

Application #: **HPC** _____

Application Date: _____

Historic Preservation Commission Certificate of Appropriateness Application

- | | | |
|--|---|---|
| <input type="checkbox"/> AC UNIT(S) / GENERATOR(S) | <input type="checkbox"/> OUTDOOR LIGHTING | <input type="checkbox"/> ROOF / GUTTER REPAIR |
| <input type="checkbox"/> AUXILIARY STRUCTURE(S) | <input type="checkbox"/> OUTDOOR SHOWER | <input type="checkbox"/> WALKWAY REPLACEMENT |
| <input type="checkbox"/> DIRECT VENT | <input type="checkbox"/> PAINTING | <input type="checkbox"/> SIDING REPLACEMENT |
| <input type="checkbox"/> DOOR REPLACEMENT | <input type="checkbox"/> PATIO | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> EXTERIOR ALTERATIONS | <input type="checkbox"/> PORCH / BALCONY / DECK | <input type="checkbox"/> SOLAR |
| <input type="checkbox"/> FENCE INSTALL / REPLACE | <input type="checkbox"/> RAILINGS | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> NEW CONSTRUCTION / ADDITION | <input type="checkbox"/> OTHER _____ | |

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.

REQUIRED INFORMATION: *With each application, you are required to submit color photos of the property,* and, depending on the scope of work 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.

1. **BLOCK:** _____ **LOT:** _____ **QUALIFIER:** _____

2. **ADDRESS:** _____

3. **OWNER INFORMATION (required):**

Name: _____

Address: _____

Phone: _____

Email: _____

APPLICANT INFORMATION (required):

☐ APPLICANT IS THE OWNER

Name: _____

Address: _____

Phone: _____

Email: _____

4. **PROPERTY TYPE:** ☐ Single Family ☐ 2-4 Family ☐ Apartments ☐ Commercial ☐ Condo

5. **NUMBER OF UNITS (if applicable):** Residential _____ Commercial _____

6. **ZONING (if required):** Date applied _____ Date approved _____

If your scope of work includes the construction, erection, reconstruction, alteration, conversion or installation of any building or structure, Zoning approval is required prior to your application being reviewed by the Commission.

7. **Does your project include demolition of existing structures?** ☐ YES ☐ NO

If YES, you must submit DEMOLITION CALCULATIONS. Refer to Section 907 of the Neptune Township Ordinance and its Amendments.

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- ☐ I am the owner of subject property, proposing the work referenced herein. I do hereby certify that the information herein is correct and complete to the best of my knowledge.
- ☐ I hereby authorize any member of the Historic Preservation Commission to enter upon the property which is subject matter of this application, during daylight hours, for limited purpose of viewing same to report and comment to the Commission as to the pending application.
- ☐ As the property owner, I understand that the Historic Preservation Commission or the Administrative Officer for the Commission may require additional information for my application to be considered "complete" AND hereby authorize the applicant listed herein to appear before the Commission at a public hearing.

OWNER NAME – Please PRINT

APPLICANT NAME – Please PRINT

OWNER SIGNATURE

APPLICANT SIGNATURE

DATE _____

DATE _____