



Commission of Architectural Review SUBMISSION APPLICATION

City of Richmond, Room 510 – City Hall
900 East Broad Street, Richmond, Virginia 23219
PHONE: (804) 646-6335 FAX: (804) 646-5789

12 COPIES OF SUPPORTING DOCUMENTATION ARE REQUIRED FOR PROCESSING YOUR SUBMISSION

LOCATION OF WORK: 401 W. Marshall St DATE: 11/3/14

OWNER'S NAME: Jeffrey W. Sadler TEL NO.: 804-400-6872

AND ADDRESS: 4443 Knob Rd EMAIL: jfsadler@gmail.com

CITY, STATE AND ZIP CODE: Richmond VA 23235

ARCHITECT/CONTRACTOR'S NAME: _____ TEL. NO. _____

AND ADDRESS: _____ EMAIL: _____

CITY, STATE AND ZIP CODE: _____

Would you like to receive your staff report via email? Yes No

REQUEST FOR CONCEPTUAL REVIEW

I hereby request Conceptual Review under the provisions of Chapter 114, Article IX, Division 4, Section 114-930.6(d) of the Richmond City Code for the proposal outlined below in accordance with materials accompanying this application. I understand that conceptual review is advisory only.

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

I hereby make application for the issuance of a certificate under the provisions of Chapter 114, Article IX, Division 4 (Old and Historic Districts) of the Richmond City Code for the proposal outlined below in accordance with plans and specifications accompanying this application.

DETAILED DESCRIPTION OF PROPOSED WORK (Required):

STATE HOW THE DESIGN REVIEW GUIDELINES INFORM THE DESIGN OF THE WORK

PROPOSED. (Include additional sheets of description if necessary, and 12 copies of artwork helpful in describing the project. The 12 copies are not required if the project is being reviewed for an administrative approval. See instruction sheet for requirements.)

The western face of the building, which does not front any street or sidewalk, receives very little ~~direct~~ direct sunlight. Therefore the wood siding suffers from regular rot and has been patched many times resulting in an inconsistent board scheme. I would like to replace all the boards and this side only w/

Signature of Owner or Authorized Agent: X Jeffrey W Sadler
Name of Owner or Authorized Agent (please print legibly): Jeffrey W Sadler

Hardy product to match reveal and color of the rest of the house

(Space below for staff use only)

Received by Commission Secretary _____ APPLICATION NO. _____
DATE NOV 03 2014 2:59pm SCHEDULED FOR _____

Note: CAR reviews all applications on a case-by-case basis.