

**BOROUGH OF CALIFON
HISTORIC REVIEW APPLICATION**

Name of Applicant: _____ Phone: _____

Mailing address: _____

Property address: _____

Block: _____ Lot: _____

Name of Owner (if different from applicant): _____ Phone: _____

Address: _____

Name of Architect: _____ Phone: _____

Address: _____

Name of Contractor: _____ Phone: _____

Address: _____

Type of building: Residential Commercial Public Commercial/Residential

Description of proposed changes (i.e., remove windows, type of siding, roofing, etc.) Please be specific:

CERTIFICATION:

I, _____, hereby certify that either myself or my representative will attend the meeting of the Califon Planning Board (sitting as the Preservation Commission for this review, pursuant to Section 408 of the Land Ordinance) on the date assigned by the Planning Board Office, at 8:00 p.m. in the Califon Municipal Building, 39 Academy Street.

AUTHORIZATION:

I, _____, hereby authorize _____ to represent me at the Califon Planning Board meeting (sitting as the Preservation Commission for this review, pursuant to Section 408 of the Land Ordinance) on the date assigned by the Planning Board Office.

Signature of Applicant

Date

FOR OFFICE USE:

Date application received: _____

Fee paid: _____ Date paid: _____

Escrow: _____ Date paid: _____

Date forwarded for review: Attorney _____ Planner _____ Engineer _____ Board Members _____

Hearing date: _____ Publication date: _____