

1062



# 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: 115 S. 15th Street

DATE: 3/27/15

OWNER'S NAME: Fulton Properties, Mr. Kyzer

TEL NO.: 804-226-9555

AND ADDRESS: 1000 Carlisle Ave,

EMAIL: \_\_\_\_\_

CITY, STATE AND ZIP CODE: Richmond, VA 23231

ARCHITECT/CONTRACTOR'S NAME: Signs Unlimited, Inc

TEL. NO.: 804-353-01007

AND ADDRESS: 1808 MAITLAND AVE

EMAIL: Cstanford@signs

CITY, STATE AND ZIP CODE: Richmond, VA 23230

unlimited.net

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.)

(Please see Pg. 2)

Signature of Owner or Authorized Agent: X *Carol Stanford*

Name of Owner or Authorized Agent (please print legibly): CAROL Stanford  
agent for Bon Secours

(Space below for staff use only)

Received by Commission Secretary  
DATE: 3/27/15 1:45

APPLICATION NO. \_\_\_\_\_  
SCHEDULED FOR \_\_\_\_\_

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

Canal Crossings

115 S. 15 Th Street

Proposed Work for Exterior Signs for Bon Secours

Bon Secours & Signs Unlimited, Inc. Detailed Description of proposed work:

**Sign #1- Bon Secours Fleur-de-lis**

LED Internally Illuminated, Aluminum Channel Letters

w/ Blue Face. To be mechanically fastened to existing masonry wall

w/ 3/8" x 2.5" tapcon masonry fasteners. Size 52 SQ FT.

Existing wall to be painted white.

Sign Location: Please refer to site plan, North side of building on East Cary Street.

Existing Signs: Buffalo Wild Wings Grill & Bar at 91 square feet

180 SQ FT total allowed, leaving 89 SQ FT for signage. Our proposal is 52 SQ FT.

**Sign #2- Bon Secours Fleur-de-lis**

**Bon Secours Medical Group**

LED Internally Illuminated, Aluminum Channel Letters

w/ Blue Face. Letters on raceway which is mechanically fastened to masonry wall

w/ 3/8" x 2.5" tapcon masonry fasteners. Size 114 SQ FT.

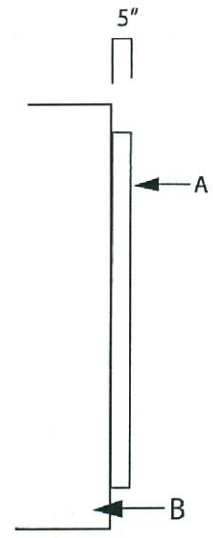
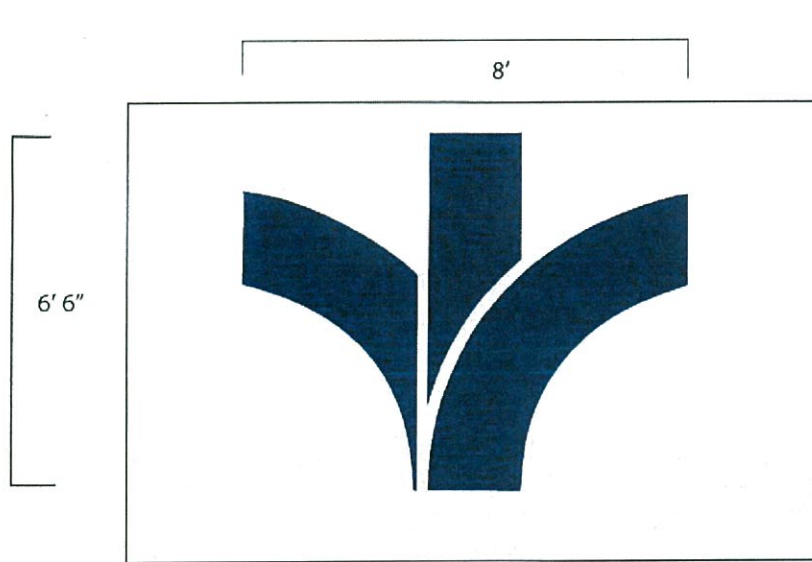
Existing wall and raceway to be painted white.

