



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: 2815 E. Grace St.

DATE: May 19th 2015

OWNER'S NAME: 2815 E. Grace St LLC - J&B Whitworth

TEL NO.: 804 644 6559

AND ADDRESS: 2815 E. Grace St

EMAIL: jbwhitworth@

CITY, STATE AND ZIPCODE: Richmond, VA 23223

comcast.net

ARCHITECT/CONTRACTOR'S NAME: Ed Usner,

TEL. NO.: 804-366-5844

AND ADDRESS: City Tin & Copper, P.O. Box 5192

EMAIL: _____

CITY, STATE AND ZIPCODE: Richmond, VA 23220

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.)

The current stainless steel roof on front elevation of house facing E. Grace St. has a design flaw, it's leaking badly and cannot be repaired.

We propose to replace the whole front section with a new copper roof.

The required building permit application was filed 05/14/2015

Signature of Owner or Authorized Agent: **X** 

Name of Owner or Authorized Agent (please print legibly): John and Benedicte Whitworth

(Space below for staff use only)

Received by Commission Secretary _____

APPLICATION NO. _____

DATE 5/19/15

SCHEDULED FOR _____

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

Untitled Map

Write a description for your map.

Legend

 2815 E Grace St

Stainless Steel
To be replaced
by copper.

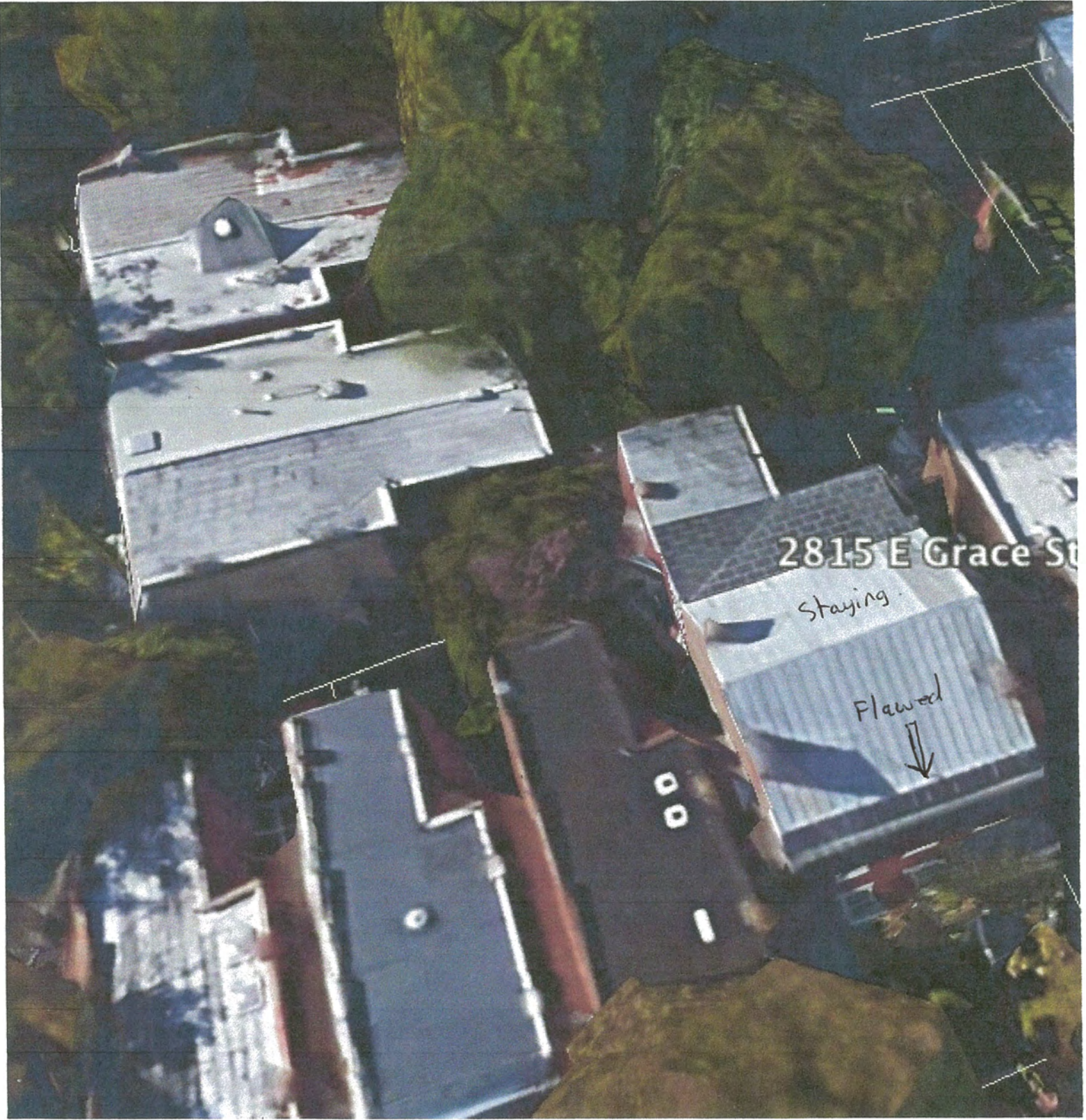


Google earth

© 2015 Google

20 ft





2815 E Grace St

Staying.

Flawed

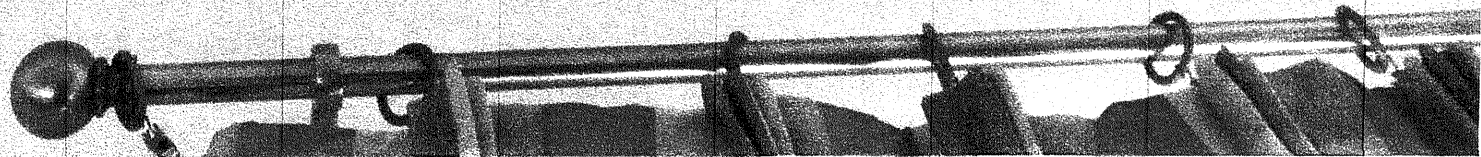




Master front bedroom - 2nd floor. Underneath where roof leaks.

Ceiling.

Wall



West 2nd Floor Landing.

