	and the state of t		
Application #: HPC	*	Application Date: _	05/06/24
Application #: HPC	*	Application Date: _	05/06/24

Historic Preservation Commission Certificate of Appropriateness Application

X AC UNIT	☐ GATE	™ RAILINGS		
□ ADDITION	☐ GENERATOR	☐ RETAINING WALL		
□ ARBOR	X GUTTERS & LEADERS	™ ROOF		
☐ AWNING	☐ HOT TUB	□ SATELLITE DISH		
☐ BALCONY	X LATTICE	SHED		
☐ CHIMNEY	■ LIGHT FIXTURE	□ SHUTTERS		
COLUMNS	NEW CONSTRUCTION	™ SIDING		
□ DECK	■ ORNAMENTATION	□ SIGN □ SKYLIGHT		
□ DOOR REPLACEMENT	OUTDOOR SHOWER	☐ SOLAR		
□ DRIVEWAY	X PAINT	X STAIRS		
☐ EXTERIOR ALTERATIONS	D PATIO	□ VENT		
▼ FENCE	M PIERS	M WALKWAY		
☐ FLAGS / BANNERS	M PORCH FAN	M WINDOWS		
M FOUNDATION	□ PORCH FAN	VIINDOWS		
OTHER Please complete this application in its				
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.				
ADDRESS: 37 Main Avenue, Oct	ean Grove. NJ 07756			
BLOCK: 165	LOT:	QUALIFIER: HD-O		
BLOCK				
OWNER INFORMATION —				
NAME(S): QUAYER INN LCC				
ADDRESS: 39 MAIN AVE OCEAN GROVE. NO 01756 PHONE: EMAIL:				
PHONE: _	LIVIAIL.			
APPLICANT INFORMATION				
☐ Check if same as Owner	Sho	ro Doint Architecture		
NAME(S): Shore Point Architectur	re COMPANY: Sno	re Point Architecture		
ADDRESS: 108 S Main Street, C				
PHONE: <u>732-774-6900</u>	EMAIL:abf@shore	pointarch.com		
APPLICANT CAPACITY - IF OTHER				
☐ Lessee ☐ Agent X Architect ☐ C	Contractor 🛭 Attorney 🗖 Other:			
HPC APPLICATION (Revised January 2022)		Page 1 of 2		

PROPERTY TYPE (Check one):	
☑ Single Family ☐ Multifamily: Units ☐ Comm	percial D Condo D Miyad Har
ARCHITECTURAL PERIOD / YEAR BUILT: N/A	
Does your project include demolition of 15% or more or If YES: you must apply for a Demolition Permit prior to a	f exterior of existing structure? DVES DNO
Do you have Zoning Department approval for this proje ZONING PERMIT ID# (from Zoning Permit): Please Note: If Zoning approval is required for the worl incomplete until Zoning approval is received. Incomplete Describe all proposed work to be conducted on submaterials to be used. Attach additional pages if necessary	bate APPROVED: k described on your application, your application will remain te applications will not be accepted.
(Please S	See Attached Text)
6	
By signing this application, the Applicant and Owner	ragree to the following:
	Staff, HPC Members and HPC Professionals until the
 The information herein is correct and corr 	nplete to the best of your knowledge.
 The HPC or HPC Application Review Tea be considered complete. 	am may require additional information for your application to
By signing this application, the Owner authorizes the public hearing before the Commission.	e listed Applicant to appear as their representative at a
SUZANNE RYAN	Shore Point Architecture
OWNER NAME – Please PRINT	APPLICANT NAME – Please PRINT
- Bloom	Stephenfalife
OWNER SIGNATURE	APPLICANT SIGNATURE
2.7.24	2/27/24
DATE	DATE