

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

Town of Union

Accessing Application Materials

All required forms are included in this packet. In addition, the [CT Solar PV Permit Supplement](#), [B100 Letter](#), [Wetlands Application](#) and [Zoning Permit Application](#) (if applicable) can be found online at <http://www.unionconnecticut.org/building.html> and as a hardcopy located in the Union Town Hall.

Building Department, Union Town Hall
1043 Buckley Hwy, Union, CT 06076
Phone 860.963.1015 Fax 860.684.8830
Hours: 1st & 3rd Wednesday 7:30pm - 8:30pm
Building Official: Joseph Pajak
Email building@unionconnecticut.org
Website <http://www.unionconnecticut.org/building.html>

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:

- ☐ **UNION BUILDING PERMIT APPLICATION**
- ☐ **CT SOLAR PV PERMIT SUPPLEMENT**
- ☐ One-line electrical diagram/plan
- ☐ One-line site plan
- ☐ Structural Evaluation by a Professional Engineer
- ☐ Solar PV Module specification sheets
- ☐ Inverter specification sheets
- ☐ Copy of E-1's electrical license, insurance, workman's compensation
- ☐ Application fee (\$14.26 / \$1,000)

Ground and Pole Mounted:

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

- ☐ Submit **B-100 LETTER** and \$45 fee to Northeast District Department of Health to receive approval
- ☐ Inlands Wetlands Commission approval may be required. If approval is needed, submit **WETLANDS APPLICATION** and fee ([fee schedule](#)).
- ☐ **ZONING PERMIT APPLICATION**, including copy of B-100a Approval Letter, and \$85.00 fee

Submitting Municipal Permit Applications

All applications must be signed and include payment to be considered complete. Completed Building and Supplement Permit Applications and can be submitted via mail or in person to the Building Department at Town Hall. B-100a applications must be submitted via mail to the Northeast District Department of Health.

Both Zoning Applications and Wetlands Applications must be approved at the Planning & Zoning Commission Meetings. PZC meetings are held at 7:30pm on the first and third Wednesday of each month at Town Hall. To be placed on the agenda for a PZC meeting please call 860-817-0390. You must bring B-100a Approval Letter to PZC meeting.

Process of Approval

The below steps indicate the departments in the order they require approval and the typical processing time. Each department must be contacted separately for approval.

<u>Town Department</u>	<u>Typical Processing Time*</u>	<u>Ground/Pole Mounted</u>	<u>Roof Mounted</u>
<input type="checkbox"/> Northeast District Health Dep't	7-10 Days	X	
<input type="checkbox"/> Wetlands Commission (if needed)	10-14 Days	X	
<input type="checkbox"/> Zoning	10-14 Days	X	
<input type="checkbox"/> Building	7-10 Days	X	X

Note: Applicants are encouraged to coordinate their building permit application submission with the Building Official's scheduled office hours as well as zoning permit and wetlands applications with P&Z meeting schedule for quicker review.

Typically, the applicant will be notified of permit approval via phone or email within 10 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 up to two inspections are required for ground and pole mounted systems. Inspections can be scheduled by calling the Building Official directly at 860-234-1053. Inspection appointments are provided as needed at flexible appointment times.

Once the system has passed inspection the Building Dep't will notify Eversource within one business day.

Date _____

**by appointment
684-3770**

Est. Value \$ _____
Bldg. Permit Fee _____
Land Use _____
TOTAL FEE _____

The undersigned hereby applies for permit to do work according to the following specifications, same to be in all respects in accordance with the laws and building regulations of the State of Connecticut, Basic Building Code, Land Use regulations and ordinances of the Town of Union, Connecticut. A final inspection is required before the building can be occupied or a Certificate of Use or Occupancy is issued.