Sign Location: Please refer to site plan, on roof located on South side of building on

Dock Street.

Existing Signs: N/A

The proposed logo signage will not destroy historic materials and features.



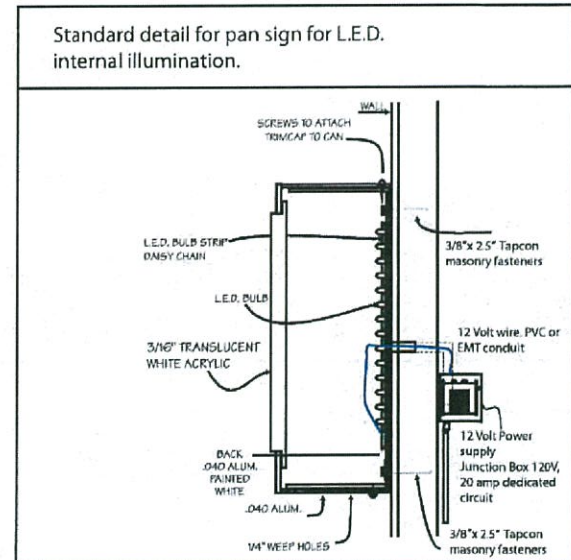
Side Elevation

A: Aluminum fabricated Channel shape, Blue face, led internally illuminated  
 B: Existing masonry wall


Attach shapes to existing masonry wall with masonry fasteners. Wall to be painted white

3/8"x 2.5" Tapcon masonry fasteners,

Sign # 1




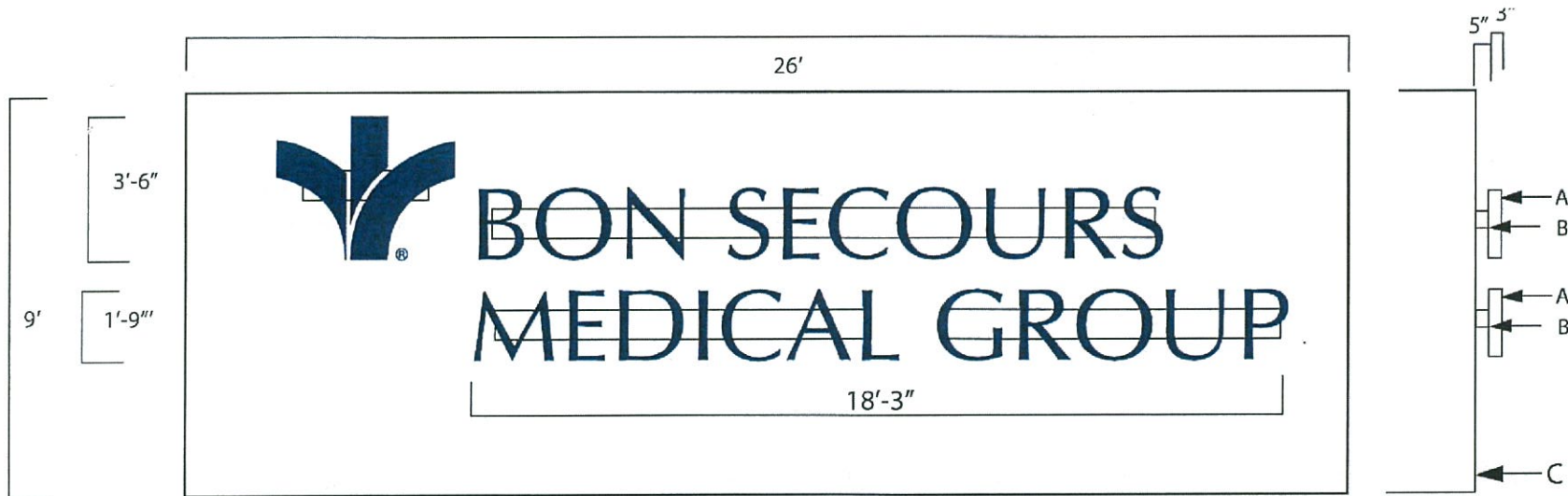
Option F - North  
 #1 E. CARY ST.

