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**DIVISION OF CITY PLANNING
CITY HALL ANNEX- 2nd Flr.
ONE JACKSON SQUARE
360 MLK DRIVE
JERSEY CITY, NJ 07305-3717
(201)-547-5010 Fax (201)-547-4323**

**Certificate of No Effect
or
Certificate of Appropriateness**

AREA BELOW FOR STAFF USE ONLY

Condition(s) of Approval:

SHADED AREA BELOW FOR STAFF USE ONLY

Application H18- <u>275</u>	Certificate of No Effect _____
Date Received <u>2018</u>	Certificate of Appropriateness <u>✓</u>
Fee Collected \$ <u>100</u> <u>CK 2426</u>	PBd or ZBA Approvals Required? _____

Property Address : 230 4th Street Block: 11205 Lot(s): 25
Historic District: N/A
Redevelopment Plan Area (If Applicable): Historic District

Applicant Information

Print Name: Grove Street Hub LLC
Mailing Address: 1416 NE 76th Street
Redmond, WA 98052
Relationship to Owner: owner
Daytime Phone #: 425-770-8335
Fax #: _____
Email: narkulla@gmail.com

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

Signature: [Signature]

Landowner Information

Print Name: Same as Applicant
Mailing Address: _____
Daytime Phone #: _____
Fax #: _____
Email: _____

I, 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: _____

Existing Use (circle one)

-Residential- -Commercial- -Mixed- -other-

Number of Dwelling Units: 1

Detailed Description of Use: Ground Floor

Commercial Retail Space (tire shop) and 1 residential dwelling unit above

Proposed Use (circle one)

-Residential- -Commercial- -Mixed- -other-

Number of Dwelling Units: 1

Detailed Description of Proposed Use: Ground floor

commercial retail space (cafe) and 1 residential dwelling unit above

Historic Preservation Investment Tax Credits

If you plan to take advantage of the Federal Income Tax Credit Program, please contact the Historic Preservation Office of New Jersey at (609) 984-0140 before you begin any work. You may contact them for more information.

Please indicate if an application for grant funding or other government sponsored financing is proposed/approved for this project:

Agency/Source: _____ Approved _____ Pending _____

Work to be covered by grant or other government financing: _____

Work Description

1. Circle all items that describe the work you are proposing

Exterior: -cleaning- -repointing- -repair facade- -painting- -replace missing architectural elements- -replace door-
-repair/replace sidewalk- -replace windows- -repair windows- -rebuild to original profile- -front yard-
-replace fencing/railing- -electrical- -repair/replace roof- -building addition- -deck- -fire-escape-
-rooftop appurtenances- -awnings-

Interior: -carpentry- -plumbing- -heating- -electrical- -kit/bath renovations- -entranceway change-

2. Write a detailed description of all proposed work below (attach more sheets if necessary) Please Print:

The Applicant is seeking a Certificate of Appropriateness which seeks a gut rehabilitation and reconfiguration of the ground floor and cellar of the existing three (3) structure containing a ground floor commercial retail space and a residential dwelling unit above.

The Project consists of rehabilitation or replacement of existing box bays and the entryway of storefront, addition of ADA bathroom at ground floor, rehabilitation of existing low roof over box bays including cornice in order to accommodate a new cafe use.

The Applicant is also proposing cellar improvements to upgrade all utilities, mechanical units and sprinklers for commercial space.

The Applicant also proposes cleaning the brick facade and removal of all paint on brick facade of structure.