Owner _____ Street _____ Phone _____

Lot No. _____ House No. _____ Road _____

Owner of land _____ Address _____ Phone _____

Builder	Address	Phone
----------------	----------------	--------------

Architect _____ Address _____ Phone _____

Type of building _____ Size of building _____

Floor area 1st floor _____ 2nd floor _____ Total _____

Type of heat: Hot Water ☐ Hot Air ☐ Steam ☐ Electric ☐ Wood ☐

Type of work: Original ☐ Alteration ☐ Addition ☐ Repair ☐ Demolish ☐

Approvals: **Septic Perc** ☐ **Wetlands** ☐ **Driveway** ☐ **Fire Marshal** ☐ **Planning** ☐

Signature

Building Official

Type	Foundations	Roof Type	Floor Const.	Tiling	Spec.	Size	Span
Single Fam.	Stone	Gable	Wood Joist	Bath Fl. & Wact.	Joist		
Two Fam.	Concrete	Hip	Concrete	Bath Fl. & Walls	2nd Flr.		
Apt. House	Conc. Blocks	Gambrel		Bath Fl. only	Rafter		
Stores	Piers	Truss		Toilet-Rooms	Girder		
Modular	Thickness	Flat		Ceramic	Column		
Office		Roof Pitch	Hardwood	Other	Sill		
Factory	Construction		Res. Tile		Post		
Gas Sta.	Frame	Roofing	Rugs	Footing	Plate		
Com. Gar.	Brick	Asph. Sh.	Plywood	Size	Stud		
Private Gar. Att.	Conc. Blocks	Wood Sh.		Stone			
Base. Gar.	Veneer	Built-up		Conc.			
Farm Building		Comp. Roll.		Drains	Inspection		
	Exterior		Interior	Key-way	Footing		
No. of Rooms	Clpbd. or Wd. Shin.	Cellar	Plas.	Chimneys	Foundation		
No. of Bathrooms	Plain Bds. or Nov. 8-DG	Whole	Gyp. Bd.	Size of Flues	Rough Framing		
Insulation	Vinyl	Part	Ins. Bd.	Stone	Rough Electrical		
R-30 Ceiling	Alum.	None	Wood	Brick	Rough Plumbing		
R-19 Walls	Conc. Blocks	Conc. Floor	Layout	Block	Heating		
	Br. Com. <input type="checkbox"/> Face <input type="checkbox"/>	Dirt Floor	Cond.	Factory Built	Insulation		
	Log			Steel	Chimneys		
				Fireplace	Final		

SWIMMING POOL — Above Ground ☐ In Ground ☐ Fence ☐ State Approved ☐

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

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)

- ☐ 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 9th Attachment. Example Attachments (e.g. sample drawings) can be found at www.energizect.com/sunrisene.

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
 - H₂ 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). 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 9th attachment to the application.

B100a / Change in Use Application INSTRUCTIONS

This form is used to conform to the State of Connecticut Public Health Code, Section 19-13-B100a, which governs building conversions and/or changes in use to existing structures, building additions, garages/accessory structures, swimming pools and sewage disposal area preservation.

You are filling out this form to provide the local health department with important information to assure that you:

- Do not build any structures on top of an existing septic system
- Conform to the required separating distances and maintain your property according to the Connecticut Public Health Code

In addition to filling out this form, you will also have to submit the following with your application:

- ☐ If your home was built prior to 1985, please have your **deed or the previous owners name** available. This information can be obtained from your Town Clerk.
- ☐ A **plot plan** drawn to scale (Example: 1 inch = 20 feet) which shows the location of the house, well, sewer line, and closest property lines. Be sure to indicate distances between each item.
- ☐ A **written description** of the proposed addition, accessory structure or pool.
- ☐ If proposing an addition to an existing structure, please provide a **sketch** of the **existing** floor plan **and** a **sketch** of the **proposed floor plan** change.

Exemptions

You **are not** required to file a B100a Application for the following:

- Accessory buildings or small sheds which will sit directly on pressure treated plywood or concrete blocks and do not require the pouring of a concrete slab, frost protected footings, sonar tubes or any other foundation that would disturb the soil.
- Anchoring kits that prevent uplift due to winds which are used for temporary structures like removable carports. Anchors should not penetrate the septic system. (Please note, anchoring kits that require the pouring of a concrete slab or permanent footings **do** require a B100a application.)

In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

In order to avoid unnecessary delays, please be sure to complete the form in its entirety and submit all required information and fees. Do not fax, return by mail.

For additional assistance, please contact us:



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone: 860-774-7350 / Fax: 860-774-1308 / www.nddh.org



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone - 860-774-7350 / Fax - 860-774-1308

www.nddh.org

Office Hours: Monday - Friday 7:00 am – 4:00 pm

B100a /Change in Use Application

To conform to PHC 19-13-B100a – Building Conversions/Changes in Use, Building Additions,
Garages/Accessory Structures, Swimming Pools, Sewage Disposal Area Preservation
(See Reverse Side for Instructions.)

Street #: _____ Street: _____ Town: _____

Assessor's Map: _____ Block: _____ Lot: _____ Dev. Lot : _____ Lot Size: _____

Legal Owner: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Year Built: _____ No. of Bedrooms: _____

Description of proposed change/addition: _____

Signature of Legal Property Owner:

(If working on behalf of owner, please attach signed Letter of Consent)

Date:

PROPERTY OWNER: By signing above, you certify that the information provided is a true and accurate description of the addition, accessory structure, or pool.

No services will be rendered until payment is received. Do not fax, return by mail. In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

NDDH Use Only

File #: _____ B100a/Change in Use Fee: _____

Name ID #: _____ Receipt # _____ Check # _____ Date: _____

INLAND WETLAND APPLICATION

TOWN OF UNION ♦ Inland Wetland Application

1043 Buckley Highway, Union, CT 06076

Application Type: [CHECK ONE OR MORE OF THE FOLLOWING]

- ☐ Request an Inland Wetland Permit to conduct regulated activities (Sec. 4.3; 5 and 6)
☐ Request for Permit Modification or Extension

Complete all of the following information on the subject property: (please attach copy of Assessor's Street Card)

- Property Address/location of proposed activity: (#/street) _____
→ Assessor's Map No. _____ → Block No. _____ → Lot No. _____
→ Total Parcel Area: _____ → Wetland Acreage _____
→ Wetlands Acreage to be disturbed: _____
→ Property is served by: ☐ private well ☐ septic system
→ Is a Referral necessary: [Check One] ☐ Abutting Town ☐ CRGOG ☐ Inland Wetlands
→ Is the property within 500' of an adjoining municipality? ☐ Yes ☐ No

Project Name & Description/Narrative: i.e., *residential, commercial*, (number of lots/units, phases, if applicable)

Note: In accordance with Connecticut General Statutes, Section 8-7c, applicant shall provide disclosure of all names of individuals affiliated with Trusts, LLPs and LLCs.

***Applicant Name:** _____ Phone () _____

Address: (mailing) _____

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦

***Owner Name:** (if not applicant) _____ Phone () _____

Owner Address: (mailing) _____

Who will be representing this application? List the contact person for staff inquiries below.

Name: _____

Address: _____

Phone () _____ **Cell/Pager** _____ **Fax ()** _____ **E-mail** _____

→ Attach a list of all names and addresses of adjacent land owners including across the street.

***This application is not valid unless owner signs on back of this form.**

INLAND WETLAND APPLICATION

All applications must comply with all applicable Inland Wetland Regulations. See Union Inland Wetlands Regulations Section 7 for Application Requirements.

ADDITIONAL NOTE:

I/We, the undersigned applicant, hereby applies for the regulated activities listed above, for an Inland Wetlands Permit for the property described herein and confirms that:

1. She/he is familiar with the current Inland Wetlands Regulations of the Town of Union.
2. She/he understands that at any time during the review period, the Agency may require the applicant to provide more information about the wetlands and/or watercourses in question and/or any proposed activity.
3. All Information submitted in the application for review shall be considered factual, or in the case of anticipated activity, binding. A knowing failure of the applicant or any of her/his agents to provide correct information, or performance exceeding the levels of activity anticipated, shall be sufficient grounds for revocation of any permit under these regulations.

The undersigned hereby permits town staff and commission members to enter onto and inspect this site during reasonable hours for the purpose of reviewing this application and accompanying plans. I hereby depose and say that all of the above statements as well as the statement and representations contained in all supporting documents herewith are true.

APPLICANT'S SIGNATURE

DATE

OWNER'S SIGNATURE (IF NOT APPLICANT)

DATE

FOR OFFICE USE ONLY

This application was received on: *Date* _____

Fee Paid: \$ _____

Check # _____

INSTRUCTIONS FOR COMPLETING

THE STATEWIDE INLAND WETLANDS & WATERCOURSES ACTIVITY REPORTING FORM

Use a separate form to report each action taken by the Agency. Complete the form as described below.