<input type="checkbox"/> Approved as drawn : _____ <input type="checkbox"/> Approved with noted changes : _____ <input type="checkbox"/> Rejected - Revise and Resubmit : _____ Approved By : _____ Approval Date: _____	<b>Notes:</b> 01.13.15 CL  <small>This drawing is the property of Signs Unlimited, Inc. The undersigned agrees it shall not be reproduced, copied, or disposed of directly or indirectly, nor used for any other purpose without expressed permission of Signs Unlimited, Inc.</small>	<b>Save Document as:</b> 2140624a  <b>Drawing:</b> 03.06.15 CL	 Design • Fabrication • Installation Ph. 804.353.0607 Fax. 804.358.8782
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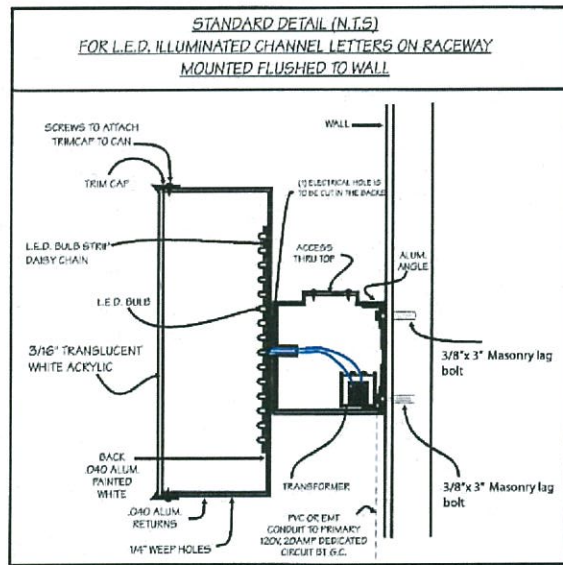
## Option F

<input type="checkbox"/> Approved as drawn : _____	<b>Notes:</b>  This drawing is the property of Signs Unlimited, Inc. The undersigned agrees it shall not be reproduced, copied, or disposed of directly or indirectly, nor used for any other purpose without expressed permission of Signs Unlimited, Inc.	<b>Save Document as:</b> 2140624a	 Design • Fabrication • Installation	
<input type="checkbox"/> Approved with noted changes : _____		<b>Drawing:</b> 01.13.15 CL		Ph. 804.353.0607 Fax. 804.358.8782
<input type="checkbox"/> Rejected - Revise and Resubmit : _____		<b>Approved By :</b> _____ <b>Approval Date:</b> _____		



Side Elevation

Sign # 2




- A: Channel letters, Blue face, led internally illuminated
- B: Raceway, painted white electrical feeds
- C: Existing masonry wall

Attach raceway with masonry fasteners to existing wall  
Existing wall to be painted white


