



# New Milford Department of Health

Town Hall – 10 Main Street

New Milford, CT 06776

(860) 355-6035 ♦ Fax: (860) 210-2664

## Application for Approval for Building Addition/Conversion

Provided Courtesy of: Arthur H. Howland & Associates, P.C., Civil Engineers & Land Surveyors, Call Us! (860) 354-9346  
Visit <http://ahhowland.com> For More Info! (This Text Will Not Print When You Print Document)

Name of Owner: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Location of Property \_\_\_\_\_  
(Street No.) (Street Name)

Subdivision Name: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_  
(If different from owner)

Applicant Address: \_\_\_\_\_

Property is:  Residential No. of Bedrooms: \_\_\_\_\_

Commercial Square Feet: \_\_\_\_\_

Describe type and size of addition/conversion proposed.

\_\_\_\_\_  
\_\_\_\_\_

### If Residential:

- Addition conversion will change building from seasonal to full time use.
- A new foundation will be constructed for the addition.
- If tool or garden shed, it will have a permanent foundation.
- Addition will be detached from the other building(s).
- Addition has already been constructed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Department of Health Use Only.

Department of Health Record on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On site inspection and/or soil tests required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Addition reduces lot area available for septic system construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Findings/Recommendations \_\_\_\_\_

Inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Inspector \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_