

TOWN OF MORRISTOWN - Non-Residential Zoning Permit, page 1 of 4

A Non-Residential Zoning Permit is required before you acquire an existing business, buy or rent a commercial space, undertake renovations or change/add commercial signage. Zoning Permits are issued by the Zoning Department on the second floor of Morristown Town Hall, 200 South Street. If you have questions about the Zoning Permit approval process as it relates to your business or project, please call (973) 292-6722 weekdays between 8:30 a.m. - 4:30 p.m.

Thorough planning with your professionals (attorney, broker, planner, architect, contractors) will help you avoid mid-project changes which could lengthen the process and incur new fees. Please help us to help you by providing complete and accurate information on your Zoning Permit application.

Process:

1. **Complete and submit your Zoning Permit Application** along with a copy of your current Property Survey and the applicable Fee. Three sets of plans must be submitted for any interior or exterior work.
 - a. **Retail Food:** You must pick up a Retail Food License Application packet from the Health Department and have the Health Department sign off on your Zoning Permit Application, before your application can be processed by the Zoning Division. Note: you can request a free "Courtesy Walk-Through in Advance of Renovations" with the Health Officer if you like by calling 973-796-1975.
 - b. **Other Health License Required:** any business requiring licensing by the Health Department must pick up the relevant Health License Application packet from the Health Department and have the Health Department sign off on the Zoning Permit Application, before the application can be processed by the Zoning Division.
2. Once the Zoning Office staff has deemed your application is complete it will be reviewed by the Zoning Officer to determine your next steps. **Note:** Certain uses, changes in use and changes to the building or site may require Site Plan approval from the Planning Board or from the Zoning Board of Adjustment. In this case, the Zoning Official will help guide you through the Land Use Development application process.
3. State law allows up to 10 business days for the Town to respond to *completed* applications. Once your application has been approved, you will be asked to come pick up your Zoning Permit at the Zoning window.
4. **Next you will need to apply for Construction Permits** if you plan to do almost any kind of interior or exterior remodeling/ construction work, including demolition, electrical, plumbing or fire systems changes. You must present your Zoning Permit and submit detailed construction drawings with your Construction Permit Application at the Building Department window.
 - a. We strongly recommend that you rely on your professionals and consult with the Building Department early in the design process, even if you believe your changes are minimal. You may arrange a pre-meeting with the Construction Official; 973-292-6712.
 - b. All Zoning and Building permits will require inspections.
5. **To open you will need to obtain a Certificate of Occupancy or Approval.** Once any required Licenses have been issued and all your building work has passed NJUCC inspection, you will need to visit the Building Department to obtain the required Certificate *so that you can open for business.*
6. **Fire Safety Information-** the Fire Marshal must have current emergency contact information for business owners, site managers and the property owner. Where alarm systems are installed, Key Boxes must be available and accessible to the Fire Safety Bureau. To schedule a Fire Safety inspection please contact the Fire Marshal (973) 292-6602.



**Non-Residential
Zoning Permit Application**
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Town of Morristown
Division of Land Use & Zoning
200 South Street, 2nd Floor
Morristown, New Jersey 07960
Tel: 973-292-6722 - Fax: 973-292-6663
www.townofmorristown.org

Property Information

Address:

Block:	Lot:	Zone:	Proposed Use :
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Property Owner Information

Name:	Cell #	Other Phone #
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Home Address:

E mail Address:

Business Information

Business Name:	Cell #	Other Phone #
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Business Address:

E mail Address:

Business Owner Information

Owner Name:	Cell #	Other Phone #
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Home Address:

E mail Address:

Description of ALL Work in Detail

Additional Sheet Attached

SUBMITTAL REQUIREMENTS

1. A copy of Survey prepared within the past ten years is required for all exterior work.
2. Three (3) sets of scaled drawings or plans are required for all proposed improvements.
3. Where needed, proof of application for Health License must be provided.

FOR OFFICIAL USE ONLY

Will Construction Permits be Required? Yes No

**Non-Residential
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200 South Street, 2nd Floor, Morristown, New Jersey 07960
Tel: 973-292-6722 - Fax: 973-292-6663
www.townofmorristown.org

Please provide complete and accurate answers to the following questions to determine if your project conforms with the current land use standards, permit and license requirements and the fire safety standards. The accuracy of the answer is the responsibility of the applicant. If an applicant is unsure of any of the questions as they pertain to this particular project, it is strongly suggested that the applicant obtain professional advice.

Health Division License Required
If "yes", you must obtain a Health License Application Packet before a Zoning Permit can be issued.

1.	Will you be selling, serving or preparing food and/or beverages of any kind, whether for sale or offered free of charge? Note: Plan Review with Health Division required, in addition to licensing.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Will personal services be offered? (Beauty Salon, Nail Salon, Barber Shop, Massage/Body Work)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Will tattoos, piercing, permanent cosmetic services be offered?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Will your business include water features, such as a pool, spa or splash pad?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Will vending machines be installed at your site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Unique Site Features

6.	Is this property connected to the public sewer system? If no, the location of the septic system must be indicated on the survey.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Are there any steep sloped areas or hillsides that will be disturbed as part of this project? If yes, a steep slope disturbance application must be submitted.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Is your structure over 50 years old? If yes, review by the Historic Preservations Commission is available.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Are you adding or building a new non-residential space? Non-Residential Development fee for affordable housing will apply.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Life Hazard Use - Fire Safety

9.	Do you anticipate that there may be more than fifty (50) people on premises at one time, including employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Will alcohol beverages be permitted at your place of business, whether for sale or "BYOB"?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	Are you adding, changing, or expanding a hood system for cooking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Applicant Certification

I certify that the answers to the above questions and any statements made on same are true and complete to the best of my knowledge.

Applicant Signature	Print Name of Applicant	Date
Property Owner Signature	Print Name of Owner	Date

FOR ALL BUSINESSES WHICH REQUIRE A HEALTH LICENSE

I have obtained the relevant Health License Application forms and guidelines. I understand that if mine is a Retail Food Establishment, Plan Review by the Health Division will also be required.

I understand that obtaining current Health licensure is required in order to operate my business.

Business Owner Signature

Business Owner Print Name

Health Division Signature

Health Division Print Name

Date Stamp

FOR OFFICIAL USE ONLY

Current Survey Received: Yes N/A

Set of three (3) Plans Received: Yes N/A

Fee Paid: Non-Profit \$50 Commercial \$175 Bins \$25/year

Cash Check Money Order (M.O. # _____) Receipt #: _____

Administratively Received by (print)

Date Stamp Received

ZONING PERMIT APPROVAL

Zoning Officer Signature

Date Approved