

TOWN OF MORRISTOWN/VILLAGE OF MORRISVILLE  
ZONING PERMIT APPLICATION

Tax Map Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
XX

All questions **Must** be completed in full or your application will be **Denied**  
Please print or type information.

E-911 Locatable Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(if different than property owner)

Mailing Address: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Telephone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Septic Permit: Number: \_\_\_\_\_ N/A: \_\_\_\_\_

Access Permit: Number: \_\_\_\_\_ N/A: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Proposed Use: (check all that are applicable)

New Construction: \_\_\_\_\_ Existing Building: \_\_\_\_\_ Alteration without Change of Use: \_\_\_\_\_  
One Family Dwelling: \_\_\_\_\_ Two Family Dwelling: \_\_\_\_\_ Accessory Structure: \_\_\_\_\_  
Sign: \_\_\_\_\_ Additional Bedrooms: \_\_\_\_\_ Other (describe): \_\_\_\_\_

Describe the proposed project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Dimensions:
- a) Acreage of Lot: \_\_\_\_\_
  - b) Setback from Centerline of Public or Private Road: \_\_\_\_\_
  - c) Setback from Nearest Property Line: \_\_\_\_\_
  - d) Frontage on Public Highway: \_\_\_\_\_
  - e) Height of structure: \_\_\_\_\_
  - e) Setback from Nearest Flooding Waterbody : \_\_\_\_\_ N/A \_\_\_\_\_

Site Plan: attach site plan of an appropriate scale. Include the following: footprint of all structures, driveway location, parking areas, septic system, roads etc, both existing and proposed. Show dimensions of these features and their distances from property lines, roads, and within Flood Hazard Areas, the nearest flooding waterbody.

The undersigned hereby request a zoning permit for the land development described above. Any permit issued as a result of this application shall be null and void in the event of misrepresentation or failure to undertake construction within one year of approval of this zoning permit

Signature of Owner \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date Submitted \_\_\_\_\_  
XX  
For Use by Administrative Officer: fees: \_\_\_\_\_ paid: \_\_\_\_\_

Upon the representations contained herein, this applications is hereby:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ No Permit Required: \_\_\_\_\_

Administrative Officer \_\_\_\_\_ Date \_\_\_\_\_

\* All Permits issued by the Zoning Administrator have fifteen (15) day appeal period, plus two (2) days for the Zoning Administrator to notify you of appeal. No construction may commence until the seventeen (17) day appeal period has expired.