



## **Historic Preservation Commission Application Form Instruction Sheet**

Before any exterior work on a structure in the Historic District begins, the Historic Preservation Commission (HPC) must review and approve alterations, new construction, demolition, or changes to important landscape features. An HPC Review Committee may review applications for minor work without holding a public hearing and issue an Approval in Review (AIR). An AIR remains active for two years from the approval date. If HPC determines that an application must be reviewed by the full HPC based on the scope of the work or the significance of the structure, you will be notified.

Applications for demolitions, relocations, additions, new houses and solar panels require a full commission hearing.

### **PLEASE COMPLETE AND SUBMIT THE FOLLOWING DOCUMENTS IN THIS ORDER:**

- \_\_\_ HPC Application Form: Legal Property Name, Owner's Home Address, Printed Email Addresses
- \_\_\_ Materials Checklist
- \_\_\_ Proof Of Payment Of Taxes Form - can email a pdf to: [dlindholm@capemaycity.com](mailto:dlindholm@capemaycity.com) to complete the bottom
- \_\_\_ Roofing/Siding Page, only if applicable
- \_\_\_ Historic Property Report [www.capemaycity.com/departments/boardsandcommissions/RequestaPropertyReport](http://www.capemaycity.com/departments/boardsandcommissions/RequestaPropertyReport)
- \_\_\_ Required Photos: 1) Front Property View, 2) Streetscape (*Street View With Neighboring Properties*), 3) Project Area
- \_\_\_ Site Plan with Project Area Noted
- \_\_\_ Manufacturers Cut Sheets For Products Proposed
- \_\_\_ Review Fee: \$100.00

### **FULL COMMISSION APPLICATIONS: *YOUR APPLICATION PACKETS MUST BE ASSEMBLED.***

- \_\_\_ Total of thirteen (13) One-sided Copies of **all documents listed above**, plus:
- \_\_\_ Dated Construction Plans/Drawings in 11" X 17" format
- \_\_\_ New House: a scaled perspective rendering of the house in the streetscape
- \_\_\_ Elevation Certificate, if applicable
- \_\_\_ A digital copy of the entire HPC application must be submitted to [jdecker@capemaycity.com](mailto:jdecker@capemaycity.com)
- \_\_\_ Full Commission Review Fee: \$500.00 (\$400.00 if referred following a review in committee)  
\$750.00 if a demolition request for Key Contributing or Contributing property

**If you have any questions**, please contact the HPC Secretary at 609-884-9561 or [jdecker@capemaycity.com](mailto:jdecker@capemaycity.com) or the Zoning /HPC Compliance Officer at 609-884-9556. We are here to assist you.

**City of Cape May  
National Historic Landmark**

• 643 Washington Street • Cape May, New Jersey 08204-2397 • (609) 884-9561 • [www.capemaycity.com](http://www.capemaycity.com)

**CITY OF CAPE MAY  
HISTORIC PRESERVATION COMMISSION APPLICATION**

643 Washington Street, Cape May, NJ 08204  
www.capemaycity.com

Phone 609-884-9561

Fax 609-884-3355

**APPLICANT INFORMATION**

Date: \_\_\_\_\_ Historic Designation: \_\_\_ Key Contributing \_\_\_ Contributing \_\_\_ Non-Contributing \_\_\_ Not Rated

**Work Site Address:** \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**Legal Property Owner (if LLC, INC):** \_\_\_\_\_

Owners Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

**CONTRACTOR OR HPC HEARING CONTACT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT(S)**

Projects requiring the approval of HPC include, but are not limited to, the following (please check appropriate box):

<input type="checkbox"/> New Construction	<input type="checkbox"/> Additions	<input type="checkbox"/> Garages
<input type="checkbox"/> Windows	<input type="checkbox"/> Porches	<input type="checkbox"/> Solar Panels
<input type="checkbox"/> Fences	<input type="checkbox"/> Sidewalks/Curbing	<input type="checkbox"/> Driveways
<input type="checkbox"/> Roofing – <i>See Roofing Page</i>	<input type="checkbox"/> Awnings/Canopies	<input type="checkbox"/> Exterior Lighting
<input type="checkbox"/> Siding	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> HVAC Equipment
<input type="checkbox"/> Deck	<input type="checkbox"/> Exterior Doors	<input type="checkbox"/> Signs/Sign Structures
<input type="checkbox"/> Sheds/Accessory Structures	<input type="checkbox"/> Chimneys	<input type="checkbox"/> Masonry Repairs
<input type="checkbox"/> Patios	<input type="checkbox"/> Generator	<input type="checkbox"/> Other

Approval Sought: \_\_\_ **CONCEPTUAL - Application requires Zoning Board or Planning Board Approval**  
Or \_\_\_ **FINAL - No Zoning Board or Planning Board Approval Needed**

**PROPOSED WORK PROGRAM – DESCRIBE IN DETAIL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

*I hereby certify that the above statements made and contained in this application, including any attachments are true and correct.* If any information relied upon for approval by the Commission is subsequently determined to be in error, either inadvertently or intentionally, the approval shall be deemed stayed pending a further hearing and disposition by the Commission.

