



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: 104 North Boulevard

DATE: 5/29/2015

James Stone

OWNER'S NAME: clometro Properties Inc

TEL NO.: 225-8655

AND ADDRESS: 200 W. FRANKLIN St.

EMAIL: J.m.metro Properties Richmond. Com

CITY, STATE AND ZIP CODE: Richmond VA 23220

ARCHITECT/CONTRACTOR'S NAME: Custom Ornamental IRON TEL. NO.: 798-1991

AND ADDRESS: 10412 Knotty Pine Lane EMAIL: _____

CITY, STATE AND ZIP CODE: GLEN ALLEN, VA 23059

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.)

Replace existing wooden Richmond Rail on the front porch of the building with 3" ALUMINUM RAILS with 3" Square Pyramid Capped Post and 1" Square Pickets. Powder coated white.

metro Properties Inc.

Signature of Owner or Authorized Agent: X by J. Wright President

Name of Owner or Authorized Agent (please print legibly): JAMES A. WRIGHT

(Space below for staff use only)

Received by Commission Secretary

10:32 am

APPLICATION NO. _____

DATE _____

SCHEDULED FOR _____

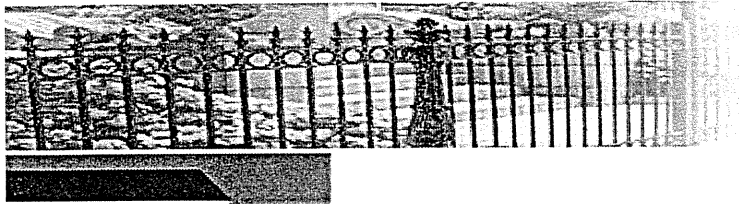
RECEIVED

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

MAY 29 2015

Revised 10-02-2014





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