 | 184,000.00   | 1,864.00 | 95.00  | 100.00 | 2,059.00 |
| 135,000.00   | 1,374.00 | 70.00 | 75.00  | 1,519.00 | 185,000.00   | 1,874.00 | 95.00  | 100.00 | 2,069.00 |
| 136,000.00   | 1,384.00 | 70.00 | 75.00  | 1,529.00 | 186,000.00   | 1,884.00 | 95.00  | 100.00 | 2,079.00 |
| 137,000.00   | 1,394.00 | 70.00 | 75.00  | 1,539.00 | 187,000.00   | 1,894.00 | 95.00  | 100.00 | 2,089.00 |
| 138,000.00   | 1,404.00 | 70.00 | 75.00  | 1,549.00 | 188,000.00   | 1,904.00 | 95.00  | 100.00 | 2,099.00 |
| 139,000.00   | 1,414.00 | 70.00 | 75.00  | 1,559.00 | 189,000.00   | 1,914.00 | 95.00  | 100.00 | 2,109.00 |
| 140,000.00   | 1,424.00 | 70.00 | 75.00  | 1,569.00 | 190,000.00   | 1,924.00 | 95.00  | 100.00 | 2,119.00 |
| 141,000.00   | 1,434.00 | 75.00 | 75.00  | 1,584.00 | 191,000.00   | 1,934.00 | 100.00 | 100.00 | 2,134.00 |
| 142,000.00   | 1,444.00 | 75.00 | 75.00  | 1,594.00 | 192,000.00   | 1,944.00 | 100.00 | 100.00 | 2,144.00 |
| 143,000.00   | 1,454.00 | 75.00 | 75.00  | 1,604.00 | 193,000.00   | 1,954.00 | 100.00 | 100.00 | 2,154.00 |
| 144,000.00   | 1,464.00 | 75.00 | 75.00  | 1,614.00 | 194,000.00   | 1,964.00 | 100.00 | 100.00 | 2,164.00 |
| 145,000.00   | 1,474.00 | 75.00 | 75.00  | 1,624.00 | 195,000.00   | 1,974.00 | 100.00 | 100.00 | 2,174.00 |
| 146,000.00   | 1,484.00 | 75.00 | 75.00  | 1,634.00 | 196,000.00   | 1,984.00 | 100.00 | 100.00 | 2,184.00 |
| 147,000.00   | 1,494.00 | 75.00 | 75.00  | 1,644.00 | 197,000.00   | 1,994.00 | 100.00 | 100.00 | 2,194.00 |
| 148,000.00   | 1,504.00 | 75.00 | 75.00  | 1,654.00 | 198,000.00   | 2,004.00 | 100.00 | 100.00 | 2,204.00 |
| 149,000.00   | 1,514.00 | 75.00 | 75.00  | 1,664.00 | 199,000.00   | 2,014.00 | 100.00 | 100.00 | 2,214.00 |
| 150,000.00   | 1,524.00 | 75.00 | 100.00 | 1,699.00 | 200,000.00   | 2,024.00 | 100.00 | 100.00 | 2,224.00 |



# Office of Building Compliance Town of Seymour, Connecticut Application for Zoning Permit

PERMIT #: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Location Street Address

\_\_\_\_\_  
Lot #

\_\_\_\_\_  
Owner's Name (As it appears in Land Records)

\_\_\_\_\_  
Owner's Street Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Street Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
Owner/Contractor/General Contractor

\_\_\_\_\_  
CT Registration #

|                      |   |               |            |
|----------------------|---|---------------|------------|
| <b>Project Type:</b> | Relocation                                    | Change of Use | Demolition |
|                      | Is structure within the 100-year flood plain? | Yes           | No         |

