

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 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. 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: _____

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 TYPE (Check one):

ARCHITECTURAL PERIOD / YEAR BUILT: _____ ARCHITECTURAL STYLE: _____

If YES: you must apply for a Demolition Permit prior to applying for a Certificate of Appropriateness.

ZONING PERMIT ID# (from Zoning Permit): _____ **DATE APPROVED:** _____

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are two prominent red lines near the top of the page, which likely serve as margins or headers. The rest of the page is filled with standard black horizontal lines.

- 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

APPLICANT NAME – Please PRINT

OWNER SIGNATURE _____

APPLICANT SIGNATURE

DATE _____

DATE _____