



200 South Street,  
P.O. Box 914  
Morristown, NJ  
07963-0914

## Health Division

Main Office	(973) 796-1975
Health Officer	(973) 292-6707
Health Inspectors (REHS)	(973) 292-6713 (973) 796-1993
Nurse	(973) 292-6702
Animal Control	(973) 292-6731
Fax	(973) 292-6730

### DEMOLITION PERMIT

**Demolition Requirements:** The purpose of this permit is to protect the health and safety by working to reduce and prevent the spread of disease of infectious and contagious diseases transmitted by rats and other vermin when their habitat is disturbed.

A demolition permit must be obtained prior to the removal or demolition of any building, structure, or part thereof. This may include the decimating, razing, ruining, tearing down or wrecking of any facility, foundation structure, pavement, building (wall, fence) whether in whole or in part.

This permit must be completed at least four (4) days prior to the demolition of any building by a contractor unless the work is being performed by the owner and no employees are used.

**Extermination Requirements:** Before demolition work is commenced, thorough and efficient measures shall be pursued in order to prevent the migration of rodents and other pest by exterminating them from all structures to be demolished. All pesticides must be applied in accordance with New Jersey Administrative Code Title 7 Chapter 30 (N.J.A.C. 7:30). Only rodenticide (in bait or any other form) with a valid US EPA registration shall be used. Rodenticide must be placed in accordance with applicable federal and state regulations along with the manufacturer's directions as specified on the product label. A record of the application of any rodenticide must be maintained in accordance with NJDEP regulations. Rodenticide must be placed three (3) to ten (10) days prior to demolition, in a protective enclosure, tamper resistant bait box to ensure they do not create a potential poisoning threat. Reports of unlicensed operators and applicators, along with improper application will be reported to the New Jersey Department of Environmental Protection.

**Application Requirements:** Please complete all of the fields below. A permit will be issued upon the completion of this form and submission of all necessary paperwork listed within this permit application.

#### **Section 1: Building Owner Information**

Owner's Name	
Street Address	
City, State, Zip Code	
Contact Number	
Emergency Number	
Fax Number	

**Section 2: Pest Control/Extermination Company's Information**

Name of Company			
Contact Person			
Street Address			
City, State, Zip Code			
Contact Number			
Fax Number			
Name of Operator		NJ DEP Commercial Pesticide Operators License No.	
Name of Applicator		NJ DEP Commercial Pesticide Applicator License No.	
Date of Pesticide Application		Pesticide(s) applied	
Type and number of bait station(s) placed			
Location(s) of bait station(s)			
Notification posted on property	<input type="checkbox"/> Yes <input type="checkbox"/> No, Reason: _____ _____		

**Section 3: Construction/Demolition Company's Information**

Name of Company	
Contact Person	
Address	
City, State, Zip Code	
Contact Number	
Fax Number	

**Section 4: Demolition Property**

Address	
City, State, Zip Code	
Description of the structure to be demolished:	

**Section 5: Paperwork**

The following paperwork must be submitted with this application:

- An invoice or report provided by the Licensed Pest Control/Extermination Company stating the premise has been treated.
- Copy of the Construction Permit
- Letter from the water utility that water service has been disconnected and properly capped and shut off.
- Letter from the Department of Works (973-292-6650) stating the sanitary sewer is cut off. When applicable, work must be performed by a licensed plumbing contractor.
- A \$100 Permit Fee

**Section 6: Applicant Certification & Signature**

I, \_\_\_\_\_, **THE APPLICANT, CERTIFY THAT ALL PERSONS NAMED WITHIN THIS APPLICATION HOLD VALID NJ DEP COMMERCIAL PESTICIDE APPLICATOR and/or OPERATOR LICENSES ISSUED BY THE STATE OF NEW JERSEY PURSUANT TO N.J.A.C. 7:30.**

Permits are valid for only the scope of work stated within this application. Permits are not transferable. Permit is void with change of contractor or pest control/extermination company. Payment in the form of a check, cash or money order must accompany this application.

I attest that all of the information on this application is accurate to the best of my knowledge. By operating a business in the Town of Morristown, I realize that legal action may be taken for non-compliance of State and town laws along with the suspension and revocation of my Demolition Permit.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

***OFFICIAL USE ONLY ***				
RECEIPT INFORMATION:	Date Received:	Received By:	Fee Collected:	Check Cash
			\$ _____	Other _____
Comments:				