



CITY OF HOBOKEN

Department of Health & Human Services
94 Washington Street
Hoboken, NJ 07030
Tel (201) 420-2012 Fax (201) 239-6631

Website : www.hobokennj.gov

SIDEWALK PLAQUE APPLICATION

TO BE COMPLETED BY HEALTH & HUMAN SERVICES STAFF	
FILE NUMBER/PROPOSED NAME	Receipt # _____
PROJECT LOCATION	Date _____
COUNCIL DISTRICT	Amount _____
HISTORIC PRESERVATION COMMISSION APPROVAL	By _____
PLANNING BOARD APPROVAL	
TO BE COMPLETED BY APPLICANT	
PROPERTY LOCATION	
EXISTING STREET NAME	PROPOSED STREET NAME
	PROPOSED STREET NAME
	PROPOSED STREET NAME
ATTACH FOLLOWING EXHIBITS:	
<input type="checkbox"/> Proof of 5 year residence for the person being commemorated or 50 years for business. <input type="checkbox"/> A complete biography of the proposed honoree or business with references of substantiation. <input type="checkbox"/> If a historic element or event, documentation of historic significance <input type="checkbox"/> Attach a full design rendering of proposed sidewalk plaque	
Please review the attached Hoboken City Code Sections #168-1001 et seq.	
Is this proposal associated with another File/Permit?	
File Number:	
CONTACT PERSON	
PRINT NAME OF CONTACT PERSON	
PRINT NAME OF COMPANY	
MAILING ADDRESS	CITY STATE ZIP CODE
DAYTIME PHONE #	FAX # EMAIL ADDRESS

PLEASE CALL THE APPOINTMENT DESK AT (201) 420-2012 FOR AN APPLICATION APPOINTMENT.

PETITION(S)/APPLICANT(S)			
<input type="checkbox"/> Hoboken Resident		<input type="checkbox"/> Abutting Property Owner	
PRINT NAME		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE #	FAX #	EMAIL ADDRESS	
<input type="checkbox"/> Hoboken Resident		<input type="checkbox"/> Abutting Property Owner	
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