CITY OF JERSEY CITY
HISTORIC PRESERVATION COMMISSION
APPLICATION FORM "HPCA"

1 Jackson Square, 2nd floor, Jersey City NJ 07305 | 201-547-5010 | jchpc@jcnj.org

THIS SECTION IS FOR STAFF ONLY			
Intake Date:		Fee:	
Case Number:		Redevelopment Area:	
Application Address:		Historic District:	

1. PROPERTY INFORMATION

1.	Property Address:	
2.	Block(s):	
3.	Lot(s):	
4.	Ward:	

2. APPLICANT INFORMATION

5.	Applicant Name:	
6.	Mailing Address:	
7.	City:	
8.	State:	
9.	Zip Code:	
10.	Phone:	
11.	Email:	
12.	Relationship to Owner:	

I am the applicant proposing the work referenced herein. The information herein is correct and complete to the best of my knowledge.

Signature: _____

3. LAND OWNER INFORMATION

13.	Owner Name:	
14.	Mailing Address:	
15.	City:	
16.	State:	
17.	Zip Code:	
18.	Phone:	
19.	Email:	

I am the owner of the application property, being familiar with the work proposed, I give my permission for same. The information entered is correct and complete to the best of my knowledge.

Signature: _____

4.
EXISTING
USE

☐ Residential
☐ Commercial / Retail / Industrial
☐ Mixed
☐ Other _____

   Number of Dwelling Units: _____
   Square Footage of Commercial Use: _____

5.
PROPOSED
USE

☐ Residential
☐ Commercial / Retail / Industrial
☐ Mixed
☐ Other _____

   Number of Dwelling Units: _____
   Square Footage of Commercial Use: _____

6.
WORK
DESCRIPTION

☐ Interior Work Only   ☐ Construction Permits Required
☐ Exterior Work Only   ☐ No Construction Permits Required
☐ Interior and Exterior Work

Write a detailed description of all proposed work below.

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CASE:
ADDRESS:

THIS PAGE FOR STAFF USE ONLY

1.
APPROVALS
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2.
CONDITIONS
OF APPROVAL
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APPROVALS GRANTED	
CERTIFICATE OF NO EFFECT	**CERTIFICATE OF APPROPRIATENESS**
DIVISION DIRECTOR	HPC CHAIR
HISTORIC PRESERVATION OFFICER	HPC COMMISSIONER
DATE EXPIRES	DATE EXPIRES