

Application #: **HPC** _____

Application Date: 5/13/24

Historic Preservation Commission Certificate of Appropriateness Application

- | | | |
|----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> AC UNIT | <input type="checkbox"/> GATE | <input checked="" type="checkbox"/> RAILINGS |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> GENERATOR | <input type="checkbox"/> RETAINING WALL |
| <input type="checkbox"/> ARBOR | <input checked="" type="checkbox"/> GUTTERS & LEADERS | <input checked="" type="checkbox"/> ROOF |
| <input type="checkbox"/> AWNING | <input type="checkbox"/> HOT TUB | <input type="checkbox"/> SATELLITE DISH |
| <input checked="" type="checkbox"/> BALCONY | <input checked="" type="checkbox"/> LATTICE | <input type="checkbox"/> SHED |
| <input type="checkbox"/> CHIMNEY | <input type="checkbox"/> LIGHT FIXTURE | <input type="checkbox"/> SHUTTERS |
| <input checked="" type="checkbox"/> COLUMNS | <input type="checkbox"/> NEW CONSTRUCTION | <input checked="" type="checkbox"/> SIDING |
| <input checked="" type="checkbox"/> DECK | <input checked="" type="checkbox"/> ORNAMENTATION | <input type="checkbox"/> SIGN |
| <input checked="" type="checkbox"/> DOOR REPLACEMENT | <input type="checkbox"/> OUTDOOR SHOWER | <input type="checkbox"/> SKYLIGHT |
| <input type="checkbox"/> DRIVEWAY | <input checked="" type="checkbox"/> PAINT | <input type="checkbox"/> SOLAR |
| <input checked="" type="checkbox"/> EXTERIOR ALTERATIONS | <input checked="" type="checkbox"/> PATIO | <input checked="" type="checkbox"/> STAIRS |
| <input type="checkbox"/> FENCE | <input checked="" type="checkbox"/> PIERS | <input type="checkbox"/> VENT |
| <input type="checkbox"/> FLAGS / BANNERS | <input checked="" type="checkbox"/> PORCH | <input checked="" type="checkbox"/> WALKWAY |
| <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> PORCH FAN | <input checked="" 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: 14 Abbott Avenue, Ocean Grove, NJ 07756

BLOCK: 247 LOT: 3 QUALIFIER: HD-O

OWNER INFORMATION _____

NAME(S): Gregg Stone and Jill Stone

ADDRESS: 14 Abbott Ave, Ocean Grove, N.J. 07756

PHONE: [REDACTED] EMAIL: [REDACTED]

APPLICANT INFORMATION _____

Check if same as Owner

NAME(S): Shore Point Architecture COMPANY: Shore Point Architecture

ADDRESS: 108 S Main Street, Ocean Grove, NJ 07756

PHONE: 732-897-1000 EMAIL: [REDACTED]@shpb.com

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: 1885 ARCHITECTURAL STYLE: Queen Anne Eclectic

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: 5/2/24

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.

(Please See Attached Text)

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.

Cress Stone and Jill Stone
OWNER NAME – Please PRINT

[Signature] Jill Stone
OWNER SIGNATURE

4/24/24
DATE

Shore Point Architecture
APPLICANT NAME – Please PRINT

[Signature]
APPLICANT SIGNATURE

5/13/24
DATE