



CITY OF OCEAN CITY
HISTORIC PRESERVATION COMMISSION
115 12th STREET
OCEAN CITY, NJ 08226
609-399-6111 * FAX 609-399-8419

Dear Applicant:

The City of Ocean City Historic District was created in 1992 pursuant to the City of Ocean City Code Section 25-1800.1 et seq.

The rules and regulations that govern the means through which the Historic District operate, are encompassed in the City of Ocean City Code Section 25-1800.1 et seq. A copy of the City Ordinances as they relate to the Historic Preservation may be found on line at www.ocnj.us.

As a general rule, in order to conduct certain demolition, new construction, or rehabilitation within the Historic District, Historic Preservation Commission approval is required. The first step in obtaining Historic Preservation Commission approval is to complete an application and submit it with a check in the amount of \$750.00 (\$150 application fee and \$600 escrow fee) or \$375.00 for restoration/rehabilitation (\$75 application fee and \$300 escrow fee), as per Vol. I, Schedule L, 32, payable to the *City of Ocean City*. Please confirm amount with the Commission prior to submission. Applications may be found at the Planning Office or on line at www.ocnj.us. The application and all supporting documentation may be dropped at the Department located at 115 12th Street, Ocean City, NJ 08226.

If demolition and/or new construction is proposed applicants must submit 6 (six) sets of architectural plans with the application. Additional requirements are contained in Section 25-1800.5.5. It is not necessary to submit plans if you are only applying for demolition.

Please feel free to contact the recording secretary with any questions you may have pertaining to your application at (609) 399-6111, ext. 9759.

Thank you,

The City of Ocean City
Historic Preservation Commission



**CITY OF OCEAN CITY
HISTORIC PRESERVATION COMMISSION
115 12th STREET OCEAN CITY, NJ 08226
609-399-6111 * FAX 609-525-2496**

Application Date: _____
Office Use Only

Application #: _____
Office Use Only

**Historic Preservation Commission
Application**

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Condenser units | <input type="checkbox"/> New Construction/Addition | <input type="checkbox"/> Sidewalk/Walkway replacement |
| <input type="checkbox"/> Auxiliary Structure(s) | <input type="checkbox"/> Patio | <input type="checkbox"/> Siding Replacement |
| <input type="checkbox"/> Door Replacement | <input type="checkbox"/> Porch/Balcony/Deck Construction | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Exterior Alteration(s) | <input type="checkbox"/> Railings | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fence Installation/Replacement | <input type="checkbox"/> Roof/Gutter Repair | |

REQUIRED INFORMATION:

With each application depending on the scope of work proposed, you are required to submit color photographs of the property (minimum of six of the overall property and work area plus any available historic photographs), architectural plans or sketches, material samples, color samples, catalog cuts, or any other useful references for review. Before your application is deemed complete and scheduled for a hearing, you may be required to submit additional information or copies of your application and other submitted documents.

1. **Block:** _____ **Lot:** _____

2. **Site Address:** _____

3. **Property Owner's Information (Required):**

Applicant's Information (Required):

Check if same as Property Owner

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

4. **Property Type:** Single 2-4 Family Apartments Commercial

5. **Number of Units (if applicable):** # Res. Units: _____ #Commercial Units: _____

6. **Zoning Approval (if required):** Yes No

If your scope of work includes the construction, erection, reconstruction, alteration, conversion or installation of any building or structure, zoning approval is required prior to your application being reviewed by the Commission.

7. **Does your project include the demolition of existing structure(s):** Yes No

8. Describe all proposed work to be conducted on the subject property below. Be sure to include all items to be removed and/or replaced and all new materials to be used. Attached additional pages if necessary.

I am the Property Owner of record proposing the work referenced herein. I do hereby certify that the information herein is correct and complete to the best of my knowledge.

I hereby authorize any member of the Historic Preservation Commission to enter upon the property which is subject matter of this application, during daylight hours, for limited purpose of viewing same to report and comment to the Commission as to the pending application.

As the Property Owner of record, I understand that the Historic Preservation Commission or the Administrative Officer for the Commission may require additional information for my application to be considered "complete" AND hereby authorize the above mentioned applicant to appear before the Commission at a public hearing.

Owner's Signature

Date

Print Owner's Name

Applicant's Signature

Date

Print Applicant's Name

Commission Member's Signature

Date

Print Commission Member's Name

Commission Member's Signature

Date

Print Commission Member's Name

ESCROW FEES SUBMITTED
FINANCIAL DISCLOSURE STATEMENT

Section 25-1300.15.2 Amounts Specified Are Estimates, of the Ocean City Zoning Ordinance, 88-27, Volume II, reads as follows:

The amounts specified for escrow deposits are estimates, and it is recognized additional escrow fees may be necessary in particular applications. In the event that more than the amount specified for escrow is required in order to pay the reasonable costs incurred, the applicant, shall prior to being permitted to move forward in the approval procedure, or prior to being permitted to move forward in the approval procedure, or prior to obtaining Certificates of Occupancy for any portion of the application project, pay all additional required sums.

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I have read Section 25-1300.15.2 and understand that additional escrow fees may be charged at a later date. I herewith agree to pay these additional charged fees. If I fail to pay these fees when requested, I understand that the City will also charge reasonable attorney's fees for the collection of these fees.

Please Print Clearly

(Name)

(Daytime Phone)

(Billing Address)

(Signature)

(Date)