HISTORIC PRESERVATION PHONE 732-988-5200 FAX 732-988-4259

Neptune
Township - NI
Where Community, Business & Tourism Prosper

Application #: HPC 2022 / 186

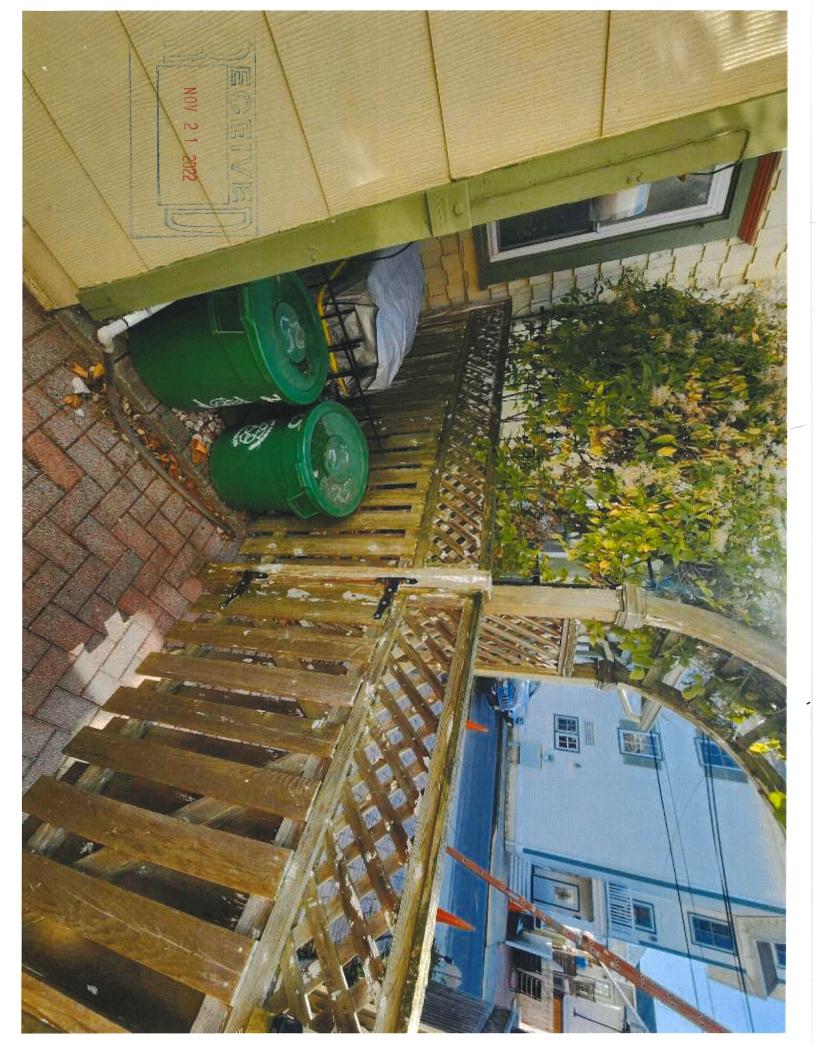
