



Fee \$ 10.00  
HISTORIC PRESERVATION  
PHONE 732-988-5200 ext 278

Application #: HPC2024-058

Application Date: 04/12/2024

### Historic Preservation Commission Certificate of Appropriateness Application

- AC UNIT
- ADDITION
- ARBOR
- AWNING
- BALCONY
- CHIMNEY
- COLUMNS
- DECK
- DOOR REPLACEMENT
- DRIVEWAY
- EXTERIOR ALTERATIONS
- FENCE
- FLAGS/BANNERS
- FOUNDATION
- OTHER
- GATE
- GENERATOR
- GUTTERS & LEADERS
- HOT TUB
- LATTICE
- LIGHT FIXTURE
- NEW CONSTRUCTION
- ORNAMENTATION
- OUTDOOR SHOWER
- PAINT
- PATIO
- PIERS
- PORCH
- PORCH FAN
- RAILINGS
- RETAINING WALL
- ROOF
- SATELLITE DISH
- SHED
- SHUTTERS
- SIDING
- SIGN
- SKYLIGHT
- SOLAR
- STAIRS
- VENT
- WALKWAY
- WINDOWS

**Please complete this application in its entirety.**

Before submission of an application, the applicant is encouraged to review the Ocean Grove Historic District Architectural Design Guidelines for Residential Structures or Commercial Buildings and read the entire attached Information Sheet. The Guidelines are available online at [www.neptunetownship.org](http://www.neptunetownship.org). Please type or print legibly with ink. **Incomplete applications will not be accepted.**

**REQUIRED INFORMATION:** With each application, you are required to submit color photos of the property, and, depending on the scope of the work being proposed, architectural plans or sketches, material samples, color samples, catalog cuts, or any other useful references for review. Once your application is scheduled for a meeting, you may be required to submit additional information or copies of your application and other submitted documents.

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#### PROPERTY IDENTIFICATION

Address: 11 OLIN ST

Block: 146

Lot: 14

Qualifier:

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#### OWNER INFORMATION

Name(s): SALLEMI, JASON F & KELLI LUNDY

Address 11 OLIN ST OCEAN GROVE, NJ 07756

Phone: (██████████) ██████████-██████████

Email: ██████████@██████████.MAIL.COM

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#### APPLICANT INFORMATION

Check if same as Owner

Names(s): ROMAN VARGAS

Company:

Address: 469 HAMPTON AVEE LONG BRANCH NJ

Phone: (██████████) ██████████-██████████

Email: ██████████@GMAIL.COM

**Applicant Capacity - If other than owner (check one):**

- Lessee
- Agent
- Architect
- Contractor
- Attorney
- Other

**PROPERTY INFORMATION**

Property Type(check one):

- Single Family
- Multifamily:
- 0 Units
- Commercial
- Condo
- Mixed Use

Architectural Period/ Year Built:

Architectural Style

**Does your project include demolition of 15% or more of exterior of existing structure?**  YES  NO  
**IF YES:** you must apply for a Demolition Permit prior to applying for a Certificate of Appropriateness.

**Do you have Zoning Department approval for this project?**  YES  NO  N/A

**ZONING PERMIT ID#** (from Zoning Permit):

**DATE APPROVED:**

Please Note: If Zoning approval is required for the work described on your application, your application will remain incomplete until Zoning approval is received. Incomplete applications will not be accepted.

**Describe all proposed work to be conducted on subject property below.** Be sure to indicate all colors and materials to be used. Attach additional pages if necessary.

**By signing this application, the Applicant and Owner agree to the following:**

- Property site visits by Neptune Township Staff, HPC Members and HPC Professionals until the project has been deemed to be complete.
- The information herein is correct and complete to the best of your knowledge.
- The HPC or HPC Application Review Team may require additional information for your application to be considered complete.

**By signing this application, the Owner authorizes the listed Applicant to appear as their representative at a public hearing before the Commission.**

\_\_\_\_\_  
OWNER NAME - Please PRINT

\_\_\_\_\_  
APPLICANT NAME - Please PRINT

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

HPC APPLICATION (Revised August 2018)