

Application No. _____

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

MOUNT HOLLY TOWNSHIP HISTORIC PRESERVATION COMMISSION

This form must be completed prior to the issuance of building permits for the construction, repair, or alteration of the exterior of structures in the Historic District of Mount Holly Township. A permit will not be issued until the plans are approved by the Preservation Commission of Historic Mount Holly, and a certificate of Appropriateness is issued. Applications must be completed within ten (10) business days prior to the meeting of the Historic Preservation Commission.

Address of Property _____ Block _____ Lot _____

Owner _____

Address of Owner _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____

Applicant Name (if different than Owner) _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____

Attorney Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____

Applicant's Verification

I hereby certify that the statements made by me in this application and the information contained in this application are true.

Date

Signature

Application No. _____

Owner's Authorization
(only if owner is not the applicant)

I hereby certify that I reside at _____
in (city) of _____ in the state of _____
And that I/we are the owner(s) of the property known as Block(s) _____, Lot(s) _____ on the tax map of the
Township of Mount Holly, which is the subject of this application. The said application is authorized by me/us.

Date

Signature

Address of Property: _____

The purpose of the application is to provide sufficient detailed information for Township staff and Commissioners to understand and review the work you intend to undertake. Please attach, at a minimum, a thorough description, photographs of existing conditions, sketches of proposed modifications and product samples or explanatory material. A complete explanation of the proposed work and photographs are necessary for an application to be considered complete and processed for review by the Commission. **IF AN APPLICATION IS DEEMED INCOMPLETE BY THE COMMISSION, REVIEW MUST BE DELAYED TO THE NEXT MEETING AFTER COMPLETE INFORMATION IS FURNISHED BY THE APPLICANT.**

DESCRIPTION OF WORK TO BE COMPLETED (Please type or print clearly):

The following checklist is for your use in completing your application for a Certificate of Appropriateness. Those marked with an asterisk (*) are required for all applications. Other items are required if they are relevant to the application.

	Property Owner Check Here	City Official Check Here
A*) Completed copy of the application form.	_____	_____
B*) Photographs of building(s) taken of the street side(s); also photograph(s) of specific area(s) to be affected by the application. (minimum of 3 photographs)	_____	_____
C*) Copy of tax map.(can be obtained from the Tax Assessor’s Office)	_____	_____
D) Copy of property survey (Required for application related to enlarging the footprint of a building and/or porch).	_____	_____
E) Sketch of proposed modifications	_____	_____
F) Brochure(s) showing types of doors, windows, fencing, light fixtures, etc	_____	_____
G) Samples of siding and/or roofing materials.	_____	_____
H) Color charts.	_____	_____
I) Other material that helps explain your plans.	_____	_____
J) Specifications.	_____	_____
K) All signs require a scale drawing of sign in place.	_____	_____

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APPLICATION'S ATTENDANCE AT MEETING IS MANDATORY!

Note: The applicant must be the owner of the building (in the case of private ownership) or the attorney for the business entity (in the case of business ownership) or their designated representative holding a duly authorized, notarized Power of Attorney from the building owner as shown on the Township records.

The Mount Holly Township Historic Preservation Commission may provide technical assistance to property owners in our Historic Districts regarding the exterior rehabilitation or restoration of their properties. Please call the Construction Office at (609) 267-6633 to request an application for technical assistance.

FOR OFFICIAL USE ONLY

Application No. _____

Date Application Filed: _____ Date Application Completed: _____

Date of Hearing: _____ Building Designation: Key _____

Contributing _____

Non-Contributing _____

NOTES: _____

Status: Date Approved: _____

Date Approved with Conditions: _____

Date Denied: _____