PART I: To Be Completed By The Inland Wetlands Agency Only

1. Enter the year and month the Inland Wetlands Agency took the action being reported.
2. Circle ONE code letter to describe the final action or decision taken by the Inland Wetlands Agency. *Do not submit a reporting form for withdrawn applications.* Do not enter multiple code letters (for example: if an enforcement notice was given and subsequent permit issued - two forms for the two separate actions are to be completed).
 - A** = A Permit Granted by the Inland Wetlands Agency (*not including map amendments, see code D below*)
 - B** = Any Permit Denied by the Inland Wetlands Agency
 - C** = A Permit Renewed or Amended by the Inland Wetlands Agency
 - D** = A Map Amendment to the Official Town Wetlands Map - or -
An Approved/Permitted Wetland or Watercourse Boundary Amendment to a Project Site Map
 - E** = An Enforcement Notice of Violation, Order, Court Injunction, or Court Fines
 - F** = A Jurisdictional Ruling by the Inland Wetlands Agency (i.e.: activities "permitted as of right" or activities considered non-regulated)
 - G** = An Agent Approval pursuant to CGS 22a-42a(c)(2)
 - H** = An Appeal of Agent Approval Pursuant to 22a-42a(c)(2)
3. Check "Yes" if a public hearing was held in regards to the action taken; otherwise check "No".
4. Enter the name of the Inland Wetlands Agency official verifying that the information provided on this form is accurate and that it reflects the FINAL action of the agency.

PART II: To Be Completed By The Inland Wetlands Agency Or The Applicant - If Part II is completed by the applicant, the applicant must return the form to the Inland Wetlands Agency. The Inland Wetlands Agency must ensure that the information provided is accurate and that it reflects the FINAL action of the Agency.

5. Enter the name of the municipality for which the Inland Wetlands Agency has jurisdiction and in which the action/project/activity is occurring.

Check "Yes" if the action/project/activity crosses municipal boundaries and enter the name(s) of the other municipality(ies) where indicated. Check "No" if it does not cross municipal boundaries.
6. Enter the USGS Quad Map name and number (1 through 115) as found on the Connecticut Town and Quadrangle Index Map (the directory to all USGS Quad Maps) that contains the location of the action/project/activity. See reverse side of the reporting form for the Connecticut Town and Quadrangle Index Map.

ALSO enter the four-digit identification number of the corresponding Subregional Drainage Basin in which the action/project/activity is located. If the action/project/activity is located in more than one subregional drainage basin, enter the number of the basin in which the majority of the action/project/activity is located. A town subregional drainage basin map has been mailed to all Municipal Inland Wetlands Agencies. Further, a table to subregional drainage basin names and numbers is provided at:
http://ct.gov/dep/cwp/view.asp?a=2698&q=323038&depNav_GID=1707.
7. Enter the name of the individual applying for, petitioning, or receiving the action.
8. Enter the name and address or location of the action/project/activity site. Also provide a brief description of the action/project/activity. Include in the description if the action/project/activity is TEMPORARY or PERMANENT in nature.

9. CAREFULLY REVIEW the list below and enter ONE code letter which best characterizes the action/project/activity. All state agency projects must code "N".

A = Residential Improvement by Homeowner
B = New Residential Development for Single Family Units
C = New Residential Development for Multi-Family / Condos
D = Commercial / Industrial Uses
E = Municipal Project
F = Utility Company Project
G = Agriculture, Forestry or Conservation
H = Wetland Restoration, Enhancement, Creation

I = Storm Water / Flood Control
J = Erosion / Sedimentation Control
K = Recreation / Boating / Navigation
L = Routine Maintenance
M = Map Amendment
N = State Agency Project
P = Other (this code includes the approval of concept plans with no-on-the-ground work)

10. Enter between one and four codes to best characterize the project or activity being reported. Enter "NA" if this form is being completed for the action of map amendment. You must provide code 12 if the activity is located in an established upland review area (buffer, setback). You must provide code 14 if the activity is located BEYOND the established upland review area (buffer, setback) or NO established upland review area (buffer, setback) exists.

1 = Filling
2 = Excavation
3 = Land Clearing / Grubbing (no other activity)
4 = Stream Channelization
5 = Stream Stabilization (includes lakeshore stabilization)
6 = Stream Clearance (removal of debris only)
7 = Culverting (not for roadways)

8 = Underground Utilities (no other activities)
9 = Roadway / Driveway Construction
10 = Drainage Improvements
11 = Pond, Lake Dredging / Dam Construction
12 = Activity in an Established Upland Review Area
14 = Activity in Upland

Examples: Jurisdictional ruling allowing construction of a parking lot in an upland where the municipality *does not* have an established upland review area must use code 14, other possible codes are 2 and 10. Permitted construction of a free standing garage (residential improvement by homeowner) partially in an established upland review area with the remainder in the upland must use code 12 and 14, other possible codes are 1 and 2. Permitted dredging of a pond must use code 11, other possible codes are 12 and 5.

