

* 334-6997 (c)
405-9210 (c)



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: 4102 HERMITAGE RD. DATE: 11/19/14

OWNER'S NAME: FRANK WOOD TEL NO.: 262-4059*

AND ADDRESS: SAME AS ABOVE EMAIL: WOOD921@GMAIL.COM

CITY, STATE AND ZIP CODE RICHMOND, VA 23227

ARCHITECT/CONTRACTOR'S NAME: C. JONES CONTRACTING TEL NO. 674-9539

AND ADDRESS: 3401 SUMMERTON BROOK DR. EMAIL: _____

CITY, STATE AND ZIP CODE RICHMOND, VA 23235

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

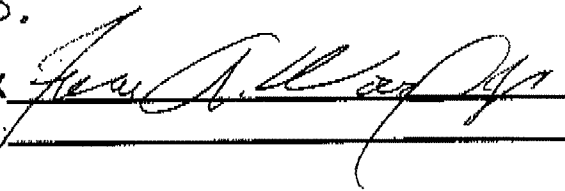
I hereby make application for the issuance of a certificate under the provisions of Chapter 114, Article IX, Division 4 (Old and Historic Districts) of the Richmond City Code for the proposal outlined below in accordance with plans and specifications accompanying this application.

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.)

Replace shingle roofing with standing seam metal, which was original roofing material. Paint to match standing seam metal on carriage house - RED.

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.

FOR: MR. WILL PALMQUIST

STATEMENT OF WORK

ROOF REPAIRS 4102 HERMITAGE ROAD

1. MAIN BUILDING

- A. Replace all cracked, broken and missing roof slates using the same slates (14" x 7") as existing.
- B. Reseal all chimney and valley flashing.
- C. Clean metal cap with TSP, rust inhibitor, Prime and Paint to Customer specs.
- D. Clean and repaint metal roof over sun porch
- E. Clean all gutters and reattach or level where necessary.
- F. All painting will be done when temperature is above 45 degrees.

2. CARRIAGE HOUSE

- A. Replace all cracked, broken and missing slates using the same slates (14" x 7") as existing.
- B. Repair metal roof as needed and seal around chimney.
- C. Scrape & clean metal roof with TSP. Paint roof to Customers specs.
- D. All painting will be done when temperature is above 45 degrees.

3. GUEST COTTAGE

- A. Remove existing shingle and metal roof and dispose of the debris
- B. Install underpayment and galvanized double rolled standing seam metal roof system to duplicate the appearance of the standing seam (1") metal roof on the Carriage House. This property is in an Old and Historic District and the finished product must have the same appearance as the original roof.
- C. Solder joints and seal all flashing.
- D. Clean prime and paint to customer specs.
- E. All painting will be done when temperature is above 45 degrees.

- 4. INSURANCE Contractor will provide all necessary insurance. Contractor will hold Customer harmless against any and all claims of liability resulting from activity on this project.

TOTAL PRICE, TEN THOUSAND DOLLARS (\$10,000.00) to be paid upon completion of job.

SEEN AND AGREED TO: November 19, 2014

C. JONES' CONTRACTING _____
Curtis Jones 804-674-9539

FRANK A. WOOD JR. _____
Frank Wood 804-334-6957