



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

## Health Division

Main Office	(973) 796-1975
Health Officer	(973) 796-1993
Health Inspectors	(973) 292-6713
(REHS)	(973) 796-1804
Nurse	(973) 292-6702
Animal Control	(973) 292-6731
Fax	(973) 292-6730

### DEMOLITION PERMIT

#### Important Information

- The purpose of this permit is to protect the health and safety of Morristown residents and to reduce/prevent the spread of infectious diseases transmitted by rats and other vermin when their habitat is disturbed.
- Permit must be completed at least **four (4) days PRIOR** to the demolition of any building. This may include the decimating, razing, ruining, tearing down or wrecking of any facility, foundation structure, pavement, wall, fence, etc.
- All pesticides must be applied in accordance with 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 a protective enclosure/tamper resistant bait box and placed three (3) to ten (10) days prior to demolition.
- If you have any questions regarding your permit, contact the Morristown Division of Health at 973-796-1975.

#### SECTION 1. Building Owner Information

Owner Name(s) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Contact Phone # \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
Email \_\_\_\_\_

#### SECTION 2. Pest Control/Extermination Company Information

Name of Company \_\_\_\_\_  
Owner Name(s) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Contact Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
Email \_\_\_\_\_

Operator Name \_\_\_\_\_  
NJDEP Commercial Pesticide Operator License # \_\_\_\_\_

Date of Pesticide Application \_\_\_\_\_

**SECTION 3. Construction/Demolition Company Information**

Owner Name(s) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Contact Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
Email \_\_\_\_\_

**SECTION 4. Demolition Property**

Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Description of the structure to be demolished \_\_\_\_\_

**SECTION 5. Paperwork**

Please attach the following to this application:

- Proof (invoice or report) that the premises has been treated by the Licensed Pest Control/Extermination Company
- Permit Fee (\$100)

**SECTION 6. Certification & Signature**

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.

Applicant agrees to comply, and abide by, all the provisions of N.J.A.C. 7:30 of the NJ Pesticide Control Codes and all local codes regulating such.

If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes.

By signing below, I certify that the information provided on this form is true, correct, and complete to the best of my knowledge and further understand that if the above information is willfully false, may result in legal action including suspension or revocation of license.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

***OFFICIAL USE ONLY ***			
Date Received	Received By	Fee Collected	Form of Payment
Health Officer/Designee Signature/Approval			Date
Comments:			