11. Leave blank for TEMPORARY alterations but please indicate action/project/activity is temporary under question #8 on the form (description). For PERMANENT alterations, enter in acres the area of wetland soils or watercourses altered. Include areas that are permanently altered, or are proposed to be, for all agency permits, denials, amendments, and enforcement actions. For those activities that involve filling or dredging of lakes, ponds or similar open water bodies enter the acres filled or dredged under "open water body". For those activities that involve directly altering a linear reach of a brook, river, lakeshore or similar linear watercourse, enter the total linear feet altered under "stream". Remember that these figures represent only the acreage altered not the total acreage of wetlands or watercourses on the site. You MUST provide all information in ACRES (or linear feet as indicated) including those areas less than one acre. To convert from square feet to acres, divide square feet by the number 43,560. Enter zero if there is no alteration.
12. Enter in acres the area of upland altered as a result of an ACTIVITY REGULATED BY the inland wetlands agency, or as a result of an AGENT APPROVAL pursuant to 22a-42a(c)(2). Leave blank for TEMPORARY alterations but please indicate action/project/activity is temporary under question #8 on the form (description). Include areas that are permanently altered, or proposed to be permanently altered, for all agency permits, denials, amendments, and enforcement actions. Inland wetlands agencies may have established an upland review area (also known as a buffer or setback) in which activities are regulated. Agencies may also regulate activities beyond these established areas. You MUST provide all information in ACRES including those areas less than one acre. To convert from square feet to acres, divide square feet by the number 43,560. Enter zero if there is no alteration. Remember that these figures represent only the upland acreage altered as a result of an activity regulated by the inland wetlands agency, or as a result of an agent approval.
13. Enter the acres that are, or are proposed to be, restored, enhanced or created for all agency permits, denials, amendments, and enforcement actions. NOTE restored or enhanced applies to previously existing wetlands or watercourses. Created applies to a non-wetland or non-watercourse area which is converted into wetlands or watercourses (question #10 must provide 12 and/or 14 as an answer, and question #12 must also be answered). You MUST provide all information in ACRES including those areas less than one acre. To convert from square feet to acres, divide square feet by the number 43,560. Enter zero if there is no restoration, enhancement or creation.

PART III: To Be Completed By The DEP - Please leave this area blank. Incomplete or incomprehensible forms will be mailed back to the inland wetlands agency.



CONNECTICUT DEPARTMENT OF
ENVIRONMENTAL PROTECTION
79 Elm Street
Hartford, CT 06106-5127

Gina McCarthy, Commissioner

GIS CODE #: _____
For DEP Use Only

Statewide Inland Wetlands & Watercourses Activity Reporting Form

Please complete and mail this form in accordance with the instructions. Please print or type.

PART I: To Be Completed By The Inland Wetlands Agency Only

1. DATE ACTION WAS TAKEN: Year _____ Month _____
2. ACTION TAKEN (circle one): A B C D E F G H
3. WAS A PUBLIC HEARING HELD? Yes _____ No _____
4. NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
(print) _____ (signature) _____

PART II: To Be Completed By The Inland Wetlands Agency Or The Applicant

5. TOWN IN WHICH THE ACTION IS OCCURRING: _____
Does this project cross municipal boundaries? Yes _____ No _____
If Yes, list the other town(s) in which the action is occurring: _____
6. LOCATION: USGS Quad Map Name: _____ AND Quad Number: _____
Subregional Drainage Basin Number: _____
7. NAME OF APPLICANT, VIOLATOR OR PETITIONER: _____
8. NAME & ADDRESS/LOCATION OF PROJECT SITE: _____
Briefly describe the action/project/activity: _____
9. ACTIVITY PURPOSE CODE: _____
10. ACTIVITY TYPE CODE(S): _____, _____, _____, _____
11. WETLAND / WATERCOURSE AREA ALTERED [must be provided in acres or linear feet as indicated]:
Wetlands: _____ acres Open Water Body: _____ acres Stream: _____ linear feet
12. UPLAND AREA ALTERED [must be provided in acres as indicated]: _____ acres
13. AREA OF WETLANDS AND / OR WATERCOURSES RESTORED, ENHANCED OR CREATED: _____ acres
[must be provided in acres as indicated]

