



COMMISSION OF ARCHITECTURAL REVIEW

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

PROPERTY (location of work)

Address 514 N 28th St
Historic district Church Hill North

| |
|------------------------|
| Date/time rec'd: _____ |
| Rec'd by: _____ |
| Application #: _____ |
| Hearing date: _____ |

APPLICANT INFORMATION

Name Tom & Alexis Oristian
Company _____
Mailing Address 514 N 28th St
Richmond VA 23223

Phone 617-216-2007
Email tom.oristian@gmail.com
Applicant Type: Owner Agent
 Lessee Architect Contractor
 Other (please specify): _____

OWNER INFORMATION (if different from above)

Name _____
Mailing Address _____

Company _____
Phone _____
Email _____

PROJECT INFORMATION

Review Type: Conceptual Review Final Review
Project Type: Alteration Demolition New Construction
(Conceptual Review Required)

Project Description: (attach additional sheets if needed)

Rear porch and balcony, including 2nd floor door and new side window. Also seeking retroactive approval for a rear privacy fence which I installed in 2016 without CAR review.

ACKNOWLEDGEMENT OF RESPONSIBILITY

Compliance: If granted, you agree to comply with all conditions of the COA. Revisions to approved work require staff review and may require a new application and CAR approval. Failure to comply with the COA may result in project delays or legal action. The COA is valid for one (1) year and may be extended for an additional year, upon written request.

Requirements: A complete application includes all applicable information requested on checklists to provide a complete and accurate description of existing and proposed conditions. Applicants proposing major new construction, including additions, should meet with Staff to review the application and requirements prior to submitting an application. Owner contact information and signature is required. Late or incomplete applications will not be considered.

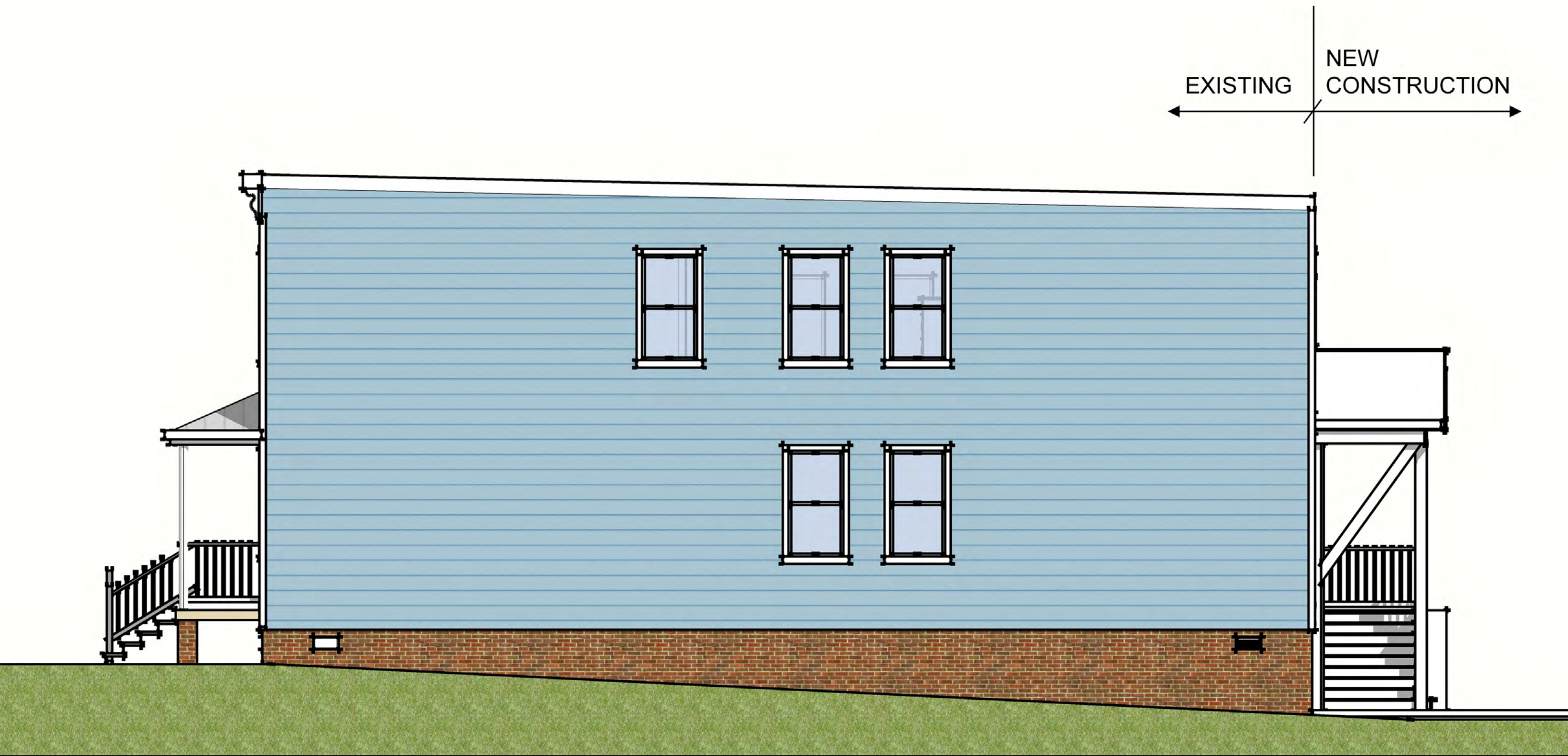
Zoning Requirements: Prior to Commission review, it is the responsibility of the applicant to determine if zoning approval is required and application materials should be prepared in compliance with zoning.

