



Fee \$10.00

HISTORIC PRESERVATION  
PHONE 732-988-5200 Ext.278

Application #: **HPC** \_\_\_\_\_

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

### Historic Preservation Commission Certificate of Appropriateness Application

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> AC UNIT              | <input type="checkbox"/> GATE              | <input type="checkbox"/> RAILINGS       |
| <input checked="" type="checkbox"/> ADDITION  | <input type="checkbox"/> GENERATOR         | <input type="checkbox"/> RETAINING WALL |
| <input type="checkbox"/> ARBOR                | <input type="checkbox"/> GUTTERS & LEADERS | <input type="checkbox"/> ROOF           |
| <input type="checkbox"/> AWNING               | <input type="checkbox"/> HOT TUB           | <input type="checkbox"/> SATELLITE DISH |
| <input type="checkbox"/> BALCONY              | <input type="checkbox"/> LATTICE           | <input type="checkbox"/> SHED           |
| <input type="checkbox"/> CHIMNEY              | <input type="checkbox"/> LIGHT FIXTURE     | <input type="checkbox"/> SHUTTERS       |
| <input type="checkbox"/> COLUMNS              | <input type="checkbox"/> NEW CONSTRUCTION  | <input type="checkbox"/> SIDING         |
| <input type="checkbox"/> DECK                 | <input type="checkbox"/> ORNAMENTATION     | <input type="checkbox"/> SIGN           |
| <input type="checkbox"/> DOOR REPLACEMENT     | <input type="checkbox"/> OUTDOOR SHOWER    | <input type="checkbox"/> SKYLIGHT       |
| <input type="checkbox"/> DRIVEWAY             | <input type="checkbox"/> PAINT             | <input type="checkbox"/> SOLAR          |
| <input type="checkbox"/> EXTERIOR ALTERATIONS | <input type="checkbox"/> PATIO             | <input type="checkbox"/> STAIRS         |
| <input type="checkbox"/> FENCE                | <input type="checkbox"/> PIERS             | <input type="checkbox"/> VENT           |
| <input type="checkbox"/> FLAGS / BANNERS      | <input type="checkbox"/> PORCH             | <input type="checkbox"/> WALKWAY        |
| <input type="checkbox"/> FOUNDATION           | <input type="checkbox"/> PORCH FAN         | <input 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](http://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: 140 Abbott Ave.  
BLOCK: 238 LOT: 5 QUALIFIER: \_\_\_\_\_

**OWNER INFORMATION** \_\_\_\_\_

NAME(S): Carolyn Ripley  
ADDRESS: 50 Rohiwee Rd, Ivyland, PA 18974  
PHONE: 215-436-4111 EMAIL: carolynripley17@gmail.com

**APPLICANT INFORMATION** \_\_\_\_\_

Check if same as Owner  
NAME(S): Chris Mott COMPANY: Chris Mott Custom Builders, LLC  
ADDRESS: PO Box 37, Ocean Grove, NJ 07756  
PHONE: 973-945-3818 EMAIL: mottbuilders@gmail.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: \_\_\_\_\_ ARCHITECTURAL STYLE: \_\_\_\_\_

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: 9/5/24

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.**

New 1 story rear addition

**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.**

Carolyn Ripley

OWNER NAME – Please PRINT

*Carolyn Ripley*

OWNER SIGNATURE

9/9/24

DATE

Chris Mott Custom Builders, LLC

APPLICANT NAME – Please PRINT

*chris mott*

APPLICANT SIGNATURE

9/9/24

DATE