



Township of Mahwah
Municipal Offices: 475 Corporate Drive
P.O. Box 733 Mahwah, NJ 07430
Tel 201-529-5757 Fax 201-512-0537

Board of Adjustment ex 243

Zoning/Planning Board ex 245

HISTORIC PRESERVATION COMMISSION

This Data Sheet is to provide known information to the TOWNSHIP OF MAHWAH HISTORIC PRESERVATION COMMISSION for use in reviewing and formulating recommendations to the Township on the subject application plan. The applicant is requested to fill in as much detail and to provide as much additional information as possible.

TITLE BLOCK

PROJECT NAME: _____ > PREPARED FOR: _____

TYPE OF PLAN: SITE SUBDIVISION > REGISTERED OWNER:
(CIRCLE)

OTHER _____ > ADDRESS: _____

Municipality: MAHWAH > PLAN PREPARED BY: _____

County: BERGEN _____

State: NEW JERSEY > SCALE: _____

NAME OF APPLICANT/OWNER/REPRESENTATIVE
PREPARING THIS FORM: _____

TITLE: _____

(HISTORIC PRESERVATION COMMISSION USE ONLY)

REVIEW BLOCK:

DATE OF ORIGINAL PLAN: _____ HISTORIC SITE ON PROPERTY?
NO _____ YES _____

REVISION DATES REVIEWED: _____

DATES OF COMMISSION REVIEWS: _____

BACKGROUND & SITE DESCRIPTION:

LIST ALL OFFICIALLY DESIGNATED HISTORIC SITES ON THE SUBJECT PROPERTY, IF KNOWN, AND INDICATE WHETHER THEY ARE CURRENTLY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES (NRHP), AND/OR THE NEW JERSEY REGISTER(NJR), AND/OR THE MAHWAH REGISTER (MHSR).

LIST AND BRIEFLY DESCRIBE ALL NON-DESIGNATED STRUCTURES OR FEATURES ON THE SITE THAT ARE ESTIMATED TO BE FIFTY YEARS OF AGE OR OLDER.

EXAMPLES: BUILDINGS; FOUNDATION RUINS; WALLS; HAND-DUG WELLS; FISH WIERS; INDIAN SITES; CEMETERY SITES; ROADS OR TRAILS OF ANCIENT ORIGIN; STREAMS; PONDS OR OTHER WATER COURSES; ANY OTHER FEATURES THAT MIGHT BE OF HISTORIC INTEREST.

NAME AND BRIEFLY IDENTIFY, IF KNOWN, PROMINENT FORMER OF PRESENT OWNERS, RESIDENTS OR VISITORS:

LIST AND BRIEFLY DESCRIBE, IF KNOWN, ANY HISTORIC FEATURES OR SITES ON ADJACENT PROPERTIES, OR WITHIN 200' OF THE SUBJECT BOUNDARIES:

ALL INFORMATION PROVIDED BY THE UNDERSIGNED IS DEEMED BY THAT PERSON TO BE ACCURATE AND COMPLETE TO THE BEST OF THE UNDERSIGNES'S KNOWLEDGE AND BELIEF.

APPLICANT/OWNER OR AUTHORIZED
REPRESENTATIVE

DATE