



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 N 19th Street DATE: 03/27/2015

OWNER'S NAME: TDH Properties LLC TEL NO.: 804-651-7844

AND ADDRESS: 104 N 19th Street EMAIL: todd@fuelcreative.us

CITY, STATE AND ZIPCODE: Richmond, VA 23223

ARCHITECT/CONTRACTOR'S NAME: Walter Parks TEL. NO.: 804-644-4761

AND ADDRESS: 313 N. Adams Street EMAIL: walter@wparks.com

CITY, STATE AND ZIPCODE: Richmond, VA 23220

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.*)

The proposed work consists of a new roof terrace accessed via a new interior spiral stair and a roof hatch. The new deck will be minimally visible from the street. The new guardrail will be constructed of glass panels on a thin metal frame, painted black. The design is respectful of and compatible with the surrounding character of the district.

Signature of Owner or Authorized Agent: X 

Name of Owner or Authorized Agent (please print legibly): WALTER PARKS

(Space below for staff use only)

Received by Commission Secretary **RECEIVED**

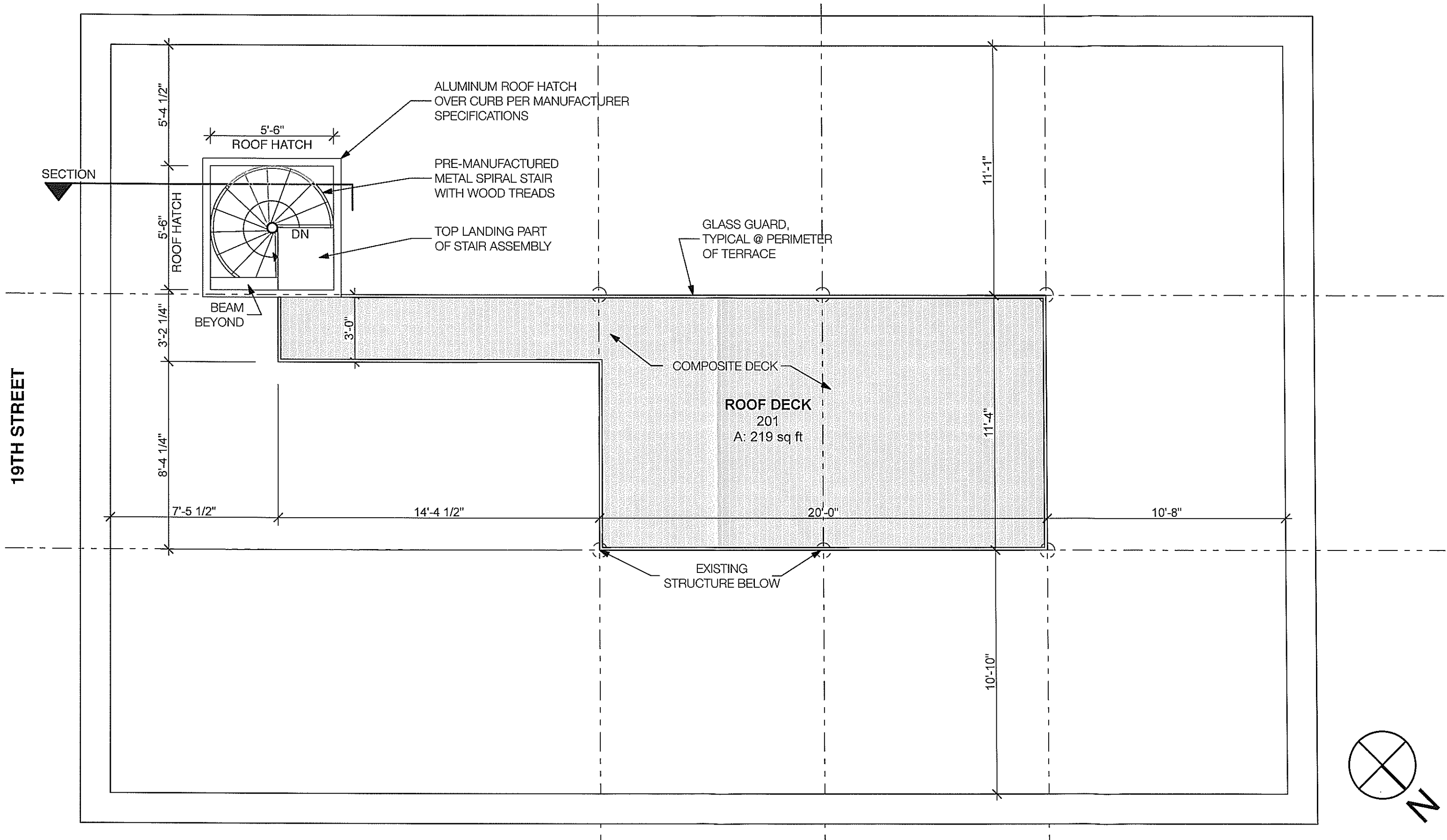
APPLICATION NO. _____

DATE MAR 27 2015

SCHEDULED FOR _____

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

Revised 10-02-2014

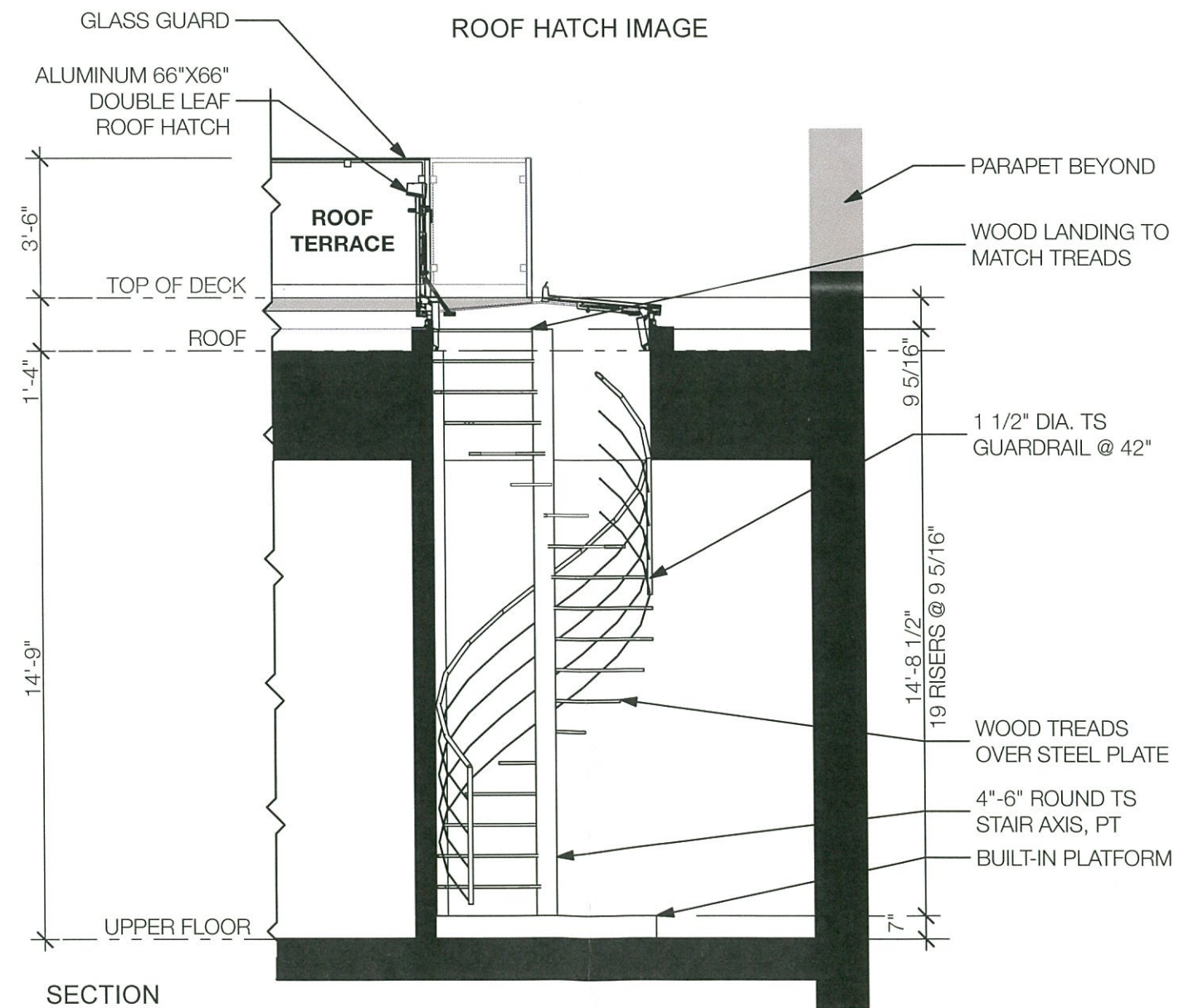
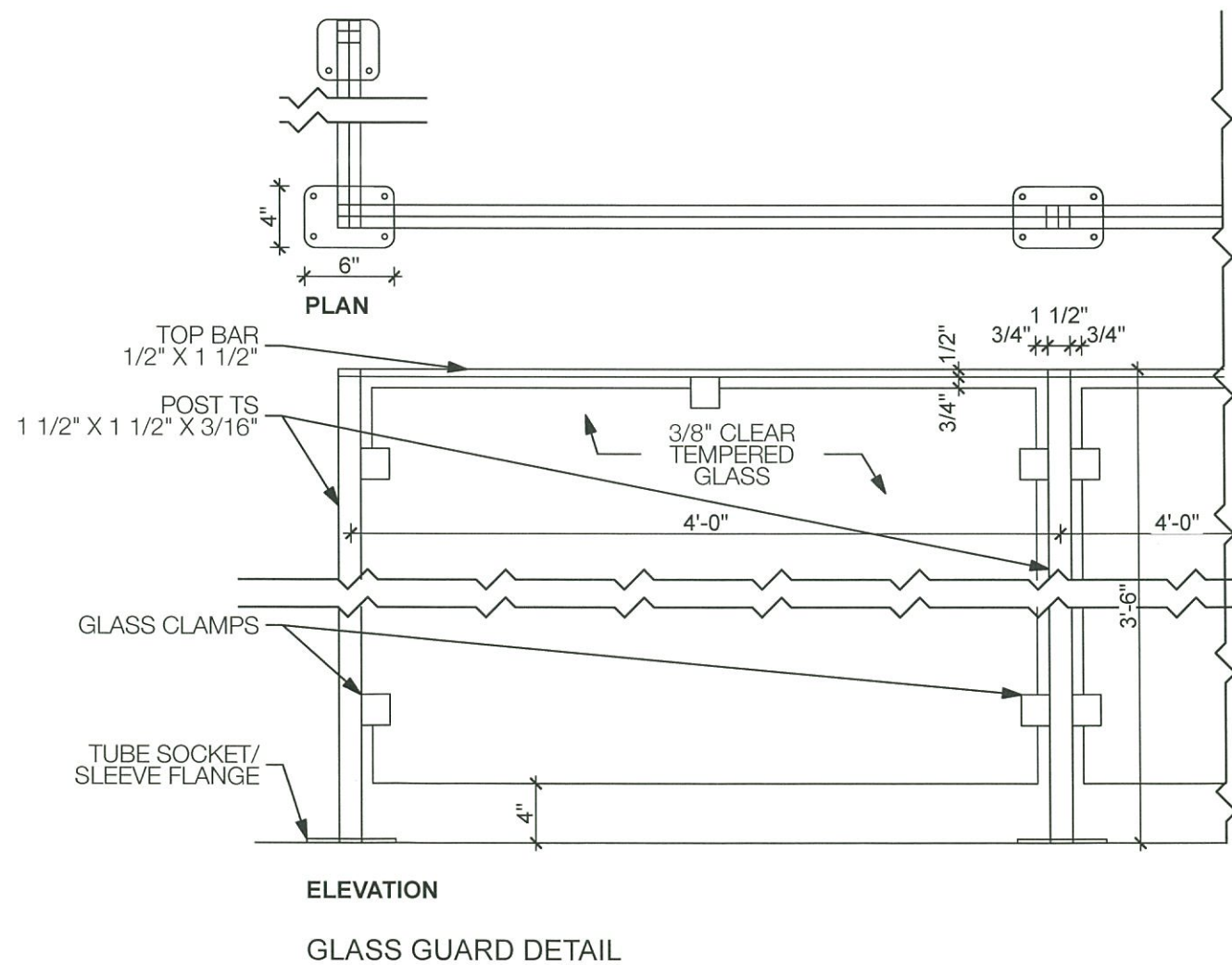


