

**WARWICK TOWNSHIP  
HISTORICAL COMMISSION / HISTORICAL & ARCHITECTURAL REVIEW BOARD  
APPLICATION**

DATE \_\_\_\_\_

**SECTION I**

TAX PARCEL NUMBER: \_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER ADDRESS:

\_\_\_\_\_

OWNER PHONE \_\_\_\_\_ OWNER EMAIL \_\_\_\_\_

NAME AND ADDRESS OF AGENT:

\_\_\_\_\_

\_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

CLASS: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

SUBDIVISION OR LAND DEVELOPMENT NAME: \_\_\_\_\_

# OF LOTS \_\_\_\_\_ # 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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**APPLICATION PAGE 2 OF 2**

**SECTION IV:**

EIGHT (8) COPIES OF THE FOLLOWING MUST ACCOMPANY THIS APPLICATION AS INDICATED AND MUST BE SUBMITTED 30 DAYS PRIOR TO THE HARB REVIEW MEETING:

\_\_\_\_\_ ARCHITECTURAL PLANS (SCALE  $\frac{1}{4}$ " = 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  
\_\_\_\_\_ LIST OF PROPOSED ARCHITECTURAL MATERIALS

I CERTIFY THAT I AM THE OWNER OF THE PROPERTY:

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_