



TOWN OF NEW MILFORD

Office of the Zoning Commission

10 Main Street

New Milford, Connecticut 06776

Phone: 860-355-6095 zoning@newmilfordct.gov

www.newmilford.org

CHECKLIST FOR ACCESSORY APARTMENT APPLICATION

The following is a checklist to assist applicants in completing a Special Permit and Site Plan application for an accessory apartment. This completed form should be submitted (with the listed attachments) to the Zoning Department with the completed Special Permit and Site Plan application. Please refer to §025-090, Chapter 175 and Chapter 180 of the New Milford Zoning Regulations:

PROPERTY ADDRESS: _____

Accessory Apartment located in a single family dwelling:

1. _____ Lot is greater than 40,000 square feet: _____ sq ft

OR

_____ Lot is greater than 20,000 square feet: _____ sq ft

and served by public water YES / NO and sewer YES / NO

Accessory Apartment located in an accessory building:

2. _____ Lot is greater than 80,000 square feet **and** the accessory building has had a certificate of occupancy at least five (5) years: Date of C/O _____

OR

_____ Lot is greater than 160,000 square feet (new construction allowed)

Applicable to ALL:

3. _____ One (1) accessory apartment per lot

4. _____ One (1) bedroom per accessory apartment

5. _____ The living area of the accessory apartment is between 500 and 1,000 sq ft, but shall not be greater than 1,000 square feet or more than 50% of the total finished floor area of the primary residence.

Living area: _____ sq ft

6. _____ Minimum of four off-street parking spaces, including garage, provided

7. _____ Property owner must occupy either the dwelling or the accessory apartment **AND** at least one occupant of either the dwelling or the accessory apartment must be a minimum of 55 years of age

_____ Certification of occupancy by owner and certification of minimum age attached (one form)

8. _____ Verification from the New Milford Health Department that the water supply and septic system are adequate to service the existing dwelling and additional accessory apartment

_____ Verification attached (one form)



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Health Department Verification for Accessory Apartment

In accordance with section 025-090(12) of the New Milford Zoning Regulations, the property owner or authorized agent is requesting verification from the New Milford Health Department that the water supply and septic system are adequate to service an additional one (1) bedroom accessory apartment on the following property:

TO BE COMPLETED BY APPLICANT

Date: _____

Property Address: _____

Tax map: _____ Lot: _____

Owner of Record: _____

Owner/Agent Signature: _____

TO BE COMPLETED BY HEALTH DEPARTMENT

Water supply at the above property is adequate to service an additional one (1) bedroom accessory apartment: **YES / NO**

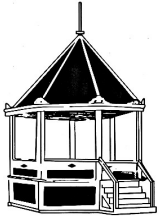
Septic system at the above property is adequate to service a one (1) bedroom accessory apartment in addition to the single family dwelling: **YES / NO**

Comments: _____

Signature

Date

Completed form to be submitted by the applicant to the Zoning Department with the Special Permit Application for an Accessory Apartment



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Accessory Apartment **Certification of Occupancy and Age Requirement**

Date: _____

Owner of Record: _____

Property Address: _____

I, _____ as owner of the above listed property attest that either the single family dwelling or the accessory apartment is my principal place of residence (025-090.9) and either the accessory apartment or the single family dwelling is occupied by a person or persons fifty-five (55) years or older (025-090.8).

Signature

Date