DATE RECEIVED: _____

PART III: To Be Completed By The DEP







DATE RETURNED TO DEP: _____

FORM COMPLETED: YES NO

FORM CORRECTED / COMPLETED: YES NO

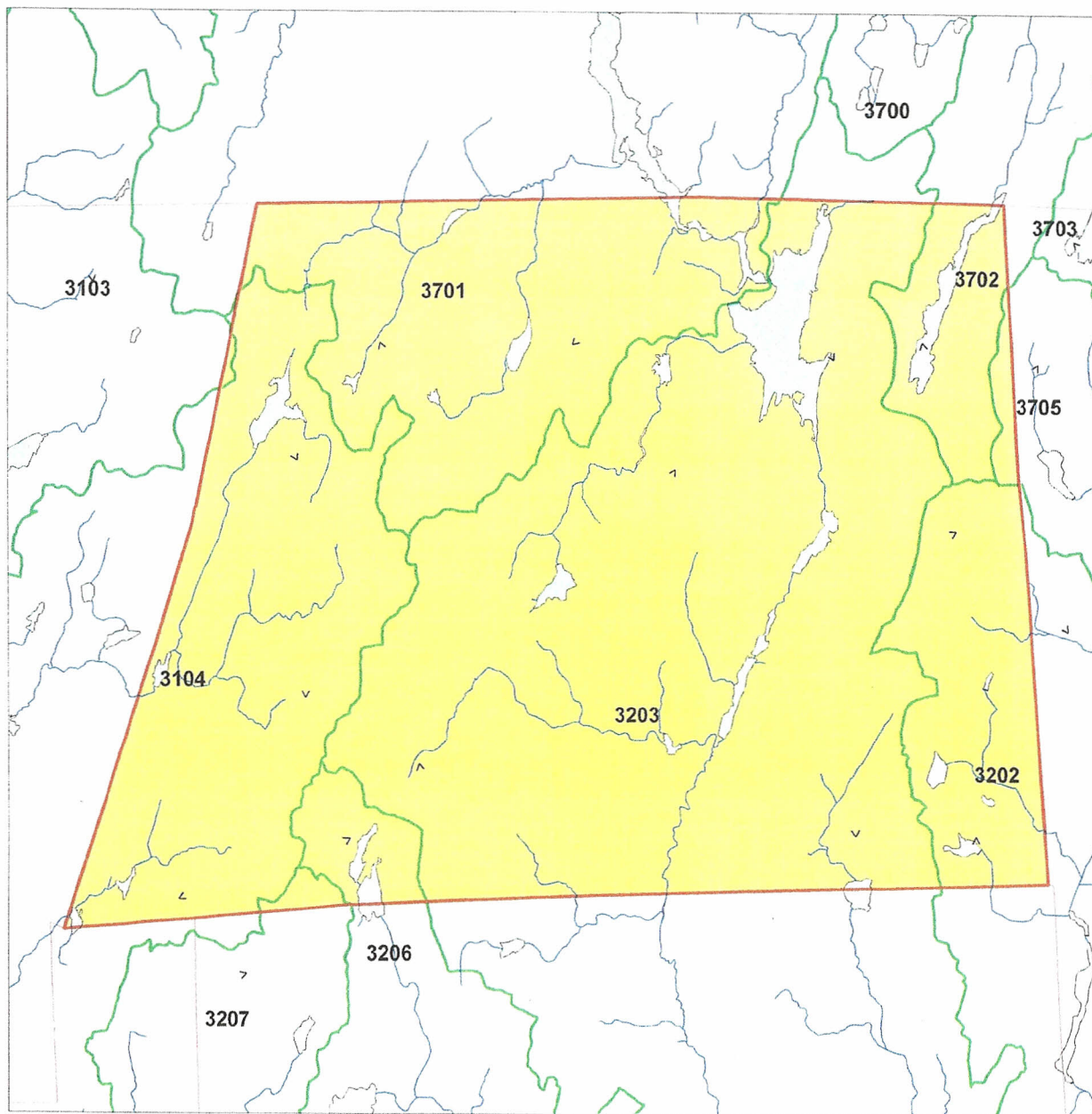
UNION CONNECTICUT SUBREGIONAL BASINS AND SURFACE WATER FLOW DIRECTIONS

Explanation

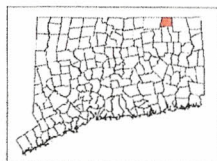
-  Town Boundary
-  Subregional Watershed Boundary
- 4201** Subrg. Basin ID# - as designated by CTDEP
-  Watercourse  Open Water
-  Basin Outlet
-  Surface Water Flow Direction

