



TOWN OF DOVER

Historic Preservation Commission

COUNTY OF MORRIS
37 North Sussex Street, Dover N.J. 07801
(973) 366-2200

CERTIFICATE OF HISTORIC REVIEW APPLICATION

FOR TOWN USE ONLY

Application No.: _____ Date Filed: _____

For: Certificate of Historic Review Advice to Planning Board Advice to Board of Adjustment
Board Meeting Date: _____

Application Fees: _____ Initial Escrow Deposit: _____

Scheduled Meeting Date: _____ Action: Approved Approved with Conditions Denied

Report to: Planning Board Board of Adjustment Date Sent: _____

APPLICANT

Name: _____

Address: _____

Telephone Number: _____

SUBJECT PROPERTY

Location/Address: _____

Block: _____ Lot(s): _____

PROPOSED WORK

Demolition Addition New Construction Change in the Exterior Appearance

Change in the Exterior Appearance Includes New (Add additional sheets if needed to fully describe):

Façade Material Color Texture

Describe: _____

Awning
Describe: _____

Signage
Describe: _____

Window(s)
Describe: _____

Door(s)
Describe: _____

Lighting
Describe: _____

Roof
Describe: _____

Other Architectural Feature
Describe: _____

PROPERTY OWNER

Property Owner is:

Same as Applicant Other Than Applicant

If property owner is other than the applicant, provide the following information on the property owner(s):

Name of Property Owner: _____

Address: _____

Telephone Number: _____

CERTIFICATE OF HISTORIC REVIEW APPLICATION (cont.)

ZONING DISTRICT(S)

RESIDENTIAL
 R-1 (Single-Family) R-2 (Single-Family) R-3 (Two-Family) R-4 (Multifamily Garden Apt)

NON-RESIDENTIAL
 C-1 (Retail Commercial) C-2 (General Commercial) C-3 (Commercial - Lt. Ind.)
 IND (Industrial) IND/OP (Industrial/Office Park) RAD (Redevelopment Area Distr.)

Does the subject property contain restrictions, covenants, easements, association by-laws, existing or proposed on the property?

Existing: Yes (attach copies) No *Proposed:* Yes (attach copies) No

DESCRIPTION OF APPLICATION

Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use(s) of the premises (attach pages as needed):

SUBMITTALS

List of Plan and other material being submitted in support of your application (attach pages as needed):

<i>Title</i>	<i>No. of Copies Prepared By</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Photographs Material Samples Paint Samples Catalog Cuts
 Other: _____

NOTE: Applications for Demolition shall include additional Submittals, Postings and Published Notice in accordance with §236-96.8.C.

OTHER

Would you like to be present at the Commission Meeting? Yes No
(If "Yes", you will be notified of the Meeting Time, Date & Location)

Applicant's Attorney _____
(Required for Corporations) Address _____
Telephone _____
Fax _____

Other Professional _____
Field of Expertise _____
Address _____
Telephone _____
Fax _____

CERTIFICATE OF HISTORIC REVIEW APPLICATION (cont.)

CERTIFICATIONS

Applicant's Certification

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant.

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

Sworn to and subscribed before me this _____ day of _____, 20____

APPLICANT:

NOTARY PUBLIC

(Printed Name)

(Signature of Applicant)

Owner Certification

I certify that I am the Owner of the property which is the subject of this application, and that I have authorized the applicant to make this application and that I agree to be bound by this application, the representations made and the decision in the same manner as if I were the applicant. I further certify that I am the individual Owner or that I am an Officer of the Corporate Owner and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership Owner.

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

Sworn to and subscribed before me this _____ day of _____, 20____

OWNER:

NOTARY PUBLIC

(Printed Name)

(Signature of Applicant)

Approval to Enter Premises

This Applicant and Owner hereby grant(s) permission to members of the various Town Government Boards and Agencies and or Commissions involved with this application to enter upon the subject premises for inspection and study pertaining to this application until the application is either granted or denied.

Sworn to and subscribed before me this _____ day of _____, 20____

OWNER:

NOTARY PUBLIC

(Printed Name)

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____, 20____

APPLICANT:

NOTARY PUBLIC

(Printed Name)

(Signature of Applicant)

Escrow

I understand that the sum of \$ _____ has been deposited in an escrow account in accordance with the Code of the Town of Dover. I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the additional amount and shall add that sum to the escrow account within fifteen (15) days.

Date

Signature of Applicant