



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: 2717 West Grace St. DATE: 1/29/15

OWNER'S NAME: Robert & Kimberly Sienkiewicz TEL NO.: (301) 717-5048
AND ADDRESS: 5116 Waukesha Rd, Bethesda, MD 20816 EMAIL: robsienk@gmail.com
CITY, STATE AND ZIP CODE: Bethesda, MD 20816

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.)

I am requesting approval to keep windows that were ~~not~~ replaced without the required Certificate of Appropriateness. These windows were replaced prior to our purchase of the property in February/March 2006, we have no knowledge of date they were ^{actually} replaced.
Thank you for your consideration.

Signature of Owner or Authorized Agent: X [Signature]

Name of Owner or Authorized Agent (please print legibly): Robert & Kimberly Sienkiewicz

(Space below for staff use only)

Received by Commission Secretary

APPLICATION NO. _____

DATE 1/29/15 12:30 pm

SCHEDULED FOR _____

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