

Application Date: \_\_\_\_\_

Application # \_\_\_\_\_

## Historic Preservation Commission DEMOLITION PERMIT

The demolition of existing structures in Ocean Grove is contrary to the mission of the Historic Preservation Commission and any demolition must meet rigorous review criteria during the approval/denial process. Requests for demolition will be heard on a case by case basis and merits of each request shall be considered. Refer to Section 907 and its amendments of the Neptune Township Ordinance.

Please complete the entire application. Incomplete applications will not be processed.

1. Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier: \_\_\_\_\_

2. Prop. Loc: \_\_\_\_\_

3. Property Owner's Information (required):      Applicant's Information (required):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

4. Property Type:      Single        2-4 Family        Apartments        Commercial   

5. Number of Units (if applicable):      # Res. Units    \_\_\_\_\_    # of Commercial Units    \_\_\_\_\_

6. Are you applying for a partial or full demolition?       Partial       Full

7. Total Area of Structure?      \_\_\_\_\_ SF

8. Total Area Structure to be Demolished?      \_\_\_\_\_ SF      \_\_\_\_\_ %

**Describe the proposed demolition in detail the condition of existing home, area to be demolished and area to remain.**


- I am the owner proposing the work referenced herein. I do hereby certify that the information herein is correct and complete to the best of my knowledge.
- 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 above mentioned applicant to appear before the Commission at a public hearing.
- 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.

\_\_\_\_\_

**Owners Signature** **Date**

\_\_\_\_\_

**Print Owners Name**

\_\_\_\_\_

**Applicants Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Applicants Name**