



# 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: 2402 E Clay St DATE: 11/10/14

OWNER'S NAME: Joe Gross DBA/BOB'S 98 LLC TEL NO: 804 366 9977  
AND ADDRESS: 400 Fauquier Ave EMAIL: House 111 @ comcast.net  
CITY, STATE AND ZIPCODE Richmond VA 23227

ARCHITECT/CONTRACTOR'S NAME: TBD TEL. NO. \_\_\_\_\_

AND ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY, STATE AND ZIPCODE \_\_\_\_\_

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.

Adding Storm  
windows on  
Front  
& Replacement  
windows on  
side

## 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.)