The table provides statistics for each subregional basin. Shown are the areas of the basin within the town, the percentage for that area, and the percent of the town covered by each basin.

Subs. no.	Acres in Tw.	Percof b.	Percoftwn
3103	13.36	0.1	0.1
3104	3738.83	26.5	19.6
3202	1563.54	15.3	8.2
3203	9071.46	48.4	47.6
3206	391.22	2.2	2.1
3207	69.83	0.3	0.4
3701	3310.62	25.4	17.4
3702	804.09	28.7	4.2
3705	113.46	1.8	0.6



Town Area: 19076 Acres



Digital layers provided by the CTDEP.
Map composed by the NEMO project.
For educational purposes only.

1 0 1 Miles

The University of Connecticut, CES: November 02, 1999

ZONING PERMIT or SPECIAL USE PERMIT APPLICATION

TOWN OF UNION ♦ Planning and Zoning Application

1043 Buckley Highway, Union, CT 06076

Application Type: [CHECK ONE OR MORE OF THE FOLLOWING]

☐ Zoning Permit ☐ Modification of Approved Site Plan

☐ Special Use Permit:

(EXPLAIN) _____

Complete all of the following information on the subject property:

- Property Address/location of proposed activity: (#/street) _____

- Assessor's Map No. _____ ⇨ Block No. _____ ⇨ Lot No. _____
- Zone District: Rural Res. ____ Commercial/Industrial ____ Retail Trade ____ Special Development ____
- Total Parcel Area (acres) _____
- Has a driveway permit been applied for? _____
- Are there any wetlands or watercourses within the boundaries of the property? _____
- Has N.E.D.H.D. approved this site as suitable? (Attached approval letter) _____
- Is the property within 500' of an adjoining municipality? **Yes** **No**

Project Name & Description/Narrative

Note: In accordance with Connecticut General Statutes, Section 8-7c, applicant shall provide disclosure of all names of individuals affiliated with Trusts, LLPs and LLCs.

***Applicant Name:** _____ Phone () _____

Address: (mailing) _____

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦

***Owner Name:** (if not applicant) _____ Phone () _____

Owner Address: (mailing) _____

***This application is not valid unless owner signs on back of this form.**

All applications for Zoning Permit, Site Plan Modification, and Special Use Permits must comply with all applicable Zoning Regulations.

WAIVERS OF SPECIFIC REQUIREMENTS

It is not the Union Planning and Zoning Commissions preference to waive any of the specific requirements of the Zoning Regulations. The information requested in the Zoning Regulations shall be provided by the applicant unless it is determined unanimously by the Commission that such a waiver or modification will not impair the Commission’s ability to determine the applicant's conformance with the regulations

When appropriate to the situation, the Commission may grant a waiver to one or more of the requirements of the Zoning Regulations only when a written request for such waiver(s) is presented to the Commission with the application. The detail as to the circumstances surrounding the request for waiver(s), the necessity, and what alternatives were reviewed must be presented to the Commission before any such determination can be made.

ADDITIONAL REQUIREMENTS:

The Union Planning and Zoning Commission may, within 35 days after the official date of receipt of this application, require additional information to determine whether the proposed building, structure or use conforms to the Zoning regulations.

The undersigned hereby permits town staff and commission members to enter onto and inspect this site during reasonable hours for the purpose of reviewing this application and accompanying plans. I hereby depose and say that all of the above statements as well as the statement and representations contained in all supporting documents herewith are true.

_____	_____	_____	_____
APPLICANT'S SIGNATURE	DATE	OWNER'S SIGNATURE (IF NOT APPLICANT)	DATE

FOR OFFICE USE ONLY

This application was received on: **Date** _____

Fee Paid: \$ _____

Check # _____