Application Date: ____

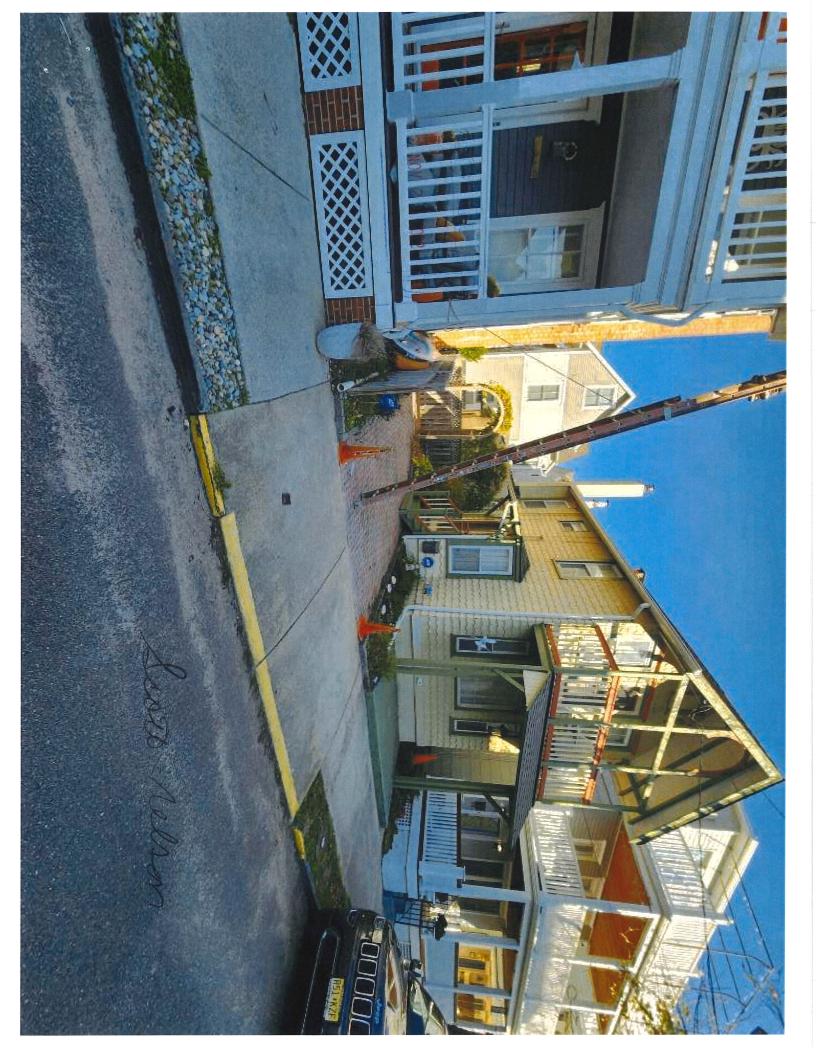
11/10/2022

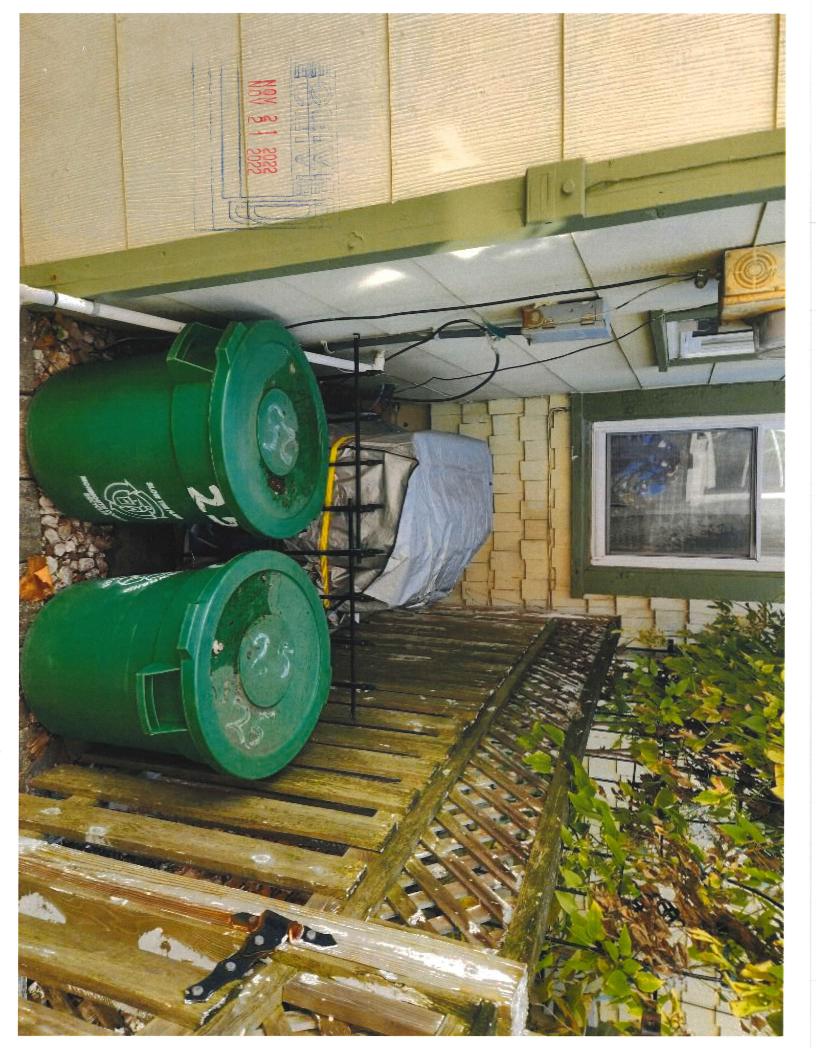
Historic Preservation Commission Certificate of Appropriateness Application

