



Borough of Hamburg Historic Preservation Application

All Applications

Please note: 13 sets of the completed application form and supporting documents must be submitted to the Commission Secretary. *Also note: Unfolded plans will not be accepted.*

Date Submitted: _____

For Municipal Office Use ONLY	
Application Number: _____	
Application: Approved on : _____ Denied on : _____ Withdrawn on: _____	Resolution Preliminary: _____ Final: _____

Application is for:	
Historic Site: <input type="checkbox"/> Designation <input type="checkbox"/> Exterior Alteration/Repair <input type="checkbox"/> Addition <input type="checkbox"/> New Construction <input type="checkbox"/> Garage/Outbuilding <input type="checkbox"/> Demolition <input type="checkbox"/> Whole Primary Structure <input type="checkbox"/> Part Primary Structure <input type="checkbox"/> Garage/Outbuilding <input type="checkbox"/> Building Relocation <input type="checkbox"/> Other	Historic District: <input type="checkbox"/> Designation <input type="checkbox"/> Exterior Alteration/Repair <input type="checkbox"/> Addition <input type="checkbox"/> New Construction <input type="checkbox"/> Garage/Outbuilding <input type="checkbox"/> Demolition <input type="checkbox"/> Whole Primary Structure <input type="checkbox"/> Part Primary Structure <input type="checkbox"/> Garage/Outbuilding <input type="checkbox"/> Building Relocation <input type="checkbox"/> Other

Present Use:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Government <input type="checkbox"/> Transportation <input type="checkbox"/> Military <input type="checkbox"/> Entertainment	<input type="checkbox"/> Museum <input type="checkbox"/> Park <input type="checkbox"/> Private Residential <input type="checkbox"/> Religious <input type="checkbox"/> Scientific <input type="checkbox"/> Industrial <input type="checkbox"/> Other

Part 1

1. Applicants Contact Information

First Name Last Name

Name of Project

Address 1

City State Zip Code

Phone Number Fax Number

Email Address

4. Contractor representing the applicant:

First Name Last Name

Organization

Address 1

Address 2

City State Zip

Contractor Phone Number Contractor Fax Number

Contractor Email Address

5. Owner Property

Name of Owner

Owner Address 1

Owner Address 2

Owner City

Owner State

Owner Zip Code

Owner Phone Number

Owner Fax Number

Owner Email Address

NOTE: If the application is being made by anyone other than the owner of the property, attach written authorization from the property owner to the applicant permitting this application to be submitted.

6. To whom should municipal correspondence and notices be sent?

() Applicant () Contractor () Owner

7. Applicants Landscape Designer

First Name

Last Name

Organization

Address 1

Address 2

City

State

Zip code

Phone Number

Fax Number

Email Address

8. Applicants Architect

First Name

Last Name

Organization

Address 1

Address 2

14: Have there been any previous proceedings before the Historic Preservation Commission regarding the lands described above?

() Yes, answer below () No

Applicant Name: _____

Applicant Number: _____

Applicant Date: _____

Applicant Action: _____

Give the dates, details and disposition of the previous proceedings

15. Have property taxes been paid up to date?

() Yes, attach receipts () No, explain below

16. Have there been any past and/or present business relationships with any member of the Board?

() Yes, explain below () No

Part 3

1. The land in question is

_____ feet by _____ feet, containing _____ (sq. ft.) and _____ % of areas is now covered with buildings or structures.

2. The building or structure to be constructed is

_____ Feet by _____ feet and is _____ feet high and _____ stories, Containing _____ square feet, _____ square feet and _____ square feet on each story.

3. The building structure has

A front line set back of _____ feet, side line set back of _____ feet, and rear line set back of _____ feet.

4. The average front set back of

Adjoining structures is _____ feet; the largest setback is _____ feet and the smallest Is _____ feet.

Part 4

Certification of Applicant

I, (We,) the undersigned applicant(s), being sworn, upon my (our) oath(s) depose and say that the statements contained herein are true to the best of my (our) knowledge, information and belief.

Signature of Applicant

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____

Notary Public

Part 5

Affidavit of consent of Record Owner

State of New Jersey

SS:

County of: _____

_____, of full age, having duly sworn, according to law on his/her
oath, deposes and says that he/she resides at _____, in the

County of _____ in the State of _____, that he/she is the owner if fee of all that certain lot, piece or
parcel of land situated, lying and being in the Borough of Hamburg aforesaid, and known and designated as

Block(s) _____, Lot(s) _____, and that he hereby consents and
authorizes the applicant make the within application.

Signature of Record Owner

Subscribed and sworn to before this _____ day of _____.

Notary Public

Part 6

Site Inspection Authorization Form

I hereby give permission for the Borough of Hamburg Municipal Agencies and their agents to come upon and
inspect these premises with respect to this application on Block _____ Lot _____.

Owner Signature

Date

Applicant Signature

Date

Part 7

Certification of Payment of Taxes

I, _____ Tax Collector of the Borough of Hamburg, hereby certify that the property taxes on the property known as Block(s) _____, Lot(s) _____, as shown on the Township's Tax Assessment Maps, have been paid through the _____ quarter and that the taxes on the aforementioned property are not past due nor are there any penalties, assessments, or interest due or outstanding as of this date.

Signature of Tax Collector

Date

Part 8

Agenda Scheduling

If your filing is administratively complete, the Commission professionals will review the filing and checklist within 45 days of receipt and render a report to the Commission secretary indicating if the application can be filed. You will receive written notification from the Commission secretary with their reports immediately upon receipt. Additional information and forms of notice, if applicable will be sent at that time.

Part 9

General Information:

- 1) Meetings of the Historic Prevention Commission are held on the last Wednesday of each month. Meeting dates are subject to change or cancellation.
- 2) Certification of payment of taxes can be obtained from the Tax Collector (973-827-9230 x16) at the Borough of Hamburg office Monday through Friday 8:00 a.m.—3:00 p.m. for a fee of \$1.00 (this is a reference for **Part 7**)
- 3) It is recommended that you seek the advice of a legal professional for the application process.

Part 10

General Check List

NOTE: All applications shall include the following. If any of the below are checked NO please list details as to why (use a separate piece of paper if necessary).

- () Yes () No Photographs of the existing structure or lot
- () Yes () No Scaled drawings showing site plan layout, façade elevations and specifications for materials.
- () Yes () No For new construction applications, a streetscape elevation drawn to scale, showing the new structure in the context of neighboring buildings, structures and sites.
- () Yes () No For Large projects, working drawings
- () Yes () No Compliance with the Historic Land Use Commission Ordinances

Details: _____