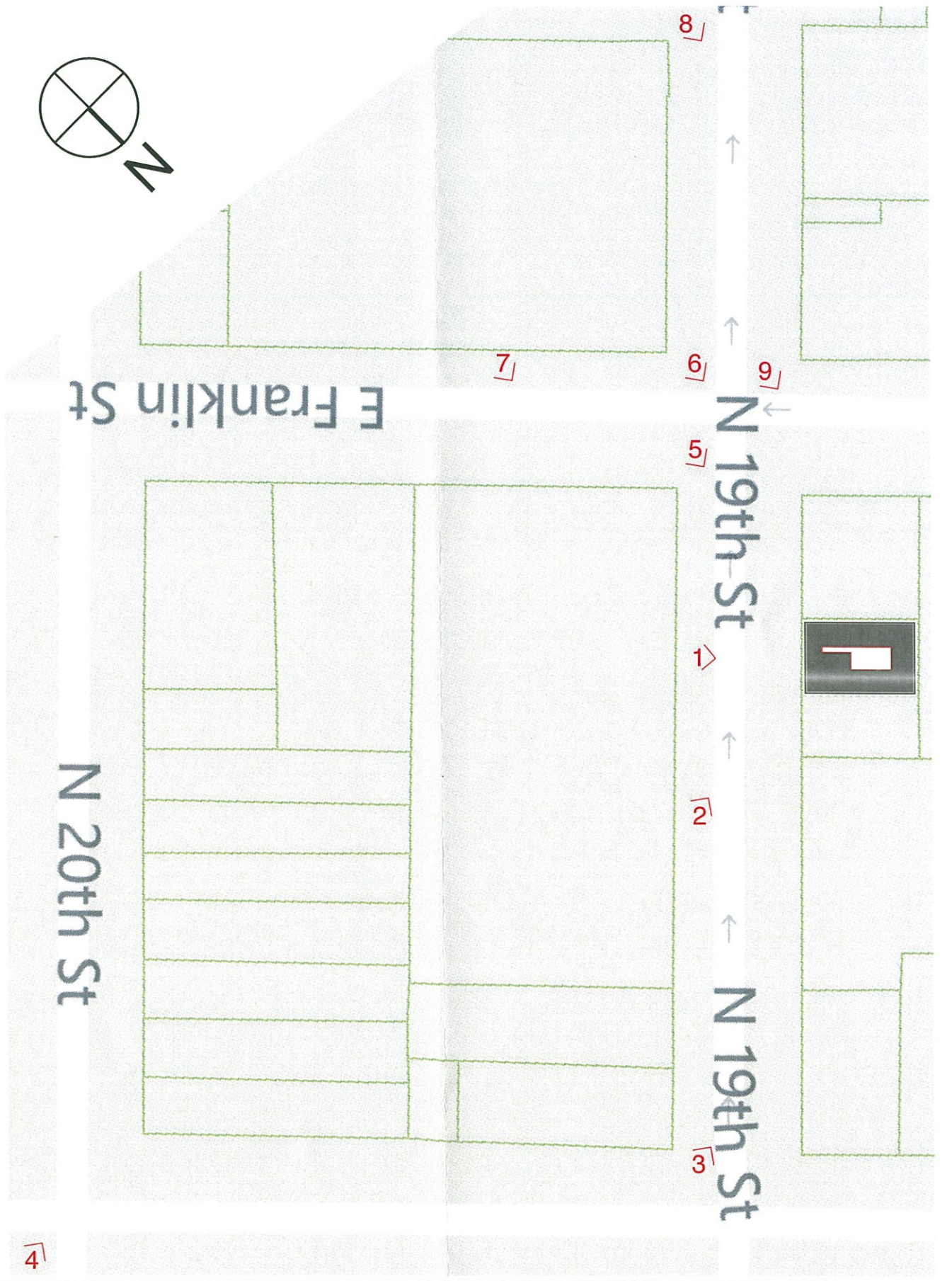


GLASS GUARD IMAGE

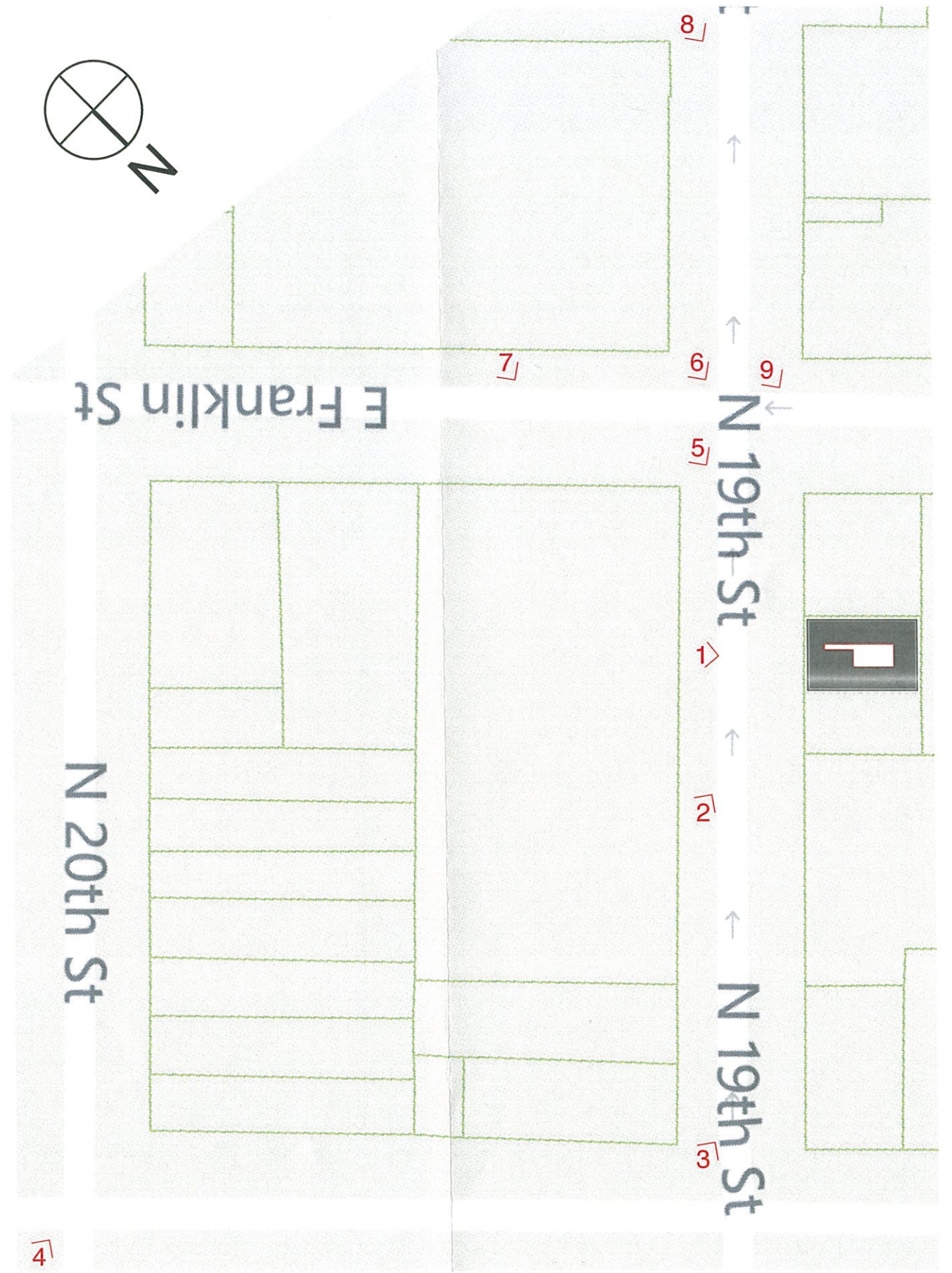


ROOF HATCH IMAGE





STREET VIEW
104 N 19TH ST



STREET VIEW
104 N 19TH ST

walter PARKS
ARCHITECT