□ ADDITION □ C □ ARBOR □ C □ AWNING □ H	GENERATOR GUTTERS & LEADERS HOT TUB	□ RAILINGS □ RETAINING WALL □ ROOF □ SATELLITE DISH	
□ CHIMNEY □ COLUMNS □ DECK □ C	LIGHT FIXTURE NEW CONSTRUCTION ORNAMENTATION	□ SHED □ SHUTTERS □ SIDING □ SIGN □ SKYLIGHT	
□ DRIVEWAY □ EXTERIOR ALTERATIONS □ FENCE □ FLAGS / BANNERS □ F	PAINT PATIO PIERS PORCH	□ SOLAR □ STAIRS □ VENT □ WALKWAY □ WINDOWS	
☑ OTHER Replacement HV/	AC System		
or any other useful references for review. Once additional information or copies of your application PROPERTY IDENTIFICATION	e your application is scheduled for a m	samples, color samples, catalog cuts,	
or any other useful references for review. Once additional information or copies of your applications.	e your application is scheduled for a mation and other submitted documents.	samples, color samples, catalog cuts, eeting, you may be required to submit	
or any other useful references for review. Once additional information or copies of your application PROPERTY IDENTIFICATION ADDRESS: 25 Olin Street	e your application is scheduled for a mation and other submitted documents.	samples, color samples, catalog cuts, eeting, you may be required to submit	
PROPERTY IDENTIFICATION ADDRESS: 25 Olin Street NAME(S): Kathleen Williamson ADDRESS: 25 Olin Street	e your application is scheduled for a mation and other submitted documents.	samples, color samples, catalog cuts, eeting, you may be required to submit	
PROPERTY IDENTIFICATION ADDRESS: 25 Olin Street BLOCK: 147 LOT DWNER INFORMATION NAME(S): Kathleen Williamson	e your application is scheduled for a mation and other submitted documents.	samples, color samples, catalog cuts, eeting, you may be required to submit	
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PROPERTY IDENTIFICATION ADDRESS: 25 Olin Street BLOCK: 147 LOT DWNER INFORMATION NAME(S): Kathleen Williamson ADDRESS: 25 Olin Street PHONE: APPLICANT INFORMATION Check if same as Owner NAME(S): Scott Nelson ADDRESS: 531 Main Street, Allenhurst, NJ 07 PHONE: PHONE: 1531 Main Street, Allenhurst, NJ 07	e your application is scheduled for a mation and other submitted documents. 14 QUA EMAIL: COMPANY: Oceanside Section COMPANIC: EMAIL:	samples, color samples, catalog cuts, eeting, you may be required to submit	
PROPERTY IDENTIFICATION ADDRESS: 25 Olin Street BLOCK: 147 LOT DWNER INFORMATION ADDRESS: 25 Olin Street PHONE: PHONE: PHONE: Phone is a sum of the company of the com	e your application is scheduled for a mation and other submitted documents. 14 QUA EMAIL: COMPANY: Oceanside S 7711 EMAIL: N OWNER (Check one):	samples, color samples, catalog cuts, eeting, you may be required to submit LIFIER: ervice	

