

**CITY OF MORRISTOWN**  
**APPLICATION FOR A ZONING PERMIT**

THIS IS AN APPLICATION. THIS IS NOT A PERMIT. PERMIT FEE MUST BE SUBMITTED WITH APPLICATION. YOU MUST RECEIVE A PERMIT PRIOR TO CONSTRUCTION OR A FINE WILL BE LEVIED. ZONING PERMITS ARE TIME SENSITIVE.

PERMIT TYPE: NEW CONSTRUCTION      ADDITION(S)      GARAGE  
PERMIT VALIDATION PERIOD: ONE (1) YEAR      PERMIT FEE: \$0.25 per sq. foot

DATE: \_\_\_\_\_ BUILDING ADDRESS: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

ADDRESS: (if different) \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

Is there an individual septic system on the property?    Yes \_\_\_\_\_ No \_\_\_\_\_

DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_

SPECIFIC TYPE OF ROOF MATERIALS: \_\_\_\_\_

SPECIFIC TYPE OF SIDING MATERIALS: \_\_\_\_\_

SQUARE FOOTAGE OF BUILDING AREA \_\_\_\_\_ X \$0.25 = PERMIT FEE

**SITE PLAN: Draw on back of this application or submit drawing.** Plan must show existing and proposed structure(s); indicate distances between structure(s) to property lines (setbacks). For new dwelling indicate the difference in elevation between the garage floor and the street.

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

SIGNATURE OF OWNER/APPLICANT: \_\_\_\_\_

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OFFICE USE: APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ ZONING PERMIT NUMBER \_\_\_\_\_

PRE CONSTRUCTION REVIEW COMPLETED: \_\_\_\_\_ DATE: \_\_\_\_\_

POST CONSTRUCTION CHECK COMPLETED: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER SIGNATURE FOR COMPLETION: \_\_\_\_\_