

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

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

## Historic Preservation Commission Certificate of Appropriateness Application

- |   |   |   |
|---|---|---|
| <input checked="" 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 checked="" type="checkbox"/> LIGHT FIXTURE | <input type="checkbox"/> SHUTTERS           |
| <input type="checkbox"/> COLUMNS              | <input type="checkbox"/> NEW CONSTRUCTION         | <input checked="" 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 checked="" 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 checked="" 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](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: 36 WEBB AVENUE, OCEAN GROVE

BLOCK: 231 LOT: 3 QUALIFIER: \_\_\_\_\_

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

NAME(S): DAVID ISRANI & GAYLE KENNEDY

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

Check if same as Owner

NAME(S): MARK ALEXANDWER PAVLIV, AIA COMPANY: THE ARCHITECT'S STUDIO

ADDRESS: 215 MORRIS AVENUE, SECOND FLOOR, SPRING LAKE, NJ 07762

PHONE: 732-776-8777 EMAIL: MP77AIA@AOL.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: 1889 ARCHITECTURAL STYLE: EASTLAKE

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: \_\_\_\_\_

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.

APPLICANT REQUESTS ADMINISTRATIVE APPROVAL FOR PROPOSED 218sf SECOND FLOOR REAR ADDITION TO THE EXISTING DWELLING CONSISTING OF A NEW BATH. SECOND FLOOR BATHROOM. NO CHANGE TO THE EXISTING FOOTPRINT IS PROPOSED. REAR EXPANSION OF AN UNDERSIZED BEDROOM AND THE EXISTING HALL BATHROOM IS ALSO PROPOSED. SITE WORK TO INCLUDE THE EXPANSION OF THE REAR PATIO WITH MATCHING GRAY SLATE IN AN APPROX 10x13' AREA. NEW BEDROOM WINDOWS TO BE SOLID CORE WOOD 400 SERIES IN WHITE TO MATCH EXISTING; SIDING AT PROPOSED ADDITION TO BE NEW CEMENT SHINGLE SIDING TO MATCH EXISTING ASBESTOS SIDING IN BLUE COLOR. TO MATCH EXISTING ROOF SHINGLE TO MATCH TIMBERLINE SLATE GRAY. OWNER TO SUBMIT CATALOG CUTS OF NEW AND REPLACEMENT EXTERIOR LANTERNS AND FRONT PORCH CEILING FAN FOR HPC ADMINISTRATIVE REVIEW AND APPROVAL ONCE FINAL SELECTIONS ARE MADE. EXISTING NON-FUNCTIONAL AND UNSAFE CONCRETE CHIMNEY TO BE REPLACED. TWO NEW UPFLOW AC CONDENSERS ARE PROPOSED AS INDICATED ON PLAN.

**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.**

DAVID ISRANI & GAYLE KENNEDY

OWNER NAME – Please PRINT

OWNER SIGNATURE

10/22/24

DATE

MARK ALEXANDER PAVLIV, AIA

APPLICANT NAME – Please PRINT

APPLICANT SIGNATURE

10/23/24

DATE