SADDLE RIVER LANDMARKS COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Applicant's Name:_____

Applicant's Address: _____

Applicant's Email: _____ **Phone #**:_____

Subject Property Address:_____

Block: _____ **Lot**: _____ **Lot Size**: _____

If Applicant is not the same as Owner, please complete the following:

Owner Name: _____ **Phone #**:_____

Owner Address: _____ **Owner Email**:_____

_____

Is Subject Property Listed On: (yes/no)

Historical National Registry? Y N **NJ State Registry?** Y N **SR Landmarks?** Y N

Description of Proposed Work or Alteration to the Subject Property: _____

_____

_____

_____

Documentation Submitted with Application: **Site Plan ( )** **Photographs ( )**

Building Plan/Elevations ( ) **Drawings/Renderings ( )**

*****PLEASE SUBMIT A COPY OF THE ZONING PERMIT WITH YOUR APPLICATION*****

Work will be Performed by: Owner ( ) Contractor ( ) Other ( )

Name & Address of Contractor: _____

_____

_____

Estimated Cost of Project: $_____

Estimated Start Date: _____ **Estimated Completion Date:** _____

- **PLEASE REFER TO CH. 125 OF THE BOROUGH CODE OF SADDLE RIVER**
- **THIS APPLICATION MUST BE SUBMITTED AT LEAST TEN (10) DAYS PRIOR TO SCHEDULED LANDMARKS COMMISSION MEETINGS**