Option F

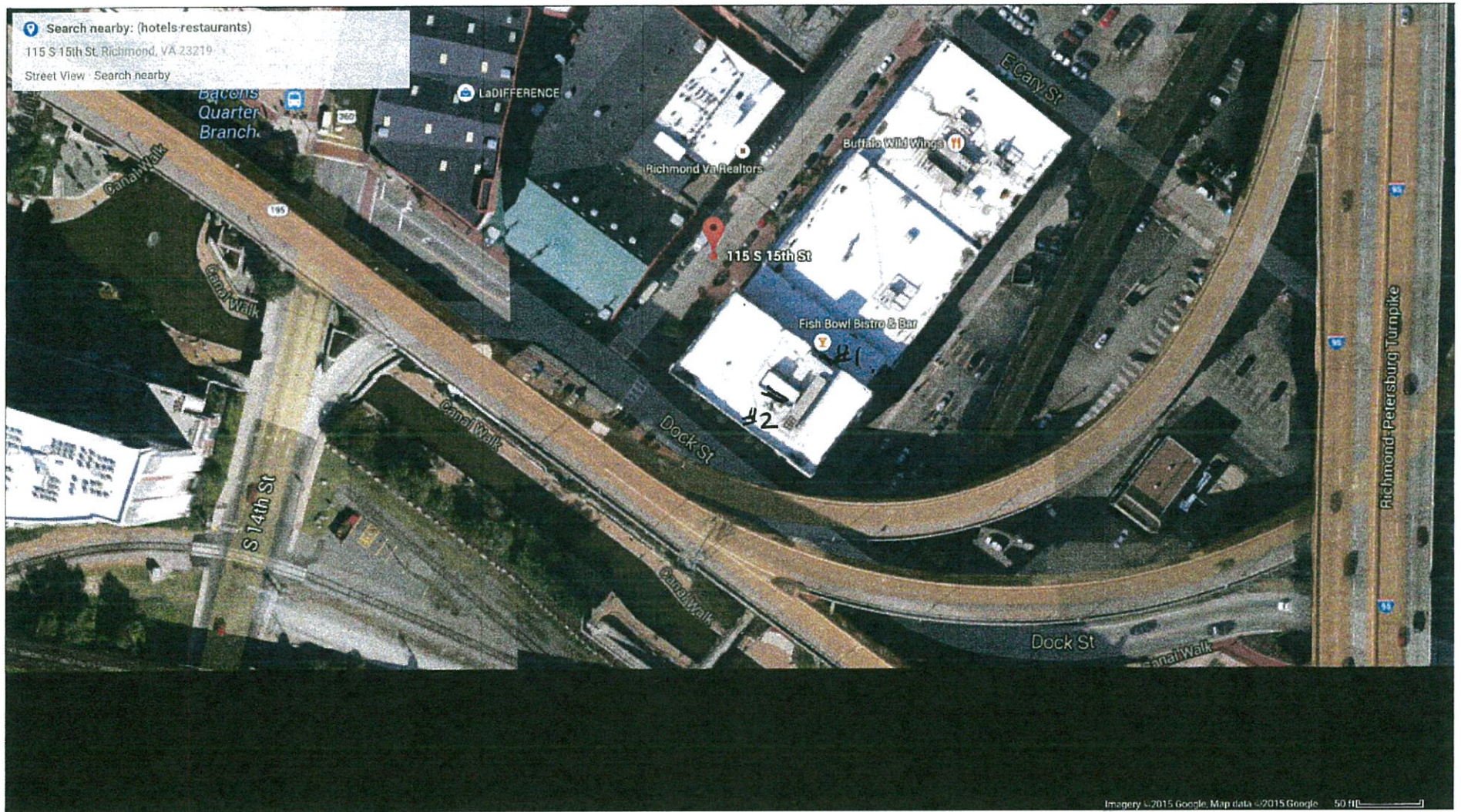
Sign #2 Door # (South)

<input type="checkbox"/> Approved as drawn : _____ <input type="checkbox"/> Approved with noted changes : _____ <input type="checkbox"/> Rejected - Revise and Resubmit : _____  Approved By : _____ Approval Date: _____	<b>Notes:</b> 01.13.15 CL  This drawing is the property of Signs Unlimited, Inc. The undersigned agrees it shall not be reproduced, copied, or disposed of directly or indirectly, nor used for any other purpose without expressed permission of Signs Unlimited, Inc.	<b>Save Document as:</b> 2140624a  <b>Drawing:</b> 03.06.15 CL	 Design • Fabrication • Installation Ph. 804.353.0607 Fax. 804.358.8782
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## Option F

