



# TOWN OF NEW MILFORD

Office of the Zoning Commission  
10 Main Street  
New Milford, Connecticut 06776  
Phone: 860-355-6095  
e-mail: zoning@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  
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)



# TOWN OF NEW MILFORD

## 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*



# TOWN OF NEW MILFORD

Office of the Zoning Commission  
10 Main Street  
New Milford, Connecticut 06776  
Phone 860-355-6095  
e-mail zoning@newmilford.org

## **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