



# 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) 646-5769

12 COPIES OF SUPPORTING DOCUMENTATION ARE REQUIRED FOR PROCESSING YOUR SUBMISSION

LOCATION OF WORK: 1828 Monument Ave DATE: 3/25/15

OWNER'S NAME: James Buzzard / Susan Snyder TEL NO.: 804-839-4321

AND ADDRESS: 1828 Monument Ave EMAIL: sr5609@comcast.net

CITY, STATE AND ZIPCODE: Richmond, VA 23220

ARCHITECT/CONTRACTOR'S NAME: Steve Dantes TEL NO.: 804-543-8249

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.)

*not sure*  
we would like to replace 2nd floor balcony railing with an inkind replacement. Exact design and material will be used. Existing railing is only 12 inches high and is accessed by french doors. The new railing will be ~~34"~~ 42" and meet current code.

Signature of Owner or Authorized Agent: X Susan Snyder

Name of Owner or Authorized Agent (please print legibly): Susan Snyder

(Space below for staff use only)

Received by Commission Secretary

DATE 4/16/15 11:34

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

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

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

Revised 10-02-2014