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

**Purpose of Permit Type:** \_\_\_\_\_

New Construction: \_\_\_\_\_

Commercial      Residential

Addition: \_\_\_\_\_

Commercial      Residential

Pool: \_\_\_\_\_

Above-Ground      In-Ground

Garage: \_\_\_\_\_

Detached      Portable

Sign: \_\_\_\_\_

Temporary      Permanent

Cert. of Occupancy: \_\_\_\_\_

Erosion Control Plan: \_\_\_\_\_

Excavation: \_\_\_\_\_

Adult Living/In-Law: \_\_\_\_\_

Decks: \_\_\_\_\_

Sheds: \_\_\_\_\_

Demo: \_\_\_\_\_

Generators: \_\_\_\_\_

Change of Use: \_\_\_\_\_

Special Permit: \_\_\_\_\_

**TOTAL** \_\_\_\_\_

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

Submitted Plan: \_\_\_\_\_

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**A-2 Survey:**      Required                      Not Required                      Plot Plan Required

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**Construction Type:**      Residential                      Commercial                      Industrial

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**Zone Designation:**      \_\_\_\_\_                      **Permitted Use:**      \_\_\_\_\_

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**Mixed Use:**                      Yes                      No                      Separated                      Non-separated

---

**Total Sq. Ft. of Building:** \_\_\_\_\_ **Distorted Area:** \_\_\_\_\_

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**Approvals:**  
                    Zoning                      Zoning Appeal Board                      Wetlands                      Health Dept.

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**Engineer's Information:** (Attach as applicable) License # \_\_\_\_\_

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**Surveyor Information:** (Attach as applicable) Registration # \_\_\_\_\_

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**Documents Submitted/Attached:**

Zoning                      Building Plans                      Site Plans                      Building Sections                      Building Elevations                      Health Dept.  
Reports                      Calculations                      Details                      Photographs                      Threshold Review                      Insurance Cert.  
Correspondence                      Authorization of Applicant Other than Owner                      Manufacturer's Literature  
Statement of Special Inspections                      Other (describe) \_\_\_\_\_

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**Certification:**

I hereby 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 and 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.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

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**For Zoning Official's Use Only**

**Completed Application Received Date:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

**Other Fees (State of CT):** \_\_\_\_\_ **Permit Use:** \_\_\_\_\_

**Plan Review Fee** \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_

**Certificate of Occupancy Fee:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_

**Total Fee:**      Cash      Check      \_\_\_\_\_

**Check #:** \_\_\_\_\_

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Signature of Zoning Official

**INFORMATION FOR COMPLETING APPLICATION  
FOR BUILDING ADDITION, CONVERSION  
OR ACCESSORY STRUCTURE**

For all applications requiring health district approval including building conversions, building additions, decks, swimming pools, etc.

1. Complete page one of application form and submit with review fee of \$170.
2. Provide a plot plan of the property showing property lines, existing and proposed footprint of house, location of septic system and well (if applicable).
3. For habitable space, provide a floor plan showing existing space as well as the proposed addition.
4. If there are no records of the septic system and/or soil testing for the property, you will be required to perform soil testing at your expense. A soil testing fee of \$165 will apply.
5. If soil testing is required, at least one deep test hole (minimum 6 ft. depth) and percolation hole (post hole size – 18-24” deep) must be dug on the property. Contact the sanitarian for suggested locations for these holes and for an appointment to observe the testing.
6. **PLEASE ALLOW AT LEAST THREE (3) – FIVE (5) WORKING DAYS FOR YOUR APPLICATION TO BE REVIEWED.**

Your proposal may not be approved if it cannot be demonstrated that a code compliant repair of the septic system can be made on the lot.

