



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: 2519 W Grace Street DATE: 08.01.16

OWNER'S NAME: Frank Cava TEL NO.: 703-928-9285

AND ADDRESS: 5310 Markel Rd Suite 104 EMAIL: frank_cava@becava.com

CITY, STATE AND ZIPCODE: Richmond Va 23230

ARCHITECT/CONTRACTOR'S NAME: Frank Cava TEL. NO.: 703-928-9285

AND ADDRESS: Markel Rd Suite 104 EMAIL: frank_cava@becava.com

CITY, STATE AND ZIPCODE: Richmond Va 23230

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.)

Owner would like to install 2' wooden stained lattice privacy screening at the top of the 6' fence for a total of 8' height. Please see attached picture of purposed material.

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

Name of Owner or Authorized Agent (please print legibly): Kelly Henderson

(Space below for staff use only)

Received by Commission Secretary

APPLICATION NO. _____

DATE _____

SCHEDULED FOR _____

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

