

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 REQ	UIRED FOR PROCESSING YOUR SUBMISSION
LOCATION OF WORK: 2710 E Franklin Street	DATE: <u>3/27/15</u>
OWNER'S NAME: Tim Bunchman	TEL NO.: 822-0659
AND ADDRESS: 2710 E Franklin Street	EMAIL: pcrrt@aol.com
CITY, STATE AND ZIPCODE: richmond va 23223	
ARCHITECT/CONTRACTOR'S NAME: Matt Elmes	TEL. NO.: 400-3326
AND ADDRESS: 130 North 32nd Street	EMAIL: mattelmes@verizon.
CITY, STATE AND ZIPCODE: RIchmond VA 23223	
Would you like to receive your staff report via email? Yes X	No
REQUEST FOR CONCEPTUAL REVIEW	
I hereby request Conceptual Review under the provisions of C Richmond City Code for the proposal outlined below in a understand that conceptual review is advisory only.	chapter 114, Article IX, Division 4, Section 114-930.6(d) of the accordance with materials accompanying this application.
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS	
I hereby make application for the issuance of a certificate unde Historic Districts) of the Richmond City Code for the proposa accompanying this application.	
DETAILED DESCRIPTION OF PROPOSTATE HOW THE DESIGN REVIEW GUIDELINES PROPOSED. (Include additional sheets of description if new the project. The 12 copies are not required if the project is bein instruction sheet for requirements.)	S INFORM THE DESIGN OF THE WORK cessary, and 12 copies of artwork helpful in describing
Replace existing porch decking with new tongue and groremain.	pove Azeck grey decking. Steps and risers to
Signature of Owner or Authorized Agent: Name of Owner or Authorized Agent (please print legibly	
(Space below for staff use only)	
Received by Commission Secretary	APPLICATION NO.
DATE 3/27/15 1:30	SCHEDULED FOR

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