



TOWN OF COHASSET

COMMONWEALTH OF MASSACHUSETTS
BUILDING DEPARTMENT
41 Highland Avenue
Cohasset, MA 02025
TELEPHONE (781) 383-4112
FAX (781) 383-1561

Date _____
Permit No. _____
Fee \$ _____

Building Commissioner
Zoning Officer
Robert Egan

APPLICATION TO INSTALL SOLAR PANELS

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

- Compliance shall be based upon the National Fire Protection Association (NFPA) codes and standards and National Electric Code (NEC), as they exist at the time the installation is permitted.”
- Plans/sketches of the installation ***MUST BE SUBMITTED*** to the Fire Department for review prior to Fire Dept. sign-off for issuance of a building permit.
- Structural Engineering Certification ***IS REQUIRED*** for roof mounted solar panels and ***MUST BE SUBMITTED WITH THIS APPLICATION.***
- Owner’s signature on this application indicates understanding of and agreement to comply with above requirements.***

- RESIDENTIAL COMMERCIAL PLANS SUBMITTED: YES NO
- ROOF MOUNTED GROUND MOUNTED

ZONING DISTRICT: _____ MAP: _____ PLOT: _____ ADDRESS: _____

Name of Owner: _____

Address: _____

Phone: _____ Email: _____

Name of contractor/installer: _____ Email: _____

Address: _____

Phone: _____ Contractor License No. _____

Cell Phone: _____ Home Improv. Reg. No. _____

Solar Panel Manufacturer: _____

Panel Name/Model No.: _____

Estimated Value of work \$ _____

Signature of Owner

Approved By: _____

Date copy sent to Assessor: _____

Building Permit Sign-Off Sheet

A BUILDING PERMIT WILL NOT BE ISSUED WITHOUT FIRE DEPT. SIGN-OFF.

Fire Department (REQUIRED): _____

Cohasset Common Historic District (REQUIRED if structure is in the Historic District):

Permit Number: _____ Fee: _____

BUILDING PERMIT APPLICATION

(not to be filled in by applicant)

Address: _____

Owner's Name: _____

Conditions _____

Date Permit Granted: _____

Estimated Cost \$ _____