

APPLICATION FOR A CITY OF MORRISTOWN
DEMOLITION PERMIT

No Fee Required

Building Owner: _____

Address: _____

Phone Number: _____

Parcel/Lot/Block Description of Property: _____

Demolition Contractor: _____

Address: _____

Contact Number: _____

Type of Building to be Demolished: _____

Date of Demolition: _____

This permit application becomes null and void if work authorized is not commenced within 60 days, or if work is suspended or abandoned for a period of 60 days at any time after work has commenced. I have read and understand the above information.

SIGNATURE OF APPLICANT: _____

Date: _____

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Approved _____ Disapproved _____

Permit # _____ Date _____

Inspected _____ Date _____