

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

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

**Historic Preservation Commission**  
**Certificate of Appropriateness Application**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Air Condenser Unit(s)          | <input type="checkbox"/> New Construction/Addition       | <input type="checkbox"/> Roof/Gutter Repair           |
| <input type="checkbox"/> Auxiliary Structure(s)         | <input type="checkbox"/> Patio                           | <input type="checkbox"/> Sidewalk/Walkway Replacement |
| <input type="checkbox"/> Door Replacement               | <input type="checkbox"/> Painting                        | <input type="checkbox"/> Siding Replacement           |
| <input type="checkbox"/> Exterior Alteration(s)         | <input type="checkbox"/> Porch/Balcony/Deck Construction | <input type="checkbox"/> Windows                      |
| <input type="checkbox"/> Fence Installation/Replacement | <input type="checkbox"/> Railings                        | <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.

**REQUIRED INFORMATION:**

With each application depending on the scope of work proposed, you are required to submit color photos of the property, 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. **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. **Zoning Approval (if required)?**      Yes     No

**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.

**9. 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.**

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- 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.
- 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 above mentioned applicant to appear before the Commission at a public hearing.

\_\_\_\_\_

**Owners Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Owners Name**

\_\_\_\_\_

**Applicants Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Applicants Name**