

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: SHINGLES SIDING WINDOWS SOLAR PANELS
PERMIT VALIDATION PERIOD: SIX (6) MONTHS PERMIT FEE: \$100.00

DATE: _____ BUILDING ADDRESS: _____

PARCEL ID: _____

OWNERS NAME: _____

ADDRESS: (if different) _____ PHONE: _____

CONTRACTOR: _____ PHONE: _____

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

SPECIFIC WORK TO BE DONE: _____

SPECIFIC TYPE OF ROOF MATERIALS: _____

SPECIFIC TYPE OF SIDING MATERIALS: _____

ESTIMATED COST OF CONSTRUCTION: _____

SIGNATURE OF OWNER/APPLICANT: _____

OFFICE USE: APPROVED: _____ DISAPPROVED: _____

FEE PAID: _____ DATE: _____ ZONING PERMIT NUMBER _____

PRE CONSTRUCTION REVIEW COMPLETED: _____ DATE: _____

POST CONSTRUCTION CHECK COMPLETED: _____ DATE: _____

OWNER SIGNATURE FOR COMPLETION: _____