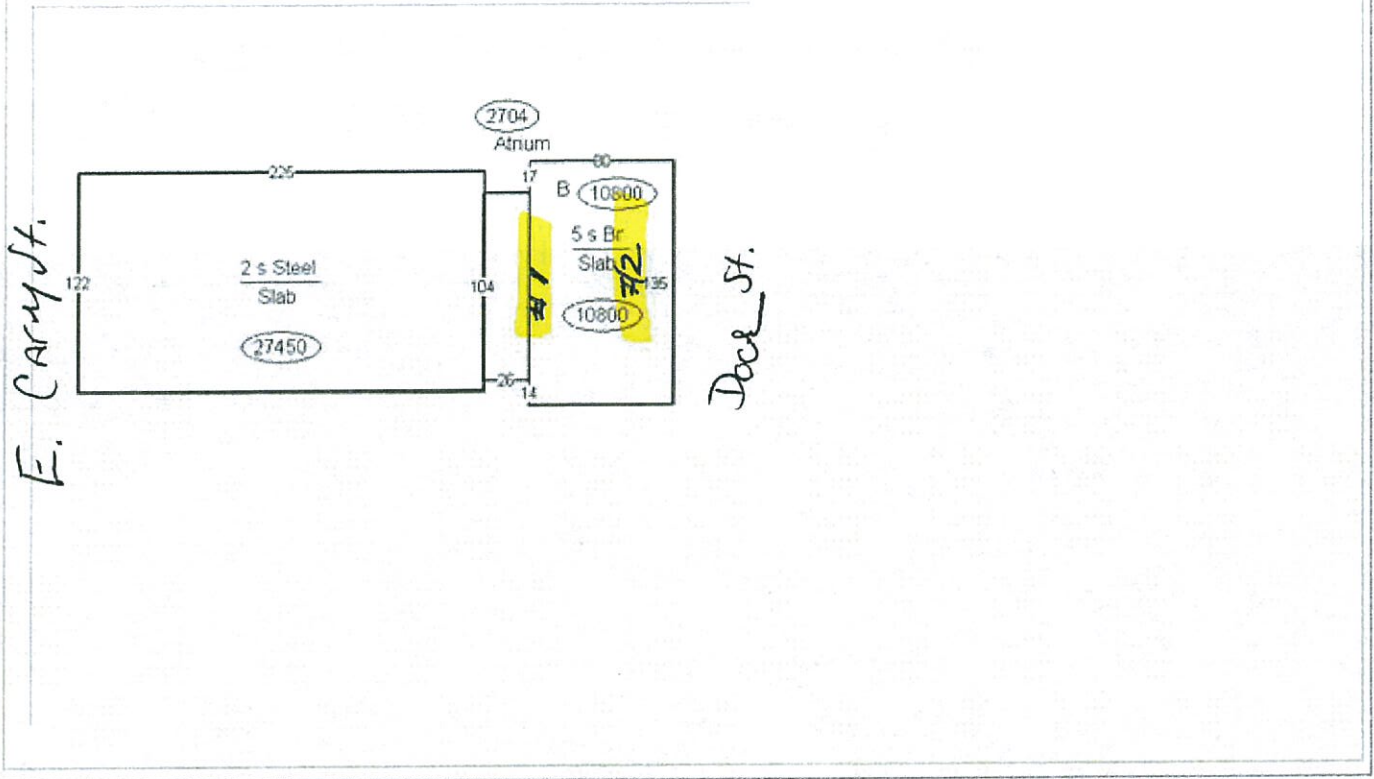
<input type="checkbox"/> Approved as drawn : _____ <input type="checkbox"/> Approved with noted changes : _____ <input type="checkbox"/> Rejected - Revise and Resubmit : _____ <b>Approved By :</b> _____ <b>Approval Date:</b> _____	<b>Notes:</b>  This drawing is the property of Signs Unlimited, Inc. The undersigned agrees it shall not be reproduced, copied, or disposed of directly or indirectly, nor used for any other purpose without expressed permission of Signs Unlimited, Inc.	<b>Save Document as:</b> 2140624a  <b>Drawing:</b> 01.13.15 CL	 Design • Fabrication • Installation Ph. 804.353.0607 Fax. 804.358.8782
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Sign # 1 Fleurs De Lis - E CARY ST  
# 2 Bon Secours Medical Group - Dock St