**REQUIRED SEPARATING DISTANCES**

|   |        |
|---|--------|
| Accessory structures, open decks, sheds, gazebos, etc. on tubes or piers to any part of the septic system.  | 5 ft.  |
| Accessory structures constructed with a full wall frost protected footing to any part of the septic system. | 15 ft. |
| Building with no footing drains to any part of the septic system.   | 15 ft. |
| Building with footing drains to any part of the septic system or well.                                      | 25 ft. |
| Above ground pool to any part of the septic system.   | 10 ft. |
| In-ground pool to any part of the septic system.  | 25 ft. |



**NAUGATUCK VALLEY HEALTH DISTRICT**

**98 Bank Street**

**Seymour, CT 06483**

**Phone (203) 881-3255 Fax (203) 881-3259**

**APPLICATION FOR BUILDING ADDITION, CONVERSION OR ACCESSORY STRUCTURE**

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Location: \_\_\_\_\_

Lot #: \_\_\_\_\_ Town: \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_

Other Contact: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fees:  
\$170 Application Review    Date Paid: \_\_\_\_\_    Receipt #: \_\_\_\_\_

Soil Testing Required?    ( ) Yes    ( ) No

\$165 Soil Testing Fee    Date Paid: \_\_\_\_\_    Receipt #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_    Date: \_\_\_\_\_

---

**OFFICE USE ONLY**

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAUGATUCK VALLEY HEALTH DISTRICT**  
**APPLICATION FOR BUILDING ADDITION, CONVERSION OR ACCESSORY STRUCTURE**

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NOTE: A SCALED DIAGRAM OF THE PROPOSED ADDITION OR ACCESSORY STRUCTURE IN RELATION TO EXISTING STRUCTURES, PROPERTY LINES, SEPTIC SYSTEM AND WATER SOURCE MUST BE SHOWN ON ATTACHED DETAILED PLOT PLAN. PROPOSED BUILDING PLANS MUST ALSO BE SUBMITTED WITH THIS APPLICATION.

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Town: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Type of Application:**

\_\_\_\_\_ Building Conversion, Change in Use (Winterization)

\_\_\_\_\_ Building Addition

\_\_\_\_\_ Accessory Structure, Attached or Detached Garage, Below or Above Ground Pool

\_\_\_\_\_ Lot Division, Lot Line Change, Lot Reduction

**Give a Brief Description of Proposed Application:** (performing winterization; type and number of rooms being added; square footage of house addition; and, type of structures to be added, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Existing Structure:**

Residential \_\_\_\_\_ Non-Residential \_\_\_\_\_ If Non-Residential Describe \_\_\_\_\_  
Number of Oversized Tubs (>99 gal.) \_\_\_\_\_ Gallons \_\_\_\_\_  
Footing or Foundation Drains Present? \_\_\_\_\_ (Yes or No)  
Water Supply: Private Well \_\_\_\_\_ Public Water \_\_\_\_\_

**Existing Septic System:**

Year System was installed? \_\_\_\_\_ New or Repair \_\_\_\_\_  
Size of Septic Tank \_\_\_\_\_ gals. Size and Type of Leaching System: \_\_\_\_\_  
Curtain Drain? ( )Yes or ( )No Has any soil testing been performed on the property? ( )Yes or ( )No  
If yes, when and by whom: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Appl. Fee Pd: \_\_\_\_\_  
(Owner or Duly Authorized Representative) (Over)

**NAUGATUCK VALLEY HEALTH DISTRICT**  
**APPLICATION FOR BUILDING ADDITION, CONVERSION OR ACCESSORY STRUCTURE**  
**(Continued)**

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**FOR OFFICE USE ONLY**

Is soil testing information available for this property? ( )Yes ( )No; If no, is soil testing required?  
( )Yes ( )No

Building Conversion. Change in Use: Applicable \_\_\_\_\_ Not Applicable: \_\_\_\_\_

Has a code complying area been determined for this property? ( )Yes ( )No

Will the proposed change result in greater than 50% increase in design flow? ( )Yes ( )No  
If yes, will the property owner be required to expand the existing septic system? ( )Yes ( )No

Building Addition: Applicable \_\_\_\_\_ Not Applicable: \_\_\_\_\_

Has a code complying area been determined for this property? ( )Yes ( )No

If a code complying area is not shown, the application must meet the following conditions:

1. Replacement area provides at least 50% of required effective leaching area.
2. Replacement area provides 50% of MLSS requirements.
3. The addition does not reduce the potential repair area.
4. The addition does not increase the design flow of building.
5. Separating distance to well is maintained

Notes \_\_\_\_\_

Will the proposed change result in greater than 50% increase in design flow? ( )Yes ( )No  
If yes, will the property owner be required to expand the existing septic system? ( )Yes ( )No

Accessory Structure, Attached or Detached Garages, Below or Above Ground Pool:

Applicable \_\_\_\_\_ Not Applicable \_\_\_\_\_

Has a code complying area been determined for this property? ( )Yes ( )No

If a code complying area is not shown, the application must meet the following conditions:

1. Accessory structure, etc. does not reduce the potential repair area.
2. The separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements

Notes \_\_\_\_\_

Lot Division, Lot Line Change, Lot Reduction: Applicable \_\_\_\_\_ Not Applicable: \_\_\_\_\_

Has a code complying area been determined for this property? ( )Yes ( )No

Has a code complying primary and reserve area been determined for the newly created lot? ( )Yes ( )No

**DECISION:**

Approved/Not Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Diagram of proposal (plot plan) shall be attached.



# SEYMOUR INLAND WETLANDS COMMISSION

A. APPLICATION PERMIT FOR:

- o Activity in, impact to/disturbance of wetland, watercourse and/or setback area.
- o Approval for wetland/watercourse delineation and/or road layout.
- o Approval of Site Plan.

B. NOTIFICATION: To Planning and Zoning, Building, and/or Health Department that no Inland Wetlands permit is required due to "No Impact" (Approval by IW Enforcement Officer).

PLEASE PRINT CLEARLY OR TYPE

1. APPLICANTS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

2. PROPERTY OWNERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

(IF DIFFERENT THEN APPLICANT, IF NOT OWNER ATTACH LETTER OF CONSENT)

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

3. LOCATION OF SITE: MAP: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ SUBDIVISION NAME: \_\_\_\_\_

4. TOTAL SIZE OF SITE IN ACRES OR DIMENSION OF SITE: \_\_\_\_\_

5. PROPOSED USE/ACTIVITY/ALTERATION: \_\_\_\_\_

6. TOTAL ACREAGE/DIMENSIONS OF WETLANDS/WATERCOURSES ON SITE: \_\_\_\_\_

7. WETLANDS IMPACTED (SF): \_\_\_\_\_ UPLAND REVIEW AREA IMPACTED (SF): \_\_\_\_\_

8. AMOUNT OF MATERIAL TO BE REMOVED: \_\_\_\_\_ DEPOSITED: \_\_\_\_\_

9. DATE OF SIGNED MAP (LATEST REVISION DATE ONLY): \_\_\_\_\_

10. NAMES/ADDRESSES OF ADJOINING PROPERTY OWNERS, LETTERS OF CONSENT, IF OBTAINED AND A COPY OF NECESSARY EASEMENTS. NUMBER OF ATTACHMENTS: \_\_\_\_\_

11. EST. TIME FOR PROJ. COMPLETION: \_\_\_\_\_ PROJ. COST \$: \_\_\_\_\_ NAME OF LIABILITY INSURANCE \_\_\_\_\_

PLEASE READ: FEES ARE DUE ON SUBMISSION OF APPLICATION. CHECKS PAYABLE TO "SEYMOUR INLAND WETLANDS COMMISSION" ANY STATE FEES CHECKS PAYABLE TO "TOWN OF SEYMOUR".

THE UNDERSIGNED: 1) UNDERSTANDS THAT SUBMISSION IS COMPLETE ONLY WHEN ALL REQUIRED FEE, NECESSARY INFORMATION, SUPPORTING DOCUMENTS, MAPS, PLANS, ETC. HAS BEEN SUBMITTED. 2) WARRANTS THAT ALL INFORMATION SUBMITTED HEREIN, INCLUDING ALL MATERIAL AND SUPPORTING DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE 3) GRANTS PERMISSION FOR THE INLAND WETLANDS AGENCY TO CONDUCT SITE INSPECTIONS AND INVESTIGATE ALL INFORMATION PROVIDED FOR THIS APPLICATION.

