



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: 312 N 29th Street DATE: 8/26/15

OWNER'S NAME: Joel and Teresa Smither TEL NO.: 804-239-0920

AND ADDRESS: 312 N 29th Street EMAIL: terri.smither@progressive-design.com

CITY, STATE AND ZIPCODE: Richmond, VA 23223

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

AND ADDRESS: _____ EMAIL: _____

CITY, STATE AND ZIPCODE: _____

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.*)

We would like to remove one small window from our kitchen in order to have space inside for more cabinetry. Our kitchen is 9 X 9 and has two windows and two doors in it. With the removal of the window on the north side of the house, we would be able accommodate additional cabinetry or at the very least, entertain a designer's plans for renovating that room so that it is more functional for a family.

Signature of Owner or Authorized Agent: X *Teresa H. Smither*

Name of Owner or Authorized Agent (please print legibly): Teresa H. Smither

(Space below for staff use only)

Received by Commission Secretary

4:00

APPLICATION NO. _____

DATE _____

SCHEDULED FOR _____

RECEIVED
SEP 01 2015

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

Revised 10-02-2014

