



COMMISSION OF ARCHITECTURAL REVIEW
APPLICATION / CERTIFICATE OF APPROPRIATENESS

PROPERTY (Location of Work)

Address 2701 West Grace Street, Richmond, VA 23220

Historic District West Grace Street

PROPOSED ACTION

- Alteration (including paint colors) Rehabilitation Demolition
 Addition ADDING GRAVEL New Construction (Conceptual Review required)
OR STAMPED CONCRETE
TO OFFSTREET PARKING Conceptual Review Final Review

OWNER

Name GRACE ST 2701, LLC
Company _____
Mailing Address PO Box 7354
RICHMOND, VA 23221
Phone 804-398-8209
Email echolmarshall@gmail.com
Signature [Signature]
Date 12-21-2016

APPLICANT (if other than owner)

Name ECHOL MARSHALL
Company _____
Mailing Address 4719 SYLVAN RD
RICHMOND, VA 23225
Phone 804-398-8209
Email echolmarshall@gmail.com
Signature [Signature]
Date 12-21-2016

ACKNOWLEDGEMENT OF RESPONSIBILITY

Requirements: A complete application includes all applicable information requested on checklists to provide a complete and accurate description of existing and proposed conditions. Preliminary review meeting or site visit with staff may be necessary to process the application. Owner contact information and signature is required. Late or incomplete applications will not be considered.

Zoning Requirements: Prior to CAR 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.

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.

(Space below for staff use only)

Application received:

Date/Time _____

Complete Yes No

By _____

HOUSE
2701
W GRACE ST.
(EXISTING)

EXISTING SIDEWALK

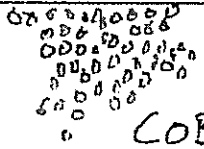
N MULBERRY ST.

2703
N GRACE ST.
GARAGE
(EXISTING)

GRAVEL PARKING PAD
(NEW)

REMOVE AND REPLACE
PRIVACY FENCE

REQUESTED
SPACE FOR
DUMPSTER



COBBLESTONE
ALLEY

REMOVE &
REPLACE
THIS CURB

Echol.MARSHALL@gmail.com

3543

Signature Fence Inc.

7621 Staples Mill Road, Richmond, Virginia 23228

Office # 804-639-9961 or 804-627-0019 Fax # 804-627-0036



Customer Name: Echol Marshall			Home:		Cell / Work: 398-8209		Date: 10/18/16	
Street Address: 2701 W. Grace Street				Cross Street: N. Mulberry		How Did You Hear About Us: ON line		
City: Richmond	State: VA	Zip: 23220	ABC Map Page:	Grid:	Miss Utility Ticket:			

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

FENCE STYLE: 6' Ft high Primary Fence w/ TOP CAP, TOP & Bottom FACING BOARDS

NOTE: LINEAR FOOTAGE: 142' FT BUILDING MATERIALS: Concrete, Post, Rail, Pickets, Hardware

POST TOP: New England POST SIZE: CORNER 6" LINE 6" WALK GATE 6" DRIVE GATE N/A

BOARDS OR PICKET SIZES: VERTICAL: 1x6x6 HORIZONTAL: 2x4x16

GATE STYLE: To Match Fence

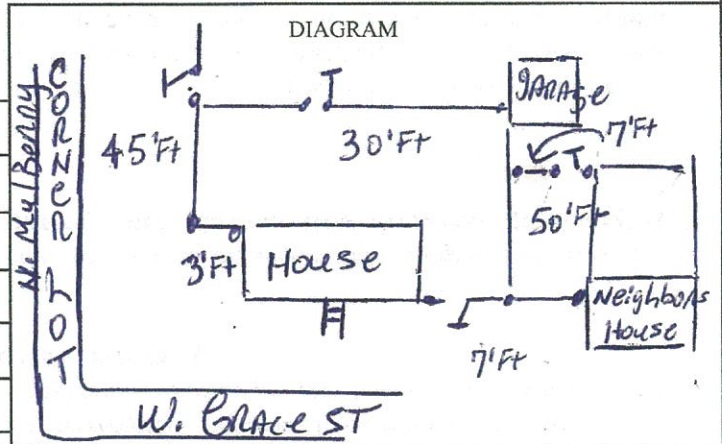
WALK GATE QTY & SIZE: Four (4)

DRIVE GATE QTY & SIZE: N/A

GATE HARDWARE: T- & Strap hinges w/ latch

COLOR: Natural Pressure treated Pine

OTHER:



WE PROPOSE TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH ABOVE SPECIFICATION FOR THE SUM OF:

DOLLARS (\$ _____)

- Owner Agrees To Be responsible For:**
- Obtaining permits & permissions. Most towns automatically issue a Fence permit with a Pool permit but there are exceptions and it is your responsibility to check with your building department and home owners association.
 - The clearing of all Fence lines of any obstructions including shrubs, trees, debris, wood piles, etc.
 - Any underground wires, pipes, or sprinkler lines, whose exact locations are not indicated to our installers prior to digging.

- Owner Agrees That:**
- If there are changes in material, additions to the fence, or delays caused by the owner or other contractors on the site, including having final grade set, there may be additional charges.
 - The installed fence remains the property of Signature Fence Inc., until paid for in full.
 - Outstanding balances due are subject to service charge of 1.5% per month (annual percentage rate of 18%) starting 30 days after installation.
 - What is written or printed on the contract constitutes the sole agreement between Signature Fence Inc., and the owner.
 - Balance due upon completion. Personal checks accepted.
 - The contractor cannot be held responsible for unavoidable delays such as weather & late shipments of materials.

Signature Fence Inc., agrees to :

- Perform work in a professional & courteous manner.
- Call Miss Utility to locate underground utility lines.
- Signature Fence Inc., carries necessary liability insurance.

Owner Signature: _____ Date: _____

SIGNATURE FENCE INC. BY: Michael S. Liverpool

DATE: 10/18/16

TOTAL: \$ 6480.00

DEPOSIT: \$ 3240.00

Note 1/3 1/2 Deposit required with all orders

BALANCE DUE: \$ 3240.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Richard King Insurance Group 2146 Plainview Center Powhatan VA 23139		CONTACT NAME: JAIME CHILDREY PHONE (A/C, No, Ext): (804) 598-9002 FAX (A/C, No): (804) 598-8333 E-MAIL ADDRESS: CHILDJR1@NATIONWIDE.COM	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Nationwide Mutual Insurance Company	
		INSURER B: Builders Mutual Insurance	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: SF 16-17

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ACP3026599483	3/23/2016	3/23/2017	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						Multi Policy Disc \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ACP3026599483	3/23/2016	3/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						Schedule Mod Factor 1 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$		ACP3026599483	3/23/2016	3/23/2017	EACH OCCURRENCE \$ 4,000,000
						AGGREGATE \$ 4,000,000
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCP 1032179 02	3/28/2016	3/28/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	COMMERCIAL INLAND MARINE		ACP3026599483	3/23/2016	3/23/2017	LEASED/RENTED EQUIP: \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SIGNATURE FENCE, INC.
 7621 STAPLES MILL RD
 RICHMOND, VA 23228

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jaime Childrey/JC

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