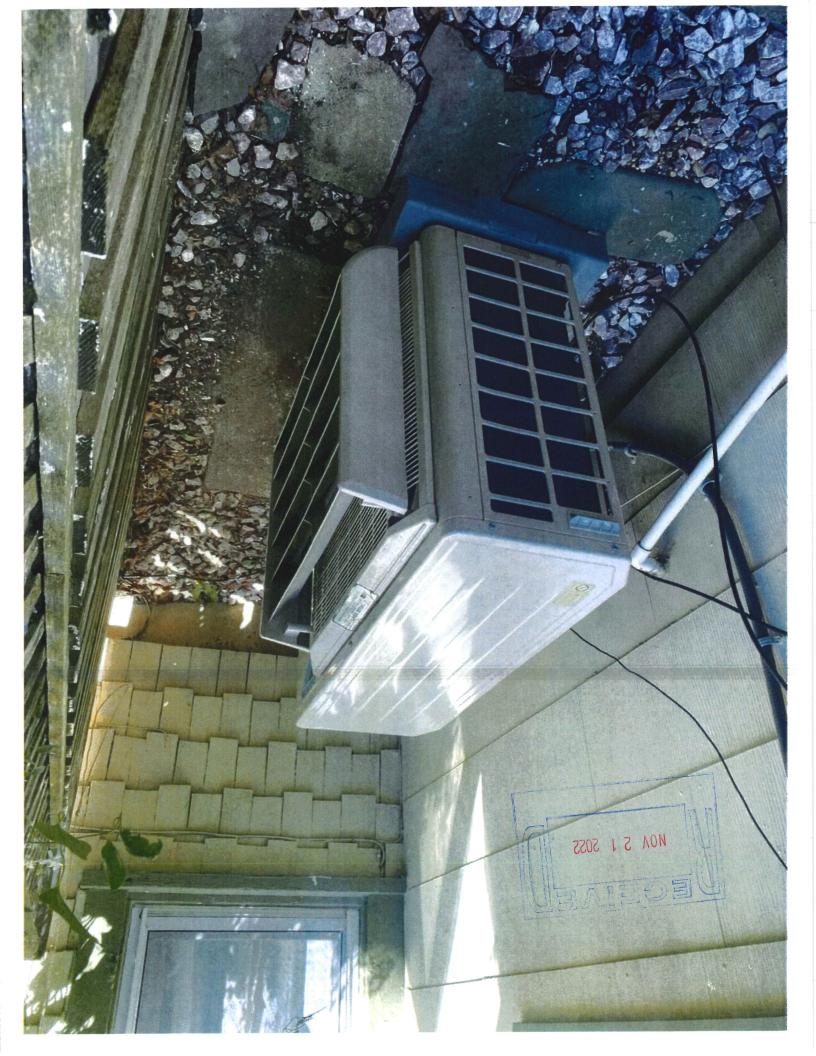
PROPERTY TYPE (Check one):	
☑ Single Family ☐ Multifamily: Units ☐ Commercial	Condo D Miyad Usa
ARCHITECTURAL PERIOD / YEAR BUILT: ARCH	
Does your project include demolition of 15% or more of exter If YES: you must apply for a Demolition Permit prior to applying	rior of existing structure? D VES D NO
Do you have Zoning Department approval for this project? ZONING PERMIT ID# (from Zoning Permit): Please Note: If zoning approval is required for the work descincomplete until zoning approval is received. Incomplete app	YES NO N/A DATE APPROVED: ribed on your application will remain lications will not be accepted.
Describe all proposed work to be conducted on subject p materials to be used. Attach additional pages if necessary.	roperty below. Be sure to include all colors and
Replacement HVAC system	
 By signing this application, the Applicant and Owner agree Property site visits by Neptune Township Staff 	•
project has been deemed to be complete.	The Members and the Christophals arith the
 The information herein is correct and complete 	
 The HPC or HPC Application Review Team ma be considered complete. 	ay require additional information for your application to
By signing this application, the Owner authorizes the liste public hearing before the Commission.	d Applicant to appear as their representative at a
KITHLEN WILLIAMSON	Scott Nelson
OWNER MAME - Please PRINT	APPLICANT NAME – Please PRINT
OWNER SIGNATURE	APPLICANT SIGNATURE
11/10/22	11/10/35
DATE	DATE



