



# 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: 2411 West Grace Street DATE: \_\_\_\_\_

OWNER'S NAME: SCOTT McCoy

TEL NO.: 804-545-0727

AND ADDRESS: 2411 West Grace Street

EMAIL: professormccoy@gmail.com

CITY, STATE AND ZIPCODE: Richmond VA 23220

ARCHITECT/CONTRACTOR'S NAME: \_\_\_\_\_

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.)

PAINTING

USING A COLOR FROM THE CAR PAINT COLOR PALETTE #31 LEISURE BLUE

\*NOTE PLEASE SCHEDULE REVIEW FOR AUGUST. I WILL BE OUT OF TOWN DURING JULY

Signature of Owner or Authorized Agent: X 

Name of Owner or Authorized Agent (please print legibly): \_\_\_\_\_

(Space below for staff use only)

Received by Commission Secretary

APPLICATION NO. \_\_\_\_\_

DATE \_\_\_\_\_

SCHEDULED FOR \_\_\_\_\_

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