



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 - **RESIDENTIAL**

Receipt # _____

Property Address _____

Block _____ Lot _____ Zoning District _____

Applicant's Name and Address _____

_____ Telephone _____

Property Owner's Name and Address _____

_____ Telephone _____

Application Fee is: _____ Check # _____ Cash Received _____

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., residential, 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.

- New Sewer Connection? Yes No
- If Yes, Applicant must fill out – “Sewer Connection Fee Determination Application”
- Soil Removal/Disturbance Permit Needed Yes No
(Permit needed if disturbing more than 500 s.f. or 10 cubic yards of rock or soil per Ord. 0-20-89)

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

I/we, _____ the applicant(s), acknowledge that, if this application is regarding the sale of any property, I/we am/are obligated to follow through with all Town Codes and Regulations.

I/we _____ the applicant(s) acknowledge, that if this application is for the purposes of any residential property changes/improvements, that I/we am/are obligated to follow through with all Town Codes and Regulations regarding such, including obtaining appropriate permits and inspections through final inspection and approval.

Applicant Signature Date Zoning Officer Date Property Owner Signature Date