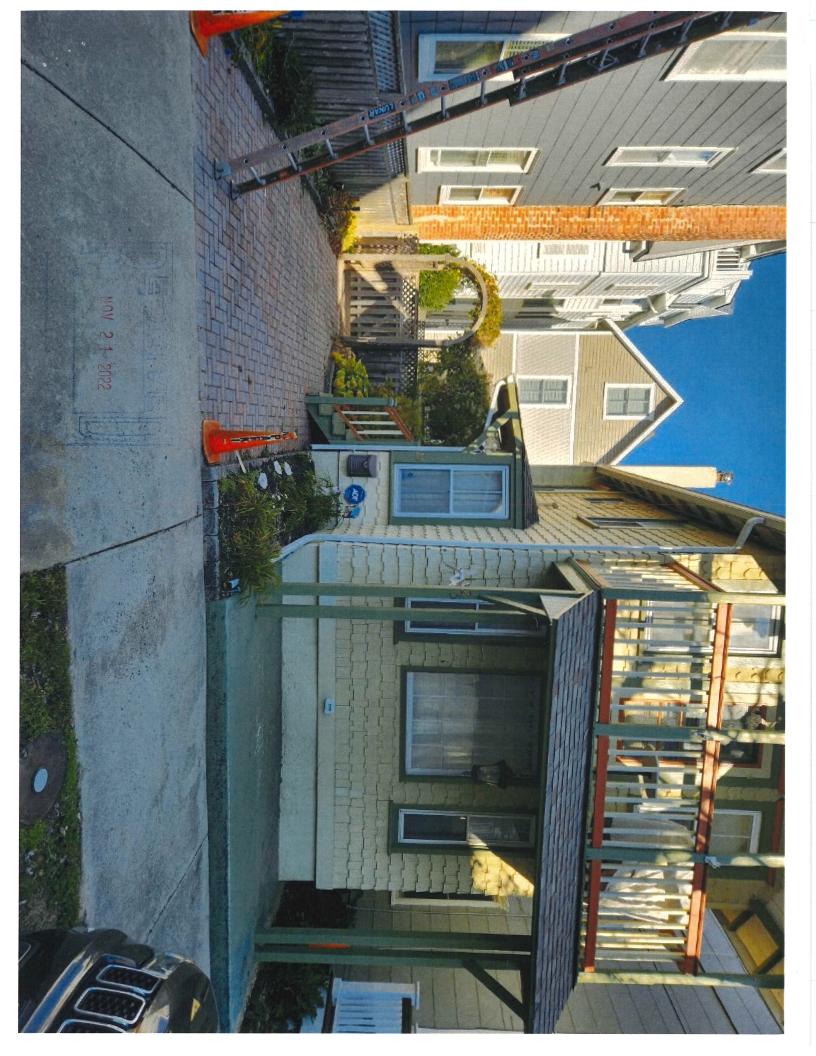


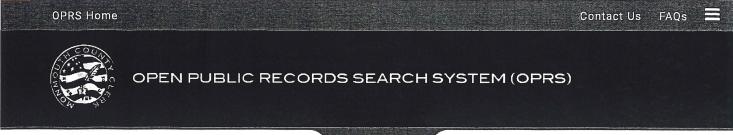






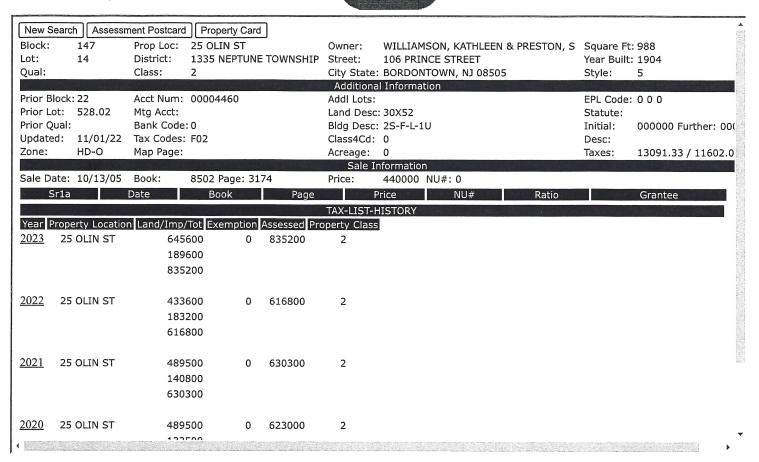






Tax Board ▶

Mod IV



Terms of Use

Rel 2022-1