



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: 05/27/15

OWNER'S NAME: Fulton Properties TEL NO.: 804-226-9555

AND ADDRESS: 1000 Carlisle Avenue EMAIL: _____

CITY, STATE AND ZIPCODE: Richmond, VA 23231

ARCHITECT/CONTRACTOR'S NAME: Signs Unlimited, Inc TEL. NO.: 804-353-0607

AND ADDRESS: 1808 MacTavish Ave EMAIL: cstanford@signsunlimited.net

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

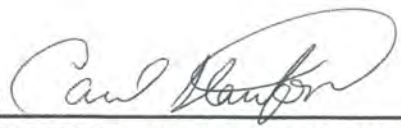
I hereby make application for the issuance of a certificate under the provisions of Chapter 114, Article IX, Division 4 (Old and Historic Districts) of the Richmond City Code for the proposal outlined below in accordance with plans and specifications accompanying this application.

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.*)

This application is in response to our denied application #15-054.
We are proposing halo-lit exterior signs versus face-lit channel letters.

Signature of Owner or Authorized Agent: X 

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

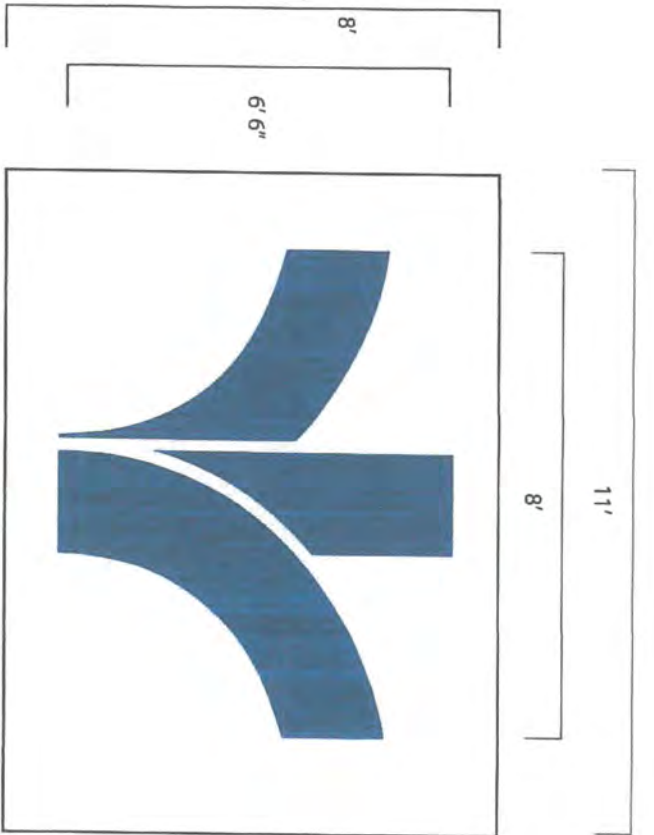
DATE 5.28.15

12:22pm

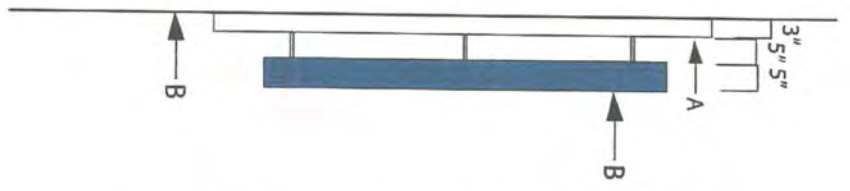
APPLICATION NO. _____

SCHEDULED FOR _____

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

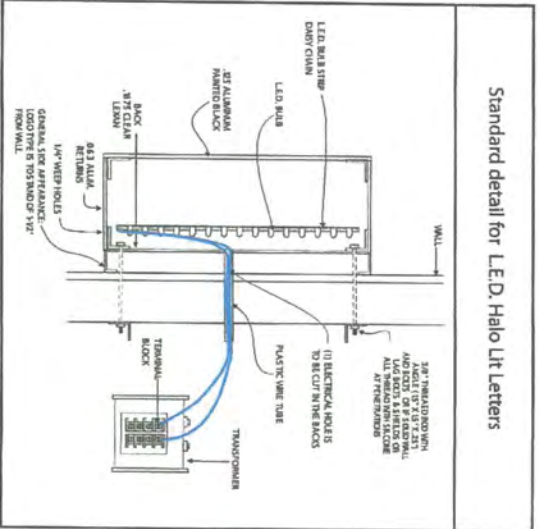


Sign # 1



Side Elevation

- A: Aluminum pan construction, Painted white
- B: Aluminum fabricated Reverse Channel shape, Painted Blue face and returns, LED rear lit (bright white) illuminated
- C: Existing masonry wall Fasten to wall with 3/8"x 2.5" Tapcon masonry fasteners,



