



# 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: 2117 / 2119 Cedar St DATE: 4/20/16

OWNER'S NAME: Cedar Preservation LLC TEL NO.: 804 837-9697

AND ADDRESS: 2839 HATHAWAY Rd. EMAIL: Phil@Gardner-Co.com

CITY, STATE AND ZIPCODE: Richmond, VA 23225

ARCHITECT/CONTRACTOR'S NAME: Gardner Construction TEL. NO.: 804-640-7713

AND ADDRESS: 513 Forest Ave suite 207 EMAIL: Travis@Gardner-Co.com

CITY, STATE AND ZIPCODE: Richmond, VA 23229

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.)

I Propose to install an ornamental Iron Guard rail at two 2nd Floor door openings at 2117 Cedar And 2119 Cedar st. These doors are in a bedroom and would require Per code to have some sort of Approved Guard rail.

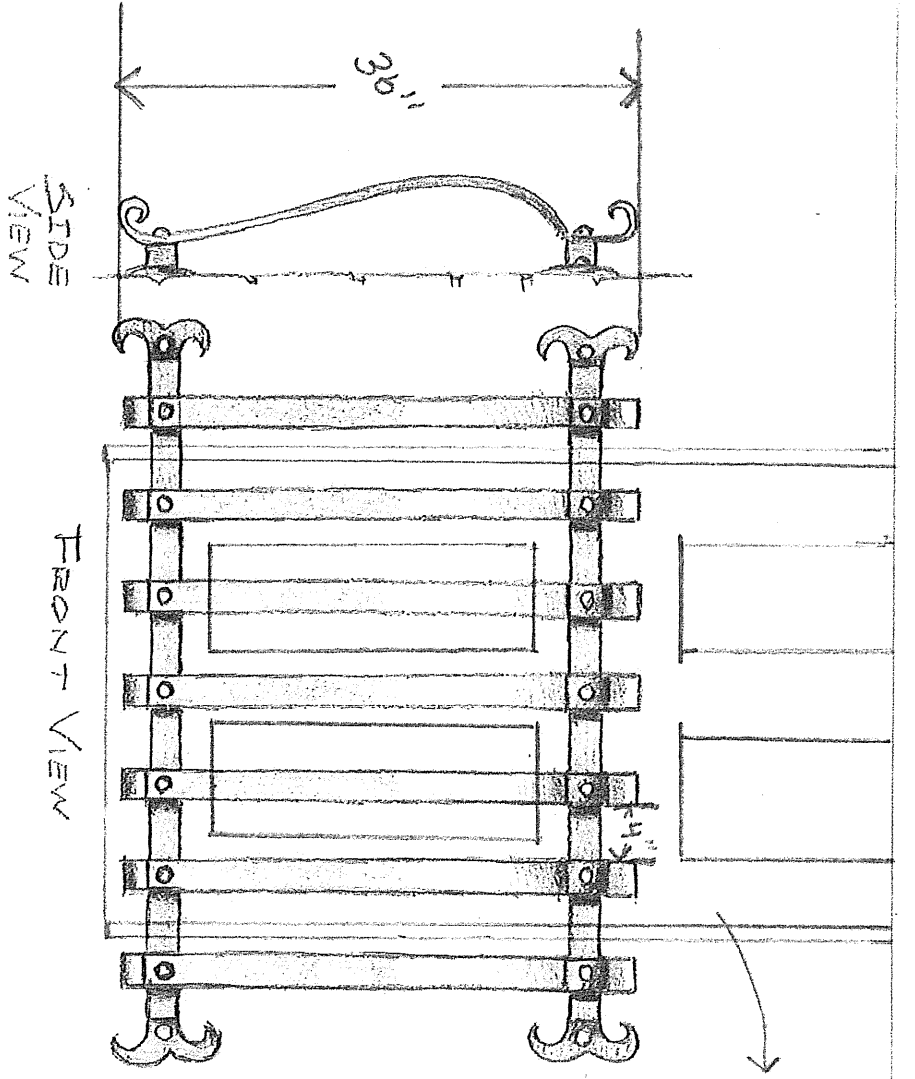
Signature of Owner or Authorized Agent: X

Name of Owner or Authorized Agent (please print legibly): Phil Gardner

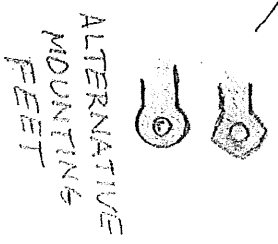
(Space below for staff use only)

RECEIVED  
Received by Commission Secretary \_\_\_\_\_ APPLICATION NO. \_\_\_\_\_  
DATE APR 21 2016 SCHEDULED FOR \_\_\_\_\_

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



RIVETED 1" X 1/4" FLAT BAR



\$300.00 each

