



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: 604 W 20th St.

DATE: 5/1/14

OWNER'S NAME: Elizabeth C. Berman

TEL NO.: 804-366-5405

AND ADDRESS: 604 W. 20th St.

EMAIL: lisa-berman@yahoo.com

CITY, STATE AND ZIP CODE Richmond, VA 23225

ARCHITECT/CONTRACTOR'S NAME: Gary Harless
Deep Run Renovations

TEL. NO. 804-364-5090

AND ADDRESS: 3015 Huntwick Ct.

EMAIL: gary@deeprunrenovations.com

CITY, STATE AND ZIP CODE Richmond, VA 23233

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.)

1. Replace tongue & groove rotted wooden porch flooring with Azek composite porch tongue & groove in slate grey.
2. Replace crumpled cement steps with more durable flagstone to match color & appearance of steps of house when purchased in 2005.

Signature of Owner or Authorized Agent: X [Signature]
Name of Owner or Authorized Agent (please print legibly): Elizabeth C. Berman

(Space below for staff use only)

Received by Commission Secretary

DATE 5/1/14

APPLICATION NO. 14-41

SCHEDULED FOR 5/27/14

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