Signature of Applicant/Agent \_\_\_\_\_ Date: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY AGENCY

Date Application Received/Accepted: \_\_\_\_\_ Fees Received \_\_\_\_\_ Receipt No. \_\_\_\_\_

Other Material Received: \_\_\_\_\_

Disposition and Date: \_\_\_\_\_

Date of Final Approved Map: \_\_\_\_\_ Expiration Date of Permit \_\_\_\_\_



## SEYMOUR INLAND WETLANDS COMMISSION

### FEE SCHEDULE

Application Fees are not refundable.

No permit will be issued until all fees are paid.

Failure to pay fees, or part thereof, constitutes grounds for denial. The Inland Wetlands Agency may settle a time limit for additional fee payment.

All fees are to be paid prior to Certificate of Occupancy sign-off. The Agency may require payment by cash, check, or certified check made payable to: "Seymour Inland Wetland Commission".

Each building lot site plan is considered a separate application and requires separate fees.

The Town of Seymour's Boards, Commissions, etc. are exempt from fee requirements (except state fees). The Agency may, in its sole discretion, waive all or part of its scheduled fees.

PLEASE NOTE: The applicant will be required to cover the costs of special consultants for legal, engineering/ technical, and/ or environmental reviews, as deemed necessary by the Agency, at any time during the period from initial review through final site inspection.

#### IWC FEES: NOTE SEVERAL FEES MAY APPLY

| SITE SIZE  | Less Than<br>1 acre        | Total Fees Due |
|--|----------------------------|----------------|
| Application Fee (Includes initial inspection)  | \$60.00                    |                |
| Declaration of no activity in regulated area: no Inland Wetland Permit is required                   | No extra fee               |                |
| <b>Wetland Delineation review:</b>   |                            |                |
| Each dry acre (or part thereof):   | \$50.00                    |                |
| Each wetland/ watercourse acre (or part thereof):  | \$100.00                   |                |
| Minimum fee:   | \$350.00                   |                |
| Actual activity in wetland/ watercourse (or part thereof):   | Per 1,000 sq. ft. \$300.00 |                |
| Actual activity in upland review area (or part thereof):   | Per 1,000 sq. ft. \$150.00 |                |
| Minimum Fee:   | \$450.00                   |                |
| Road layout: (If wetland/ watercourse delineation previously approved; If no inspection is required) | \$200.00                   |                |
| Per lot:   |                            |                |
| Revised Map: (returning following a previous approval)   | \$50.00                    |                |
| Final Site Inspection: (C.O. sign off)   | Per lot: \$50.00           |                |
| Public Hearing:  | \$500.00                   |                |
| Each continuance of Public Hearing:  | \$200.00                   |                |
| Payable to: "Seymour Inland Wetland Commission"  | Total:                     |                |
| State Fees:  | \$30.00                    |                |

*Handwritten:* \$20.00

| Copies of:  | Fees     |
|---|----------|
| Minutes, additional copies of permits, etc. (per page)            | \$ 0.50  |
| Seymour Inland Wetlands and Watercourses Regulations              | \$ 10.00 |
| Maps copied at Town Clerk's Office paid to that office (per page) | \$ 5.00  |



## SEYMOUR INLAND WETLANDS COMMISSION

### Inland Wetland Enforcement

#### VIOLATIONS:

- A. Failure to install and maintain silt control measures – silt fence, hay bales, riprap, plantings, etc.
- B. Filling in regulated area -- wetland swamp/ stream
- C. Clearing brush -- cutting trees adjacent to or upslope from wetlands or watercourses
- D. Diverting, damming or otherwise changing the course of a watercourse
- E. Discarding or allowing litter and debris to enter wetland or conservation area
- F. Discharge of silt, colloidal material, chemicals, polluted materials and other materials into a wetland or stream
- G. Changing actual locations of buildings (and/or driveways, utilities, slopes) from location on approved application
- H. Failure to maintain sediment control measures after construction is completed
- I. Failure to install conservation wetland boundary markers
- J. Relocation, removal or destruction of boundary markers
- K. Planting non-native or invasive plants in wetlands or conservation area

