



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 pdf to: dlinholm@capemaycity.com to complete
- ___ Roofing/Siding Page, only if applicable
- ___ Historic Property Report www.capemaycity.com/departments/boardsandcommissions/RequestaPropertyReport
- ___ Required Photos: 1) Front Property View, 2) Streetscape (*Street View With Neighboring Propperties*), 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 AND IN ORDER.*

- ___ Total of thirteen (13) One-sided Copies of **all documents 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
- ___ Digital Copy of the entire HPC application submission to jdecker@capemaycity.com
- ___ Full Commission Review Fee: \$500.00 (\$225.00 if referred following a review in committee)
750.00 if 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 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

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

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

Phone 609-884-9561

Fax 609-884-3355

APPLICANT INFORMATION

Date: _____ Historic Designation: ___ Key Contributing ___ Contributing ___ Non-Contributing ___ Not Rated

Work Site: _____ Block: _____ Lot: _____

Legal Property Owner (if not last name): _____

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: _____

CITY OF CAPE MAY
HISTORIC PRESERVATION COMMISSION APPLICATION

Phone 609-884-9561

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

Fax: 609-884-3355

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** _____
 - If window replacement proposed include a Window Schedule: Profile and dimensions (head/sill/jamb) of existing windows and proposed windows, existing opening dimensions and grille details
- 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 to receive a signed pdf of the completed form.

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: