



Town of Preston  
 Building Department  
 389 Route 2  
 Preston, CT 06365

# Building Permit Application

\_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Thomas Weber, Building Official [Building@preston-ct.org](mailto:Building@preston-ct.org) (860) 887-5581 Ext. 130  
 Leigh Pappas, Admin. Assistant [Lpappas@preston-ct.org](mailto:Lpappas@preston-ct.org) (860) 887-5581 Ext. 103

## Property Location of Work To Be Completed At

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_ License # \_\_\_\_\_  
 Description of Work To Be Completed \_\_\_\_\_

## Estimated Cost of Labor & Materials \$

	Quantity	New	Replacement	Description Details/ Dimensions
Doors				
Pool/ Spa				
Roofing				Remove Existing? ___ Yes ___ No
Shed				
Siding				
Solar				
Windows				
Structural Changes?		___ Yes	___ No	

### Signature of Owner or Authorized Agent: (initial appropriate box below and sign)

The applicant certifies and agrees as follows: 1. \_\_\_ I am the owner of record of the named property or \_\_\_ the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent 2. the information is correct; 3. that the project will comply with all regulations of the Town of Preston which are applicable hereto: 4. that they will only perform work on the above property specifically described in this application: 5. that they grant Town Officials the right to enter onto the property for the purpose of inspecting the work permitted.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*All work must be done in accordance with requirements of the current State of Connecticut Building Code, Ordinances and Regulations as adopted by the Town of Preston.*

## Zoning Enforcement Use Only

Application is hereby made for a Zoning Permit for the purposes described herein and shown on the accompanying plans. Work is to commence no earlier than 7:00 AM Weekdays and 9:00 AM on Weekends. Applicants for permitted residential dwellings or additions such as buildings shall submit a plot plan, drawn to scale, on a separate piece of paper (See example provided as part of this application). A permit issued on the basis of this application certifies conformance with the Zoning Regulations of the Town of Preston.

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

ZEO Comment \_\_\_\_\_

## Office Use Only

Application Received in Building Department on
(Date Stamp)

Building	
Electrical	
Mechanical	
Plumbing	
Zoning	

Valuation	
Education Fee	
Total Fees Due	
Cash/Check #	
Permit # ISSUED	



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Electrical  Mechanical  Plumbing

Residential  Commercial

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## Property Location of Work To Be Completed At

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Description of Work To Be Completed \_\_\_\_\_

## Estimated Cost of Labor & Materials \$

	Fuel Type	New	Replacement	Make/ Model #/ Description
Air Conditioning				
Boiler				
Chimney/ Flue				
Fireplace				
Furnace				
Generator				
Above Ground/ Buried Tank				

### Signature of Owner or Authorized Agent: (initial appropriate box below and sign)

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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ZEO Comment \_\_\_\_\_

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(Date Stamp)

Building	
Electrical	
Mechanical	
Plumbing	
Zoning	

Valuation	
Education Fee	
Total Fees Due	
Cash/Check #	
Permit # ISSUED	

Permit # [For Jurisdiction Use]: \_\_\_\_\_

## CT Standardized Solar PV Permit Application Supplement

Please fill in the following information and submit ALL applicable attachments.

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

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

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

### Solar PV Mounting Information

Mounting Type (roof, pole, ground, other-specify): \_\_\_\_\_

Mounting System Manufacturer: \_\_\_\_\_

Product Name and Model #: \_\_\_\_\_

### Building Information (For Roof-Mounted Systems Only)

Building Type (e.g. house, shed, barn, slab): \_\_\_\_\_

Building Height (in feet): \_\_\_\_\_

Is the building permitted?  Yes  No  NA

If no, reason: \_\_\_\_\_

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

Rated 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? \_\_\_\_\_

**Attachments for application** (See instructions on the next page. Example Attachments are available for download at [www.energizect.com/sunrisene](http://www.energizect.com/sunrisene))

- 1. Additional Subcontractors and Information
- 2. One-Line Electrical Drawing
- 3. One-Line Site Plan Drawing
- 4. Attachment Details (Line Drawing)\*
- 5. Solar PV Module Specification Sheets From Manufacturer
- 6. Inverter Specification Sheets From Manufacturer
- 7. Pole or Ground Mount Information (if applicable)\*
- 8. Structural Evaluation (if required by municipality). See page 3 for documentation requirements.
- 9. Additional Information for Large Solar PV Systems (as Specified by the Municipality)

\*NOTE: Applicants should submit either Attachment 4 for roof-mounted systems OR Attachment 7 for pole/ground-mounted systems, not both.

