

WEST MILFORD HEALTH DEPARTMENT

1480 Union Valley Road
West Milford New Jersey 07480
Tel. 973-728-2720
Fax. 973-728-2847

Application of Inquiry

Date: _____

Description of Proposed Project/Use: _____

(Please be specific - ie. adding additional bedrooms, putting up freestanding garage, building new house.)

Owner &/or Applicant: _____ **Phone** _____

Address (of project): _____

Block: _____ **Lot:** _____

Mailing address (if different): _____

Specifics of Project:

Reason for Inquiry:

Specific Question(s):