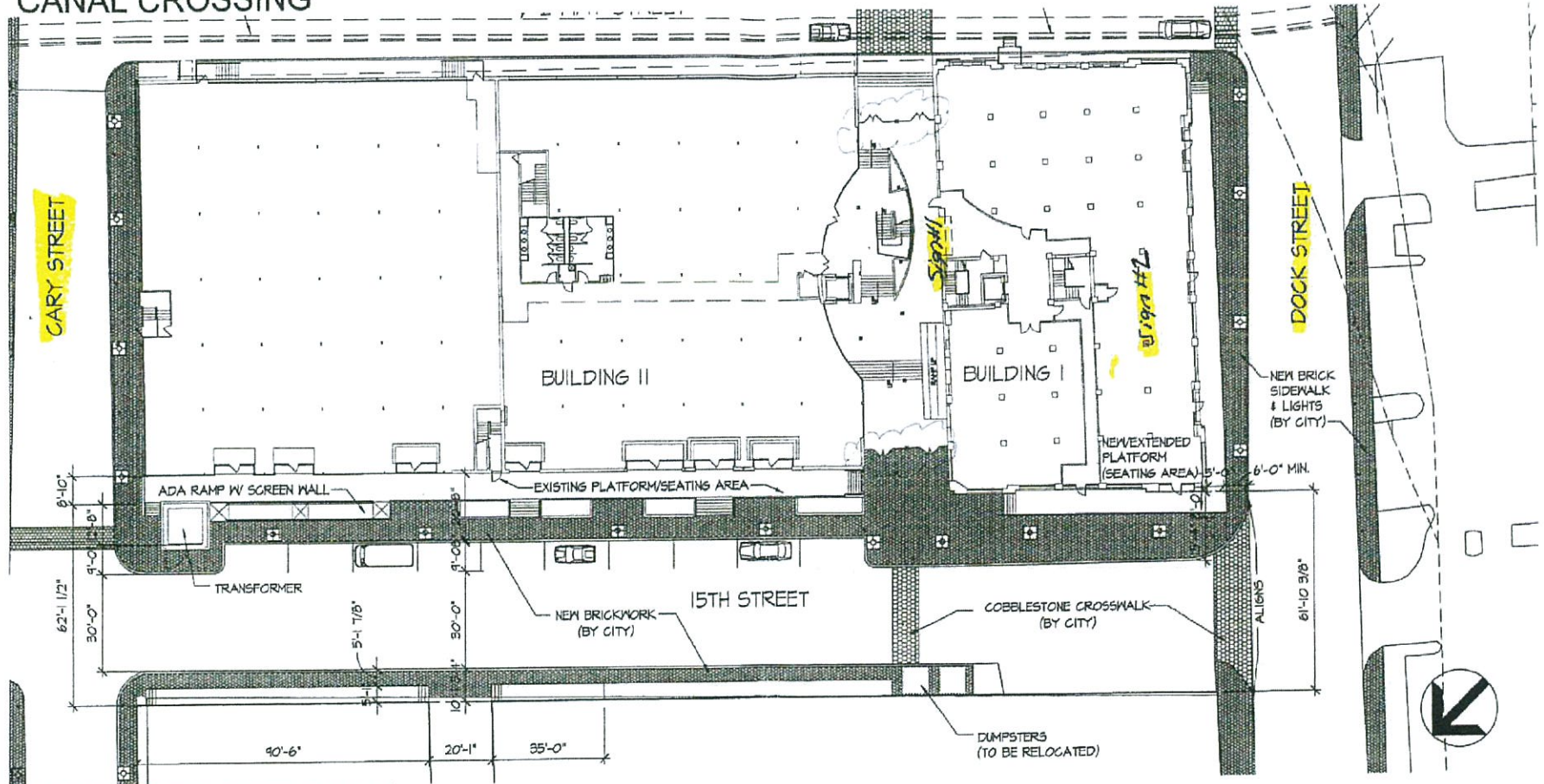
**Sketch Images**

Name:E0000072006 Desc:C01





CANAL CROSSING



PROPOSED SITE PLAN

SCALE: 1" = 30' DATE: 4/23/02