Option F.2

Approved as drawn : _____
 Approved with noted changes : _____
 Rejected - Revise and Resubmit : _____
 Approved By : _____ Approval Date: _____

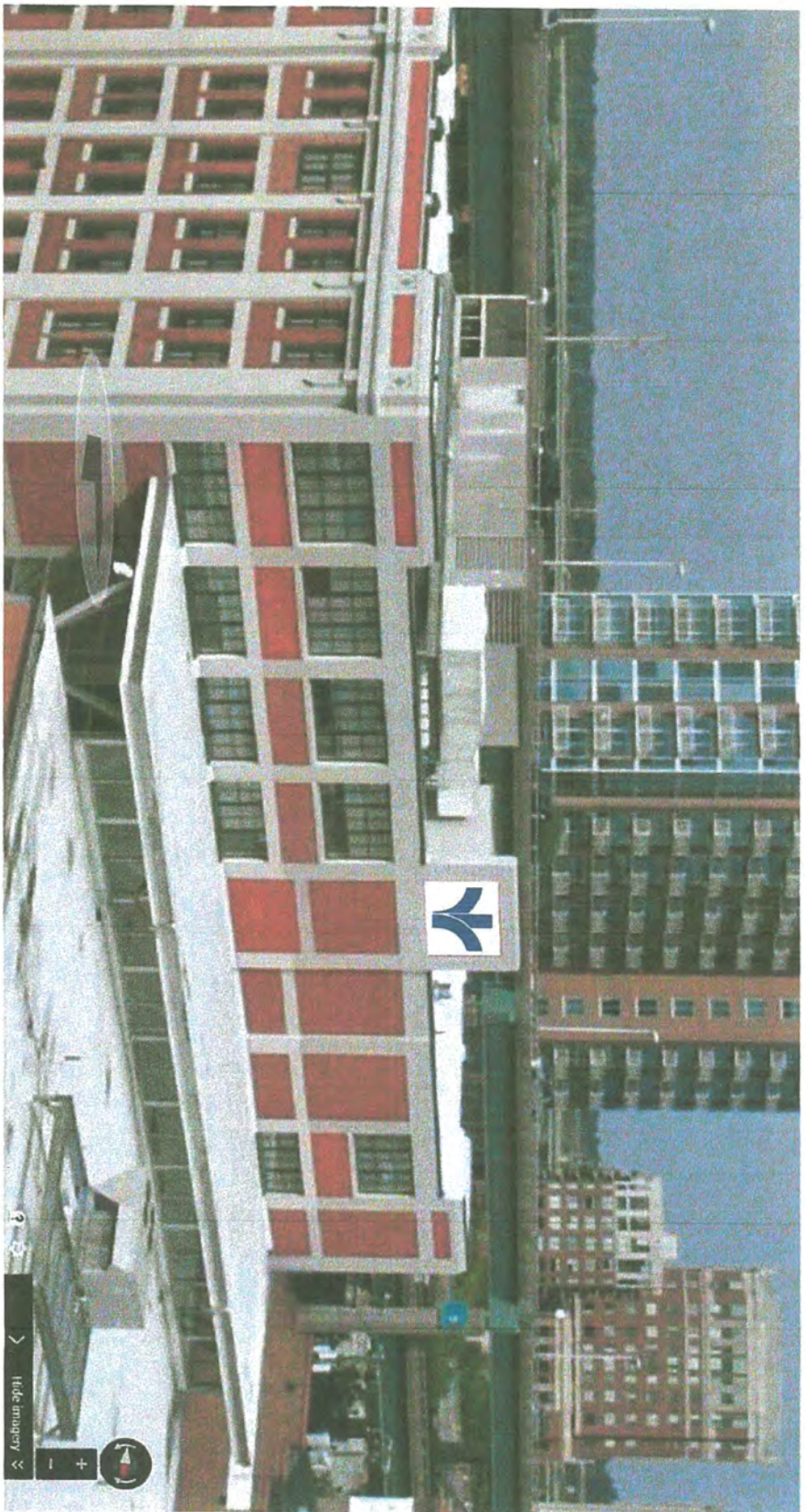
Notes:

