



TOWN OF NEW MILFORD

Local and/or State Health Authority Verification for an 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 local and/or State Health Authority 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 THE LOCAL AND/OR STATE HEALTH AUTHORITY

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