Applicant/Representative Name PRINT \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR HPC USE ONLY**

**CONDITIONS/NOTES:** \_\_\_\_\_

\_\_\_\_\_

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**MATERIALS CHECKLIST**

**APPLICANT NAME:** \_\_\_\_\_

**WORKSITE ADDRESS:** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

**CHECK OFF ALL ITEMS LISTED BELOW THAT WILL BE USED IN THE PROPOSED PROJECT AND BRIEFLY DESCRIBE THE MATERIALS. INDICATE WHERE MATERIALS ARE TO BE REPLACED IN KIND. A BOX THAT IS NOT CHECKED INDICATES NO WORK WILL BE PERFORMED IN THE NOTED AREA.**

**WHERE SPECIFIC MANUFACTURED PRODUCTS WILL BE USED, FURNISH ATTACHMENTS, CUT SHEETS, PHOTOS OR SIMILAR EXAMPLES SHOWING THE TYPE, ETC. OF MATERIALS TO BE USED.**

- ROOF** \_\_\_\_\_
- FACIA** \_\_\_\_\_
- SOFFITS** \_\_\_\_\_
- SIDING** \_\_\_\_\_
- WINDOWS** \_\_\_\_\_  
\_\_\_\_\_
- Indicate if proposed windows are new or are replacing existing windows. For window replacements on contributing properties, verify with drawings, details, photos, and/or window schedules that proposed windows match existing window locations, opening sizes, divided lite configurations, and trim (head/sill/jamb profiles and dimensions).
- WINDOW TRIM** \_\_\_\_\_
- DOORS** \_\_\_\_\_
- COLUMNS** \_\_\_\_\_
- RAILINGS** \_\_\_\_\_
- DECKING** \_\_\_\_\_
- FOUNDATION** \_\_\_\_\_
- HVAC / ENCLOSURE** \_\_\_\_\_
- OUTSIDE SHOWER ENCLOSURE** \_\_\_\_\_
- DRIVEWAY/WALKWAYS** \_\_\_\_\_
- FENCES** \_\_\_\_\_
- EXTERIOR LIGHTING** \_\_\_\_\_
- SHEDS/OUTBUILDINGS** \_\_\_\_\_
- GARAGE** (Siding, Windows, Doors) \_\_\_\_\_
- LANDSCAPING** \_\_\_\_\_
- OTHER** \_\_\_\_\_

## PROOF OF PAYMENT OF TAXES

Pursuant to subsection 59-32 Payment of Taxes, of the City's Land Use Procedures Ordinance, this form shall accompany every application for development submitted to the Historic Preservation Commission. **This form must be completed and submitted with no taxes due for an HPC application to be deemed complete.**

Applicant's Name \_\_\_\_\_

Legal Property Name \_\_\_\_\_

Owner's Home Address \_\_\_\_\_  
(if not in Cape May)  
\_\_\_\_\_

Work Site Address \_\_\_\_\_, Cape May, NJ 08204

Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Qualifier \_\_\_\_\_

To complete the Proof of Payment via email, send this form with the top completed to Tax Collector Deb Lindholm at: [dlindholm@capemaycity.com](mailto:dlindholm@capemaycity.com) to receive a signed pdf of the completed form.

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DO NOT WRITE BELOW THIS LINE: **FOR TAX COLLECTOR ONLY**

**All Taxes are current** and there are no assessments for local improvements due or delinquent on the above referenced application property.

Date: \_\_\_\_\_ Tax Collector: \_\_\_\_\_

Please be advised that taxes and/or assessments for local improvements are due or delinquent on the above referenced property as follows:

Amount of Taxes Due: \$ \_\_\_\_\_

Amount of Assessments Due: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Tax Collector: \_\_\_\_\_

**FOR APPLICATIONS COVERING  
KEY CONTRIBUTING AND CONTRIBUTING STRUCTURES INVOLVING  
ROOFING AND/OR SIDING ONLY**

\_\_\_ **CHECK IF APPLICABLE and complete the below information:**

**The applicant has made, or caused to be made, a reasonable inspection of roofing and/or siding on all structures covered by this application as concerns the existence of original construction materials. Note:** *A reasonable inspection shall consist of at least two samplings of the coverings to be replaced taken at diverse parts of the structure in question (at least one of which shall be in the area covered by the front façade in the Property Photos area) and shall note all coverings detected from the frame of the structure outward to the current outside finish.*

The applicant represents to the Commission that no original finished roofing or siding materials were found, except as noted below:

1. **Main Structure** description: \_\_\_\_\_

Original roofing materials noted: \_\_\_\_\_

Original siding materials noted: \_\_\_\_\_

2. **Other Structure** description (as applicable): \_\_\_\_\_

Original roofing materials noted: \_\_\_\_\_

Original siding materials noted \_\_\_\_\_

*I (We) hereby certify that all statements made and contained in this application, including attachments and exhibits, are true, complete and correct in all material respects.*

**Signatures of Applicant/Representative**

*Sign above line and print name below*

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name: