

BEACH HAVEN HISTORIC PRESERVATION ADVISORY COMMISSION

(HPAC)

300 Engleside Avenue
Beach Haven, N.J. 08008

Phone 609-492-0111
FAX 609-492-6262

REPLACEMENT IN KIND ROOFING CERTIFICATION
REQUIRED BEFORE ISSUANCE OF ROOFING PERMIT IN HISTORIC DISTRICT

WORK LOCATION

STREET ADDRESS _____ BLOCK _____ LOT _____

Approximate date structure was built _____

WORK DONE BY

[] OWNER [] CONTRACTOR [] OTHER

Contractors Name _____ Phone _____

Estimated Start Date _____ Completion Date _____

PERMIT APPLICANT INFORMATION

Applicant _____ Applicant Phone _____

Applicant Address _____

Property Owner _____ Property Owner Phone _____

Property Owner Address _____

ROOFING MATERIAL BEING USED: (i.e. Wood Shingles, Asphalt Shingles, Slate)

TYPE OF MATERIAL _____

BRAND (if applicable) _____

GRADE (if applicable) _____

APPLICANT: IF MATERIAL BEING INSTALLED IS NOT THE SAME AS CURRENTLY IN USE DO NOT USE THIS FORM. This is a Certification for Replacement in Kind. Please obtain an application for a Certificate of Appropriateness for a change in material.

APPLICANT CERTIFICATION:

Applicant hereby **certifies that material described above is the same as the roofing material being replaced.**

SIGNATURE _____ DATE _____

BUILDING DEPARTMENT

Received and deemed complete by (print) _____

SIGNATURE _____ DATE _____

HPAC requests that the Building Department forward the completed copy of this form as well as a copy of the Roofing Permit issued to the HPAC Secretary and the Zoning Officer.