



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: 504 N Blvd

DATE: July 11, 14

OWNER'S NAME: Lara Fawell

TEL NO: 804 338 8000

AND ADDRESS: 504 N. Boulevard

EMAIL: lefawell@gmail.com

CITY, STATE AND ZIP CODE RIC VA 23220

ARCHITECT/CONTRACTOR'S NAME: Berkshire Builders

TEL. NO. 804 361 5329

AND ADDRESS: 12203 Tiverton Lane

EMAIL: hjbutor3@gmail.com

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.)

Approval to repair glass in front door with a textured glass for privacy purposes. Please see attached.
June 1st: Front door glass was shattered & a man entered our home.
June 6: Suspect entered my back yard looking for another way to break into our home.
Front door has been boarded shut since the break-in.

Signature of Owner or Authorized Agent: [Signature]

Name of Owner or Authorized Agent (please print legibly): Lara Fawell

(Space below for staff use only)

Received by Commission Secretary

APPLICATION NO. _____

DATE _____

SCHEDULED FOR _____

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



500-6796

GE B-3 - B-5



13

#F-66 STORM DOOR

Quarter Round

