



# 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: 823 N. 24th Street DATE: 12/07/15  
OWNER'S NAME: Ghaniah M. Murshed TEL NO.: 804-497-6217  
AND ADDRESS: 619 W 21st Street EMAIL: doyan.dathis@xhoo.com  
CITY, STATE AND ZIP CODE: Richmond VA 23225

ARCHITECT/CONTRACTOR'S NAME: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_  
AND ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CITY, STATE AND ZIP CODE: \_\_\_\_\_

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.)

*Painting and painting red the existing brick facade*  
*To whom this may concern, the reason I choose the color because other building in are are the same. the other reason was because the brick had to many disturb areas.*

Signature of Owner or Authorized Agent: X *Ghaniah M. Murshed*  
Name of Owner or Authorized Agent (please print legibly): Ghaniah M. Murshed

(Space below for staff use only)

Received by Commission Secretary **RECEIVED** APPLICATION NO. \_\_\_\_\_  
DATE DEC 11 2015 SCHEDULED FOR \_\_\_\_\_

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

*3pm*