BOROUGH OF CALIFON HISTORIC REVIEW APPLICATION

			Phone	*
Mailing address:		1		
				-
Block:	_ Lot:			
Name of Owner (if differ	rent from applic	ant):		Phone:
Address:	······································			
Name of Architect:			Phon	e:
Address:				
Name of Contractor:			Phone	e:
Address:				
				Commercial/Residential
Description of proposed	changes (i.e.,	remove windows, ty	pe of siding, re	oofing, etc.) Please be specific
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				La Na Collegna de La Cala
				A TOTAL CONTRACTOR OF THE PARTY
CERTIFICATION:				
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CERTIFICATION:	, hereby anning Board Ordinance) on	certify that either (sitting as the Pres the date assigned	myself or my	v representative will attend the nission for this review, pursua
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