## Instructions for ATTACHMENTS to the Connecticut Standardized Solar PV Permit Application

Please Complete the Application Form (page 1) and provide all applicable Attachments based on the below instructions for Attachments 1-8. Attachment 8 is a Structural Evaluation to be completed if required by the municipality. Additional information required by a municipality for large solar PV systems can be submitted as a 9<sup>th</sup> Attachment. Example Attachments (e.g. sample drawings) can be found at [www.energizect.com/suntisene](http://www.energizect.com/suntisene).

### Each Attachment—Subcontractor List and

#### Drawings —Must Include:

- Date
- Property Owner
  - Name
  - Address
  - Contact phone number
- Installation Company
  - Name of company and contact person
  - Address
  - Contact phone number
- Drawing number and Revision number or other control method
- Drawing designer

#### Attachment 1. Additional Subcontractor List (If Needed, as per Permit Application)

#### Attachment 2. One-Line Electrical Drawing Must Show:

- Size of electrical service
  - Size of Main Breaker
  - Size of Bus Bar (If Known)
- Type of electrical service
- If interconnection point is a subpanel
  - Size of Subpanel Main Breaker
  - Size of Subpanel Bus Bar (If Known)
- Nominal power of solar system (Watts)
  - DC Capacity: Nameplate "STC" Value of all panels, watts
  - AC Capacity: Total AC capacity of Inverters, watts
- Batteries (If Present): Type, Quantity, Nominal Voltage, Capacity kWh
  - H<sub>2</sub> mitigation methods (If Necessary)

#### (Attachment 2 continued)

- Interconnection method
  - Size of overcurrent protection
- Number, type and electrical configuration of solar panels
- Number and type of Inverters
- Values for source stickers: NEC 690.53; NEC 690.54 (Encouraged, Not Required)
- Wiring methods
  - Wire Type(s), Size
  - Conduit Type(s), Size
- Solar metering (If Appropriate)
- Electrical current contribution from all PV sources
- Electrical grounding details: Wire Type, Size, GEC

#### Attachment 3. One-Line Site Plan Drawing Must Show:

- Location of solar panels
- Location of Inverters and major equipment
- Location of roof obstructions (Vents, Chimneys, etc.)
- Location of Main Breaker Panel
- Location of Utility Meter
- Location of AC disconnect
- Location of batteries and/or charge controllers (If Appropriate)
- Location of solar metering (If Appropriate)
- Planned conduit path (Encouraged, Not Required)
- Gross dimensions of structure (If Appropriate)
- Approximate layout of building or other structure (If Appropriate)
- Property lines, zoning, and setback considerations (If Appropriate)
- Trenching details: Location, Depth and Length of Trench (If Appropriate)
- A notation indicating scale —or not to scale (Both are Acceptable)

## Instructions for ATTACHMENTS to the Connecticut Standardized Solar PV Permit Application

### Attachment 4. Attachment Details for Roof-Mounted Systems (Line Drawing) Must Show:\*

- Racking System
  - Manufacturer of racking structure
  - Model
  - Type
- Flashing description
- Fastener detail
  - Type of fasteners, e.g. Lag Screws, Seam Clamps, Ballast
    - If Lag Screws include:
      - (1) Type (e.g. Zinc, Stainless steel)
      - (2) Size of Lag
      - (3) Depth of Thread Penetration
      - (4) Type of Sealant (e.g. caulk)
- Mitigation of Dissimilar Metals
  - Describe how any dissimilar metals will be isolated

### Attachment 5. Solar PV Module Specification Sheets (provide PDF from manufacturer)

### Attachment 6. Inverter Specification Sheets (provide PDF from manufacturer)

### Attachment 7. Pole Mount or Ground Mount Information (if applicable):\*

- Racking system
- Mounting specification sheets and details from manufacturer (PDFs)
- Manufacturer's Pre-Engineered Document or PE Stamp
- Code Compliance Manual (If Requested by Municipality)
- One-way distance from the Solar PV system to the interconnection point
- Electrical grounding details
- Height of solar PV system at maximum design tilt
- Applicable zoning information if not shown on site plan (e.g. setback from property line)

\***NOTE:** Applicants should submit either Attachment 4 for roof-mounted systems OR Attachment 7 for pole/ground-mounted systems, not both.

### Attachment 8. Structural Evaluation (if required by the municipality)

- **NOTE:** If this Attachment is required by the municipality it must be submitted in a format accepted by the municipality (see two examples, listed below). Installers should contact the municipality's Building Department to determine what documentation will meet the municipality's Structural Evaluation requirements.

#### Two potentially acceptable formats are:

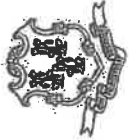
1. Structural Review Worksheet (available at [www.energizect.com/sunrisene](http://www.energizect.com/sunrisene)). This worksheet can be used by an installer to meet the Structural Evaluation requirements of a municipal Building Department if the department specifically authorizes its use for that purpose.

**OR**

2. Proof of a Structural Review performed by a Registered Design Professional (e.g. Professional Engineer).

### Attachment 9. Additional information required for larger solar PV systems

- This Standardized Solar PV Permit Application Supplement can also be used to permit larger systems. If a municipality requires additional information to permit larger systems, they should specify the information needed as a 9<sup>th</sup> attachment to the application.



### Building Permit Requirements for Workers' Compensation

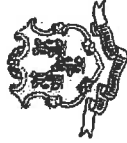
Section 31-286b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued."

The only exceptions to this law are the sole proprietor or property owner who will not be acting as general contractor or principal employer.

#### What to give to the Building Official to obtain a Building Permit:

1. The General Contractor or Principal Employer must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may not be for liability, disability or any other type of insurance.
2. The Sole Proprietor or Property Owner who will not act as a general contractor or principal permit, a **FORM 7A** should be completed and given to the building official.
3. The Sole Proprietor or Property Owner who will act as a general contractor or a principal employer must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a **FORM 7B** with the building official — OR he will sign a sworn notarized affidavit on **FORM 7B**, stating that he will require proof of workers' compensation insurance for all those employed on the job site.
4. The General Contractor or Principal Employer who has properly excluded himself from coverage using the appropriate WCC form (see **NOTE** below) must file the **FORM 7C** with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.

**NOTE:** The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:  
Form 9B for employees who are Officers of a Corporation or Managers / Members of an LLC  
Form 9B-1 for employees who are Members of a Partnership



### Proof of Workers' Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL NOT act as General Contractor or Principal Employer

#### APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit \_\_\_\_\_

Property located at \_\_\_\_\_

In the City / Town of \_\_\_\_\_

#### ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant \_\_\_\_\_

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business \_\_\_\_\_

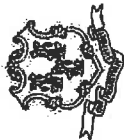
Federal Employer ID# (FEIN) \_\_\_\_\_

Signature of SOLE PROPRIETOR Applicant \_\_\_\_\_

7B

Rev 2-17-2008

State of Connecticut  
Workers' Compensation Commission  
Please TYPE or PRINT IN INK



**Proof of Workers' Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL act as General Contractor or Principal Employer**

**APPLICANT FOR BUILDING PERMIT**

Name of Applicant for Building Permit \_\_\_\_\_

Property located at \_\_\_\_\_

In the City/Town of \_\_\_\_\_

**ATTEST**

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you will act as the general contractor or principal employer, you must provide [www.dol.com/ct/workers\\_compensation\\_insurance\\_coverage\\_for\\_all\\_owners.htm](http://www.dol.com/ct/workers_compensation_insurance_coverage_for_all_owners.htm). If applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

**CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:**

- I am the **OWNER** of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.  
Signature of OWNER Applicant \_\_\_\_\_
- I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.  
Signature of SOLE PROPRIETOR Applicant \_\_\_\_\_
- I am the **OWNER** of the above-named property or the **SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

**AFFIDAVIT**

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-282B of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant \_\_\_\_\_

Name of Business—If applicable \_\_\_\_\_

Federal Employer ID# (FEIN)—If applicable \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature of Notary Public / Commissioner of the Superior Court \_\_\_\_\_

Rev 2-17-2008

State of Connecticut  
Workers' Compensation Commission  
Please TYPE or PRINT IN INK



7C

**Proof of Workers' Compensation Coverage when Applying for a Building Permit for the General Contractor or Principal Employer who has chosen to be EXCLUDED from Coverage**

**APPLICANT FOR BUILDING PERMIT**

Name of Applicant for Building Permit \_\_\_\_\_

Property located at \_\_\_\_\_

In the City/Town of \_\_\_\_\_

**ATTEST**

If you are the General Contractor or Principal Employer of a business doing work on the site of the construction project at the above-named property and you have properly excluded yourself from workers' compensation coverage by the use of the appropriate forms listed below with the Workers' Compensation Commission, submit this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

**EXEMPT — CHECK ONE (1) BOX:**

- I am:  an Officer of a Corporation  a Manager or Member of an LLC  a Partner in a Business

**THEN — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit below:**

- I have filed the following certificate with the Workers' Compensation Commission:
  - Form 8B (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)
  - Form 8B-1 (for a Partner in a Business)

**AFFIDAVIT**

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-282B of the Workers' Compensation Act.

Signature of GENERAL CONTRACTOR or PRINCIPAL EMPLOYER Applicant \_\_\_\_\_

Name of Business—If applicable \_\_\_\_\_

Federal Employer ID# (FEIN)—If applicable \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature of Notary Public / Commissioner of the Superior Court \_\_\_\_\_