

Application #: **HPC** _____

Application Date: _____

Historic Preservation Commission Certificate of Appropriateness Application

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

PROPERTY IDENTIFICATION _____

ADDRESS: _____

BLOCK: _____ LOT: _____ QUALIFIER: _____

OWNER INFORMATION _____

NAME(S): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

APPLICANT INFORMATION _____

Check if same as Owner

NAME(S): _____ COMPANY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

APPLICANT CAPACITY – IF OTHER THAN OWNER (Check one):

Lessee Agent Architect Contractor Attorney Other: _____

PROPERTY INFORMATION

PROPERTY TYPE (Check one):

Single Family Multifamily: _____ 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 include 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