#### FINE STRUCTURE:

- |    |  |  |
|----|--|--|
| 1. | Minor infractions:   | \$50.00  |
| 2. | Repeat infractions:  | \$150.00   |
| 3. | Cease and desist on building permit plus per day fine, remedial costs for clean up and cost of repairs of damage to wetlands | \$150.00 per day   |
| 4. | Per day charge for major infractions which cause public and environmental safety and/or irreversible damage                  | \$1,000.00 per day   |
| 5. | Post Construction Stormwater Ordinance   | \$5000.00 and/or imprisonment not exceeding one (1 year )or both                                     |
| 6. | Illicit Discharge Ordinance  | \$1,000.00 per incident/day and/or imprisonment for a period of time not to exceed thirty (30) days. |

BONDING: To be determined by Town Attorney and Town Engineer on a site by site basis

I have read and understand the above enforcement rules: \_\_\_\_\_  
Applicant

**Town of Seymour  
Office of Town Building Inspector  
Application for Building Permit  
Department Approvals (Solar)**

**1. Applicant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Building Use:** \_\_\_\_\_  
**Energy Conservation Code:** \_\_\_\_\_

**2. Assessor's Office: Joe Kusiak (203) 881-5013 List#** \_\_\_\_\_  
***PROPERTY ADDRESS MUST BE CONFIRMED WITH ASSESSOR'S OFFICE***  
**Property Location: Owner:** \_\_\_\_\_  
**Street# Street Name** \_\_\_\_\_ **Dev. Lot** \_\_\_\_\_  
**Assessor's Map/Lot** \_\_\_\_\_

**3. Tax Collector: Dana Flach (203) 888-0517**  
***TAX OFFICE IS LOCATED DOWN AND ACROSS FROM ASSESSOR'S OFFICE***  
There are no delinquent taxes due on the above property  
**Date:** \_\_\_\_\_ **Tax Collector** \_\_\_\_\_

**For Ground or Pole Mounted Solar Systems:**

**4. Zoning Approval: Bill Paecht (203) 881-5007 Bob Looker (203) 881-5008**  
A. Plot Plan A-2 Survey submitted \_\_\_\_\_  
Plot Plan A-2 not required \_\_\_\_\_  
B. Zoning Board of Appeals  
\_\_\_\_\_ ZBA approval not required. Project meets all zoning requirements.  
\_\_\_\_\_ Variances approved by ZBA at meeting of \_\_\_\_\_  
C. Planning and Zoning Commission  
\_\_\_\_\_ Use allowed by administrative approval. Zoning permit is attached.  
\_\_\_\_\_ Site plan and/or special permit approved by P&Z Commission  
on \_\_\_\_\_  
**Date:** \_\_\_\_\_ **ZEO or Town Planner** \_\_\_\_\_

**5. Inland Wetlands and Aquifer Protection Approval:**  
**Bob Looker (203) 881-5008 Hours Monday, Tuesday, Thursday 4-6:00pm**  
A. Based on review of the Inland Wetlands Map, record subdivision plan, site plan or other data, the project does not involve a regulated activity \_\_\_\_\_  
B. Project Approved by Inland Wetlands Commission on \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Agent for Wetlands:** \_\_\_\_\_

**6. Naugatuck Valley Health District (Food Service or Day Care)**  
**(203) 881-3255**  
The plans submitted are in conformance with the applicable health regulations.  
**Date:** \_\_\_\_\_ **NVHD** \_\_\_\_\_