



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: 2615 West Grace St.

DATE: 4/28/16

OWNER'S NAME: Mary Roberts-Gabay ; Barry Gabay

TEL NO.: (804) 353-4662

AND ADDRESS: 2615 West Grace St

EMAIL: madoroga@yahoo.com

CITY, STATE AND ZIP CODE: Richmond VA 23220

ARCHITECT/CONTRACTOR'S NAME: Juan Carlos Rodriguez

TEL. NO.: (804) 337-8136

AND ADDRESS: _____

EMAIL: installitallva@gmail.com

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.)

We would like to request approval to replace our current privacy fence with a 6-foot fence, with supporting posts, and 12 inches of lattice work above the fence, with supporting borders. We would like to add that our next-door neighbors at 2611 recently built a two-story garage (which was approved by CAR) that has interfered with the privacy level we once enjoyed on our property. This provides further evidence for our need to increase the height of our fence.

Signature of Owner or Authorized Agent: X *Mary Roberts-Gabay Barry B. Gabay*

Name of Owner or Authorized Agent (please print legibly): MARY D ROBERTS-GABAY
BARRY B. GABAY

(Space below for staff use only)

Received by Commission Secretary

APPLICATION NO. _____

DATE 4/28/16

SCHEDULED FOR _____

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

