



TOWN OF NEW MILFORD

Office of the Zoning Commission
10 Main Street
New Milford, Connecticut 06776
Telephone (860) 355-6095 • Fax (860) 210-2664
www.newmilford.org

ZONING PERMIT APPLICATION

Office Use Only

Tax Map: _____
Tax Lot: _____
Zone: _____
Date Rec.: _____

Please review the Zoning procedures on the reverse side before filling out the below information.

1) PROPERTY INFORMATION

Site Street # & Address: _____

Property Owner: _____

Phone #: _____

Mailing Address (if applicable): _____

Subdivision Name: _____

Lot #: _____

Contractor/Agent: _____

Address: _____

Business Phone #: _____

2) TYPE OF STRUCTURE

*A PLOT PLAN INDICATING THE PROPOSED ACTIVITY, INCLUDING A STREET NUMBER FOR THE ACTIVITY ADDRESS, **MUST** BE ATTACHED IN ORDER TO PROCESS THIS APPLICATION.*

☐ Addition ☐ House ☐ Pool ☐ Deck ☐ Garage ☐ Shed ☐ Other

☐ Description: _____

Dimensions of Structure:

Width

Length

Height

Type of Work ☐ New ☐ Replacement ☐ Alteration

☐ Interior Renovation: _____

Current Use: _____

Proposed Use: _____

3) SIGNATURE

Property Owners Signature (required) _____

Date _____

Contractor/Agent Signature _____

Date _____

Zoning Permit Fees (fee includes \$30.00 State fee)

Fee is based on cost of construction within the following ranges:

FROM	TO	FEE
\$0	\$2,500	\$45.00
2,501	5,000	\$60.00
5,001	25,000	\$105.00
25,001	50,000	\$180.00
50,001	100,000	\$230.00

FROM	TO	FEE
100,001	200,000	\$280.00
200,001	500,000	\$330.00
500,001	750,000	\$380.00
750,001	1,000,000	\$530.00
1,000,001	and up	see staff

If the proposed construction includes earth disturbance and the foundation or slab exceeds 500 square feet, an additional \$100.00 Zoning permit fee will apply.

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☐ N.P.R. #: _____
☐ Approved ☐ Z.E.O.
☐ Denied ☐ L.U.I.

Signature _____

Date _____

Reason for Denial (if applicable): _____

(LIST SECTION OF THE REGULATIONS)