



# 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: 811 1/2 N 24th Street, Rich Va DATE: 26 Oct 2016

OWNER'S NAME: KB & Associates, LLC TEL NO.: 804-332-2297

AND ADDRESS: 10908 Courthouse Rd (Suite #102126) EMAIL: kblowe@blw-solutions.com

CITY, STATE AND ZIPCODE: Fredericksburg Va. 22408

ARCHITECT/CONTRACTOR'S NAME: Timothy Davis – Freedom Constructions, LLC TEL. NO.: 804-426-3648

AND ADDRESS: 3023 Woodrow Ave EMAIL: freedomconstructionllc@gmail.com

CITY, STATE AND ZIPCODE: Richmond, Va. 23222

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

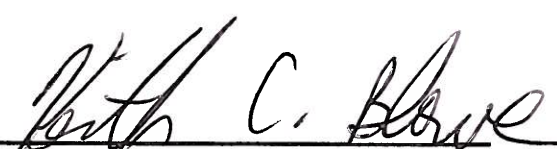
I hereby make application for the issuance of a certificate under the provisions of Chapter 114, Article IX, Division 4 (Old and Historic Districts) of the Richmond City Code for the proposal outlined below in accordance with plans and specifications accompanying this application.

### 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 windows, doors, hardy plank siding, and porches

Signature of Owner or Authorized Agent: X 

Name of Owner or Authorized Agent (please print legibly): Keith C. Blowe

RECEIVED

(Space below for staff use only)

