



Fee \$25.00
Escrow Fee \$1,800.00
HISTORIC PRESERVATION
PHONE 732-988-5200
FAX 732-988-4259

Application Date : 5/5/2023

Application No. : _____

Historic Preservation Commission Certificate of Appropriates for Demolition

In accordance with Ordinance No. 07-46, an Applicant seeking to demolish or partially demolish a structure within the Historic District shall first submit an application for a demolition approval to the Secretary, Historic Preservation Commission, on forms prepared or otherwise prescribed by the Commission.

With this application, it is required that you submitted copies of any maps or surveys, photographs, reports of experts retained by the Applicant to be presented at the demolition hearing, and demolition plans. The demolition plans must clearly indicated the areas to remain and the areas to be demolished along with the demolition calculations. Please note, additional information or documents by be requested by the Commission.

Please complete this application in its entirety.

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

Year Built: _____ Architectural Classification: _____ Architectural Style: _____

Are you applying for a partial demolition or demolition? ☐ Partial ☐ Full

Total Area of the Exterior of the Structure (including the roof). _____ Square Feet

Total Area of the Structured to Be Demolished. _____ Square Feet

Demolition Percentage. _____ %

[illegible]

- 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.

OWNER NAME - Please PRINT

OWNER SIGNATURE _____

DATE _____

Arthropathik

DATE _____