Signature of Owner *Tom Oristian*
Alexis Oristian

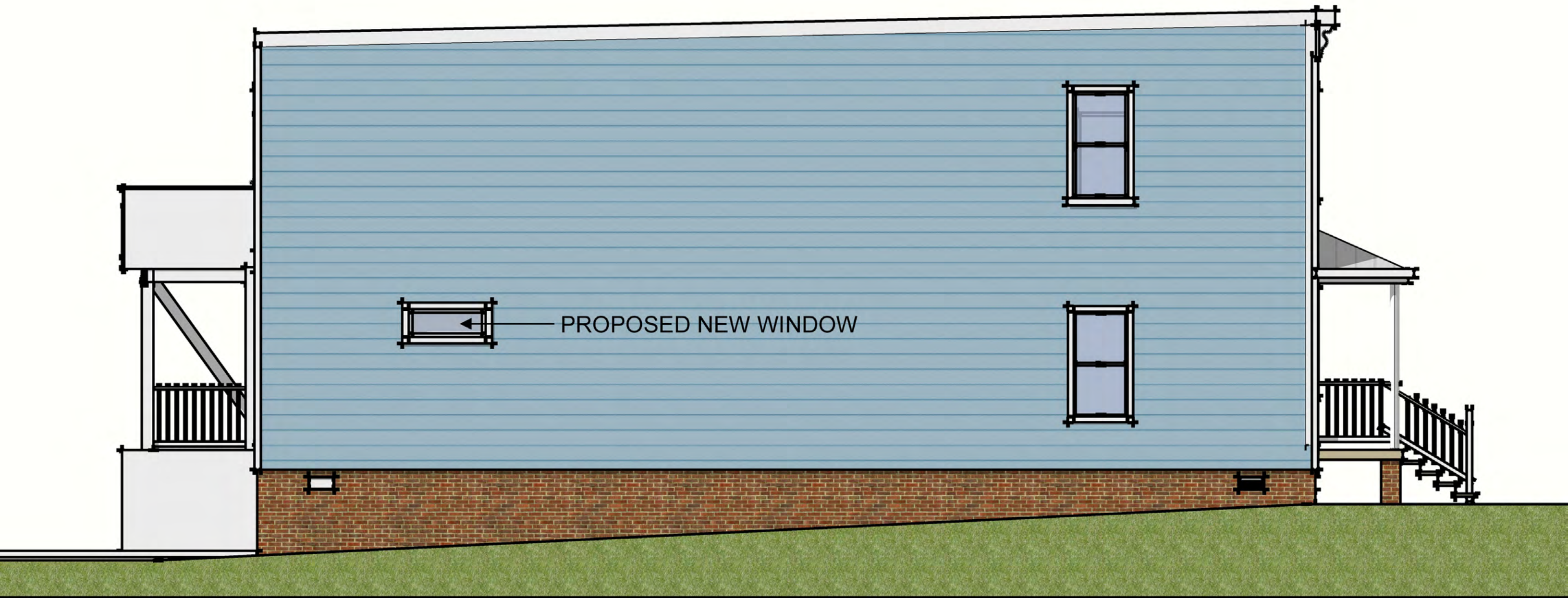
Date 9/26/19



REAR ELEVATION



SIDE ELEVATION



SIDE ELEVATION



REAR PERSPECTIVE













1st floor / kitchen window placements



master bedroom window to be replaced by door to balcony

