



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: 610 N 21st ST

DATE: 5/6/14

OWNER'S NAME: MIKE FARLEY

TEL NO.: 804-387-1988

AND ADDRESS: 610 N 21st ST

EMAIL: MCF409@GMAIL.COM

CITY, STATE AND ZIP CODE RICHMOND VA 23223

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.

DESCRIPTION OF PROPOSED WORK:

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. See instruction sheet for requirements.)

Replace & EXTEND THE BACK PORCH
FROM - 5'x10' TO 12'x10'

Signature of Owner or Authorized Agent:

Mike Farley

(Space below for staff use only)

RECEIVED

Received by Commission Secretary

DATE MAY 12 2014

APPLICATION NO. _____

SCHEDULED FOR _____

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



