



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: 310 N 23rd St

DATE: 3/27/15

OWNER'S NAME: Thomas&Barbara Keller

TEL NO.: 703-509-1488

AND ADDRESS: 310 N 23rd St

EMAIL: TokelleR@GMAIL.COM

CITY, STATE AND ZIPCODE: Richmond, VA 23223

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.

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.)

* NOTE

* PAINT FRONT OF HOUSE: CLASSIC TR GRAY (SW 007)
** TRIM: CLASSIC LIGHT BUFF (SW 008)
** CONCRETE FLOOR, PORCH: CAVIAR (SW 8990)

* REPLACE 3 COLUMNS IONIC (ATLIC) BASE W/ NEW BASE

* ADD 2 IONIC ORDER (ROMAN) SCARLOZZI CAPITAL

Signature of Owner or Authorized Agent: X [Signature]

Name of Owner or Authorized Agent (please print legibly): Barbara Keller

* PAINT ALL CRACKS

(Space below for staff use only)

Received by Commission Secretary _____ APPLICATION NO. _____
DATE 3/27/15 1:30 _____ SCHEDULED FOR _____

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



