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

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 $_________