

**WARWICK TOWNSHIP
HISTORICAL & ARCHITECTURAL REVIEW BOARD
APPLICATION FORM**

SECTION I:

TAX PARCEL NO. _____ DATE _____

ADDRESS: _____

NAME OF AGENT: _____

ADDRESS OF AGENT: _____

LOCATIONS OF PROPERTY: _____

CLASS 1 ____; CLASS 2 ____; OR CLASS 3 ____; ZONING DISTRICT _____

SUBDIVISION OR LAND DEVELOPMENT NAME: _____ NO. OF LOTS _____ NO. OF ACRES _____

SECTION II:

FOR SUBDIVISION AND LAND DEVELOPMENTS:
PRELIMINARY PLAN _____ FINAL PLAN _____ OTHER _____

FOR BUILDING PERMIT: _____ FOR OTHER ACTION _____

DATES OF PLANS, DOCUMENTS AND OTHER SUBMISSIONS: _____

SECTION III:

TYPE OF PROPOSED WORK: _____

RESIDENTIAL _____ COMMERCIAL _____ OTHER _____

NEW CONSTRUCTION _____ ALTERATION _____ DEMOLITION _____

REHABILITATION/RESTORATION _____ OTHER _____

DESCRIPTION OF PROPOSED WORK: _____

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SECTION IV:

FIVE (5) COPIES OF THE FOLLOWING MUST ACCOMPLISH THIS
APPLICATION AS INDICATED:

_____ ARCHITECTURAL PLANS (SCALE 1/4" = 1'-0" PREFERRED

_____ ELEVATIONS

_____ SITE PLANS (SCALE NO SMALLER THAN 1" = 100')

_____ LOCATION MAP (SCALE NO SMALLER THAN 1" = 2000'-0")

_____ ELEVATIONS OF ANY BUILDINGS & OTHER HISTORIC
RESOURCES WITHIN 100 FEET TO 250 FEET OF ANY
PROPOSED WORK, AS APPLICABLE

_____ BLACK AND WHITE OR COLOR PHOTOGRAPHS OR
PROPOSED (5 X 7" PREFERRED)

_____ HISTORIC RESOURCE IMPACT STATEMENT

_____ A LIST OF PROPOSED ARCHITECTURAL MATERIALS

I CERTIFY THAT I AM THE OWNER OF THE PROPERTY:

SIGNATURE OF OWNER _____ DATE _____

SIGNATURE OF APPLICANT: _____ DATE _____