

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 A	ARE REQUIRED FOR PROCES	SING YOUR SUBMISSION
LOCATION OF WORK: 2807E. Grace	St DAT	TE:
OWNER'S NAME: LYM + Martha Wins	E1)	
		. NO.:
	EM/	AIL:
CITY, STATE AND ZIPCODE:		Contract to
ARCHITECT/CONTRACTOR'S NAME: M. Leck	estorational and TEL	NO .: 804-916-0633
AND ADDRESS: 14430 Scysind Rd	1 A 53 CSC EM	AIL: justis @ Millerva (om
CITY, STATE AND ZIPCODE: Chestertel	J V/4 CS8>8	
Would you like to receive your staff report via email?	Yes No	
REQUEST FOR CONCEPTUAL REVIE	W	
I hereby request Conceptual Review under the prov Richmond City Code for the proposal outlined bunderstand that conceptual review is advisory only.		
APPLICATION FOR CERTIFICATE OF	APPROPRIATENESS	
I hereby make application for the issuance of a certing Historic Districts) of the Richmond City Code for the accompanying this application.		
DETAILED DESCRIPTION OF PERSTATE HOW THE DESIGN REVIEW GUILD PROPOSED. (Include additional sheets of description the project. The 12 copies are not required if the project instruction sheet for requirements.) - brick existing 2 nd floor battors from the project instruction sheet for requirements.) - install original size e window to mature existing in rear of	DELINES INFORM THE DI tion if necessary, and 12 copies	ESIGN OF THE WORK s of artwork helpful in describing
Signature of Owner or Authorized	Agent: X	h
Name of Owner or Authorized Agent (please p		Miller
(Space below for staff use only)		
Received by Commission Secretary	APPLICATION NO.	
DATE 5/20/15 2pm	SCHEDULED FOR	

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



