THE TOWN OF MORRISTOWN

Department of Code Enforcement
Zoning Division
James Campbell, Zoning Officer
200 South Street, P.O. Box 914, Morristown, NJ 07963
973-292-6722 (voice) 973-292-6729 (fax)
www.townofmorristown.org

Application for Zoning Permit – **NON - RESIDENTIAL**

Receipt #_____

Property Address_____ Block_____ Lot_____

Zoning District_____ Business Name (DBA)_____

Applicant's Name and Address_____

_____ Telephone_____

Property Owner's Name and Address_____

_____ Telephone_____

Application Fee is: _____ Check #_____ Cash Received_____ **Change of Ownership ☐ Yes ☐ No**

1. Describe in detail the activity or activities to be conducted on the premises, including in the principle building and any accessory activities to be conducted in any accessory building(s) and on the grounds of the property. (i.e. any new construction – interior or exterior, any sewer connections.)

   _____

   _____

2. Describe in detail the previous/existing use of the property including any buildings and on the grounds, or if the premises are vacant, the most recent use of the property and the date the use was discontinued.

   _____

   _____

Is this a CHANGE OF USE: ☐ Yes ☐ No **Will MODIFICATIONS be made: ☐ Yes ☐ No**

NOTE: 3 sets of plans will be required when zoning application is submitted

Check off any specific uses detailed below that may at any time be conducted at this location:

☐ **Retail Food Est.**	☐ **Temporary Food Est.**	☐ **Itinerant Food Est.**	☐ **Vending Machines**
☐ **Demolitions**	☐ **Massage Est.**	☐ **Beauty Salons**	☐ **Beverage/Prepackaged**
☐ **Pools or Camps**	☐ **Wine or Liquor**	☐ **Pet Shops**	☐ **Group Homes**
☐ **Daycares**	☐ **Nursing Homes**	☐ **Tattoo Parlors**	☐ **Other (detail above)**

I/we _____am/are, the applicant(s) and acknowledge that I/we have reviewed this application with the Zoning Official and have been informed that, if a zoning permit is issued based on this application, I/we will need to contact ALL applicable (Construction, Health, Housing, Fire) divisions for pertinent information and obtain ALL necessary permits and must have all necessary FINAL INSPECTIONS, APPROVALS, LICENSES, CERTIFICATES from All applicable (Construction, Health, Housing, Fire) divisions and HAVE PAID IN FULL any fees owed BEFORE conducting ANY business (for profit or not for profit) at this location. I/we also acknowledge that I/we are/am responsible for working with the appropriate divisions to obtain required final approvals. I/we, the applicant(s) acknowledge that I/we am/are obligated to follow through with all Town Codes and Regulations.

Applicant Signature Date	Zoning Officer Date	Property Owner Signature Date

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OFFICE USE ONLY:

Copy Sent To:		**Received by:**
Health	_____	_____
Consturction	_____	_____
Housing	_____	_____
Fire	_____	_____

Division Notes:_____

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