

HISTORIC PRESERVATION PHONE 732-897-4162 Ext.200

Application #: HPC 2023-082 Application Date: 05/22/23

## Historic Preservation Commission Certificate of Appropriateness Application

☐ AC UNIT	☐ GATE	☐ RAILINGS
□ ADDITION	☐ GENERATOR	□ RETAINING WALL
☐ ARBOR	☐ GUTTERS & LEADERS	□ ROOF
☐ AWNING	☐ HOT TUB	☐ SATELLITE DISH
☐ BALCONY	☐ LATTICE	☐ SHED
□ CHIMNEY	XX) LIGHT FIXTURE	☐ SHUTTERS
□ COLUMNS	□ NEW CONSTRUCTION	☐ SIDING
☐ DECK	□ ORNAMENTATION	☐ SIGN
M DOOR REPLACEMENT	OUTDOOR SHOWER	C) SKYLIGHT
□ DRIVEWAY	D PAINT	□ SOLAR
□ EXTERIOR ALTERATIONS	□ PATIO	☐ STAIRS
☐ FENCE	☐ PIERS	□ VENT
☐ FLAGS / BANNERS	D PORCH FAN	□ WALKWAY
☐ FOUNDATION	□ PORCH FAN	<b>M</b> WINDOWS
□ OTHER		
depending on the scope of work propose or any other useful references for review additional information or copies of your a	ed, architectural plans or sketches . Once your application is scheduk	to submit color photos of the property, and, material samples, color samples, catalog cuts, ed for a meeting, you may be required to submit cuments.
PROPERTY IDENTIFICATION—— ADDRESS: 21 Bath Ane	, Ocean Grove, No	T 07756
BLOCK: 113	LOT: 11	QUALIFIER: HD-O
BLOCK	LO1	QOALII ILIK.
owner information  NAME(S): Ardelle Magle		
ADDRESS: 2000 Cambrida	20 Aug #217, W	uomissura, PA 19610
PHONE:	EMAIL:	
FHONE.	LIVIAL.	
APPLICANT INFORMATION ———		
☐ Check if same as Owner		
NAME(S): Andrea Fitzpatrick, AlA	A COMPANY: St	nore Point Architecture
ADDRESS: 108 S Main Street, O		
PHONE: _	EMAIL: _	
APPLICANT CAPACITY - IF OTHER	THAN OWNER (Check one):	
🗅 Lessee 🕒 Agent 🛭 Architect 🗀 C	ontractor 🛘 Attorney 🗘 Other	

PROPERTY TYPE (Check one):	, , , , , , , , , , , , , , , , , , ,
Single Family ☐ Multifamily: Units ☐ Commercia	al 🗆 Condo 🗅 Mixed Use
ARCHITECTURAL PERIOD / YEAR BUILT: 1899 ARC	
Does your project include demolition of 15% or more of external of YES: you must apply for a Demolition Permit prior to apply	erior of existing structure? 🗆 YES 🛮 NO
Do you have Zoning Department approval for this project? ZONING PERMIT ID# (from Zoning Permit): 561144873  Please Note: If Zoning approval is required for the work desincomplete until Zoning approval is received. Incomplete approval is received.	DATE APPROVED: _05/15/23 scribed on your application, your application will remain
Describe all proposed work to be conducted on subject materials to be used. Attach additional pages if necessary.	property below. Be sure to include all colors and
(PLEASE S	EE ATTACHED TEXT)
By signing this application, the Applicant and Owner ag	ree to the following:  off, HPC Members and HPC Professionals until the
project has been deemed to be complete.	III, HPC Members and HPC Professionals until the
The information herein is correct and comple	te to the best of your knowledge.
<ul> <li>The HPC or HPC Application Review Team r be considered complete.</li> </ul>	may require additional information for your application to
By signing this application, the Owner authorizes the lis public hearing before the Commission.	ted Applicant to appear as their representative at a
Ardelle J. Nagle	Andrea Fitzpatrick, AIA
OWNER NAME - Please PRINT	APPLICANT NAME – Please PRINT
Ordelle H Magle OWNER SIGNATURE	APPLICANT SIGNATURE
4(30)2023	05/15/23
DATE	DATE