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Save Document as:
2140624a

Drawing:
05.07.15

Design • Fabrication • Installation
Ph. 804.353.0807 Fax. 804.358.8792



Option F.2

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 Approved with noted changes : _____
 Rejected - Revise and Resubmit : _____
 Approved By : _____ Approval Date: _____

Notes:

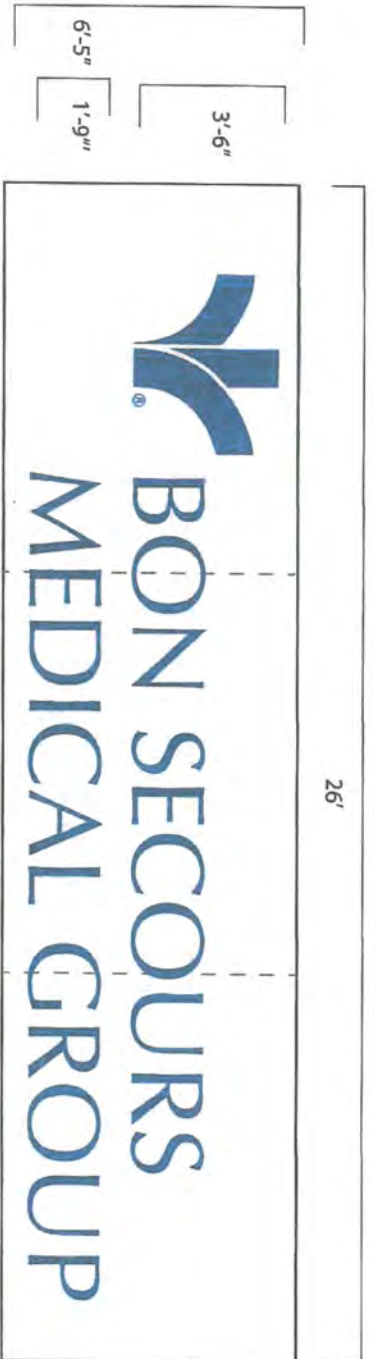
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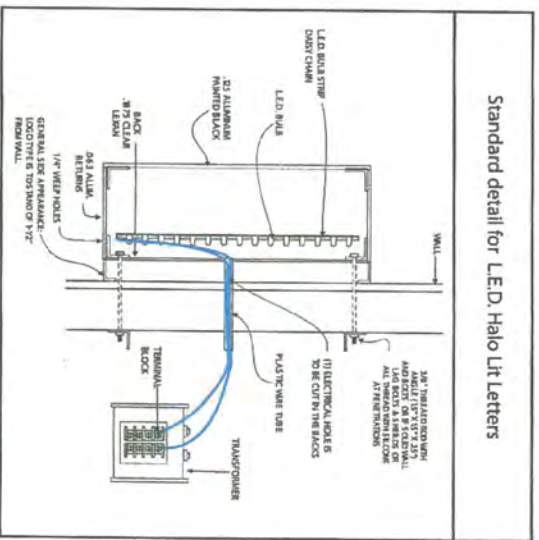
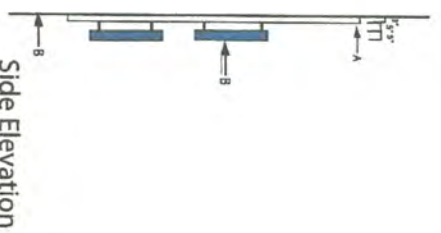
Drawing:
05.07.15



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Ph. 804.353.0607 Fax. 804.356.6792



Sign # 2



- A: Aluminum pan construction, Painted white
- B: Aluminum fabricated Reverse Channel letters and shape, Painted Blue face and returns, LED rear lit (bright white) illuminated
- C: Existing masonry wall Fasten to wall with 3/8" x 2.5" Tapcon masonry fasteners,

Option F.2

Approved as drawn : _____
 Approved with noted changes : _____
 Rejected - Revise and Resubmit : _____
 Approved By : _____ Approval Date: _____

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 Ph. 804.353.0607 Fax. 804.358.8782



Option F.2

<input type="checkbox"/> Approved as drawn : _____ <input type="checkbox"/> Approved with noted changes : _____ <input type="checkbox"/> Rejected - Revise and Resubmit : _____		Notes: This drawing is the property of Signa Unlimited, Inc. The undersigned agrees it shall not be reproduced, copied, or disposed of directly or indirectly, nor used for any other purpose without express permission of Signa Unlimited, Inc.	Save Document as: 2140624a
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