Received by Commission Secretary

DATE \_\_\_\_\_

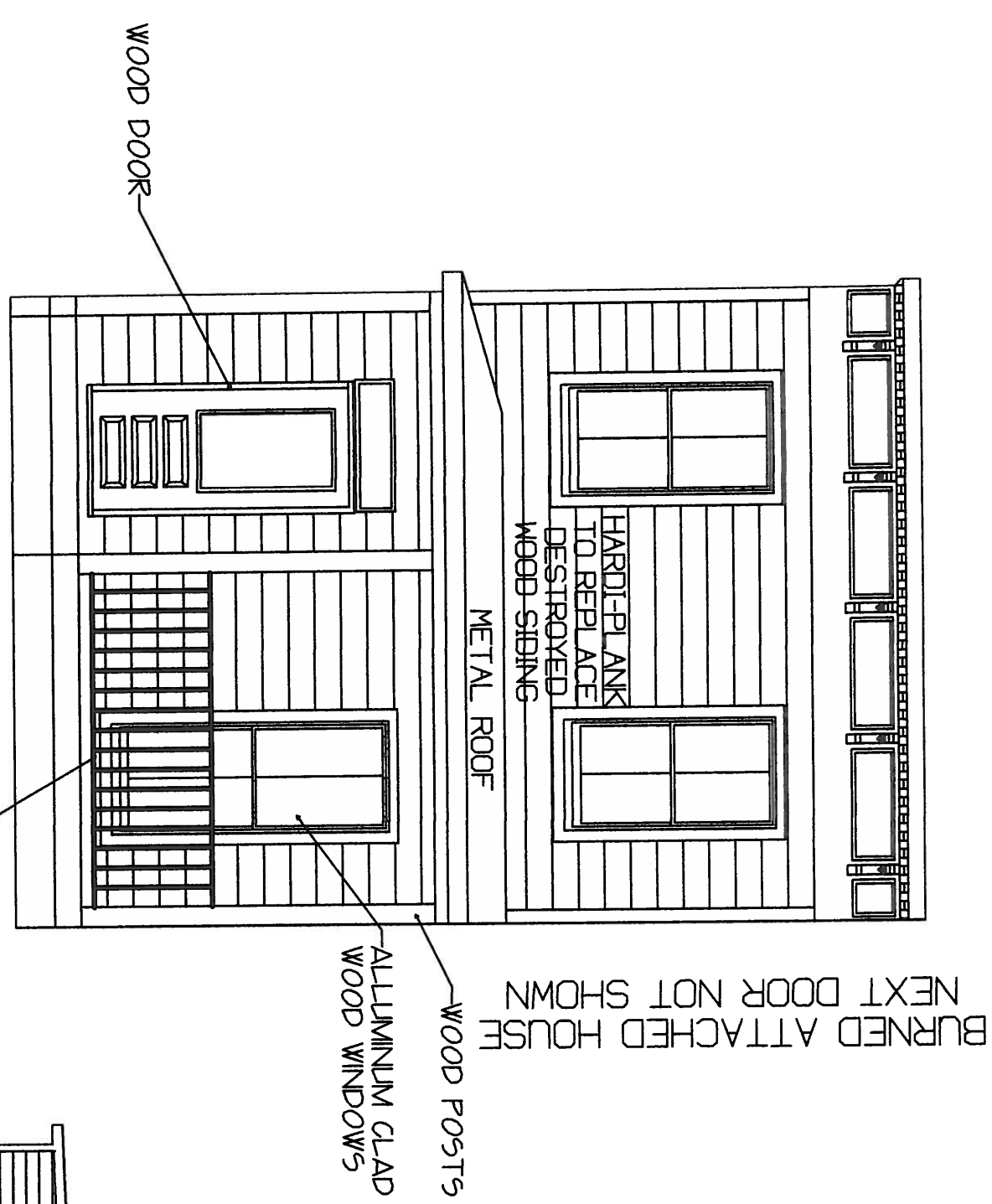
OCT 31 2016

APPLICATION NO. \_\_\_\_\_

SCHEDULED FOR \_\_\_\_\_

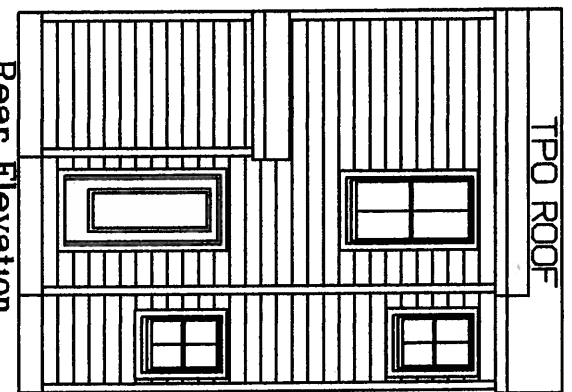
Note: CAR reviews all applications on a case-by-case basis.

Revised 10-02-2014



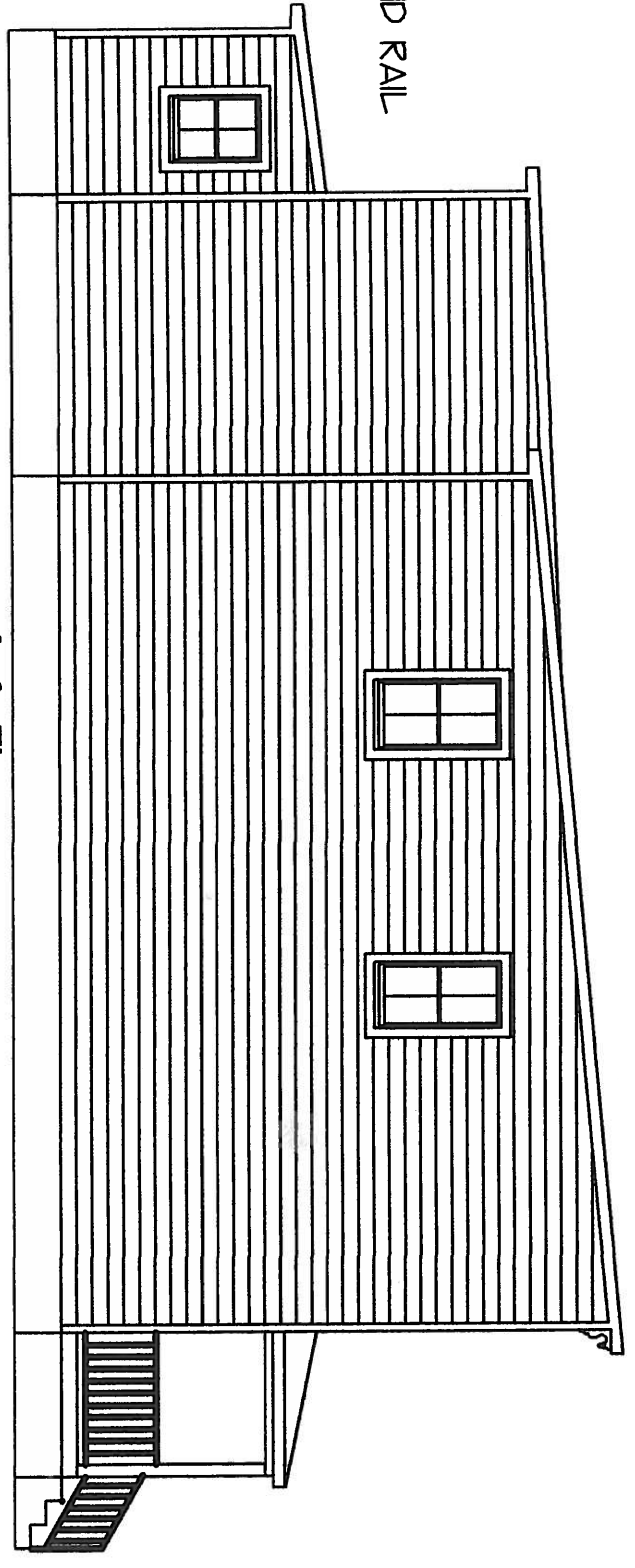
Front Elevation

Scale 1/4"=1'



Rear Elevation

Scale 1/8"=1'



Left Elevation

Scale 1/8"=1'