



# 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: 2519 West Grace St  
Richmond Va 23220

DATE: 02/25/16

OWNER'S NAME: Brookwood Investments LLC

TEL NO.: (703) 928-9285

AND ADDRESS: 5310 Market Rd suite 101

EMAIL: billiny\_cava@gmail.com

CITY, STATE AND ZIPCODE: Richmond Va 23230

ARCHITECT/CONTRACTOR'S NAME: Frank Cava

TEL. NO.: 804-510-0333

AND ADDRESS: 5310 Market Rd Suite 101

EMAIL: Fcava@becava.com

CITY, STATE AND ZIPCODE: Richmond Va 23230

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.)

Before purchase the front porch and part of roof fell into street. There is a temporary structure to allow access to the front door. We are proposing a porch structure more in line with surrounding homes and appropriate for the front elevation.

RECEIVED

FEB 26 2016

Signature of Owner or Authorized Agent: X

4:55

Name of Owner or Authorized Agent (please print legibly): \_\_\_\_\_

(Space below for staff use only)

Received by Commission Secretary \_\_\_\_\_

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

DATE \_\_\_\_\_

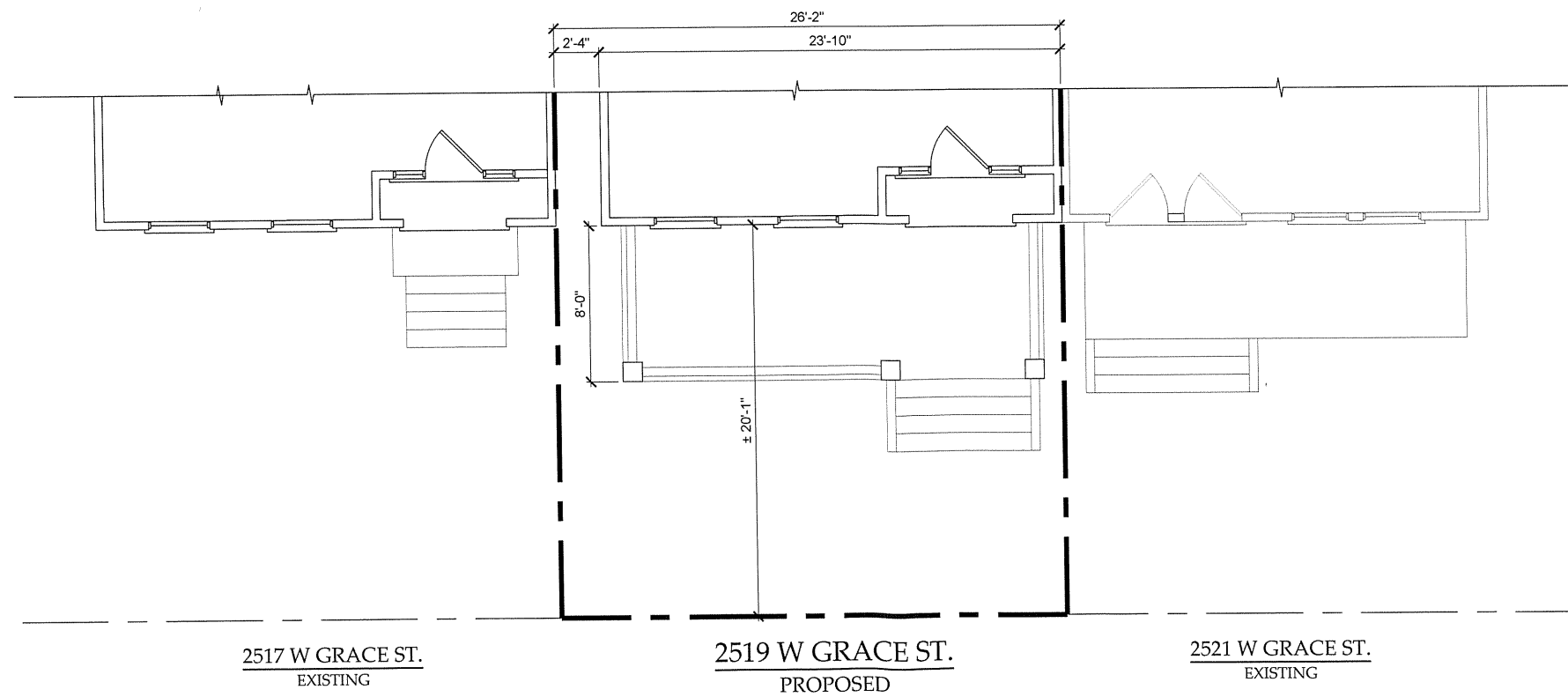
SCHEDULED FOR \_\_\_\_\_

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



CONTEXT SETBACK PLANS

SCALE: 1/4"=1'-0"



CONTEXT SETBACK PLANS

SCALE: 1/4"=1'-0"

OFFICE: 804.510.0333  
5310 MARKEL RD. SUITE 104  
RICHMOND, VA 23230



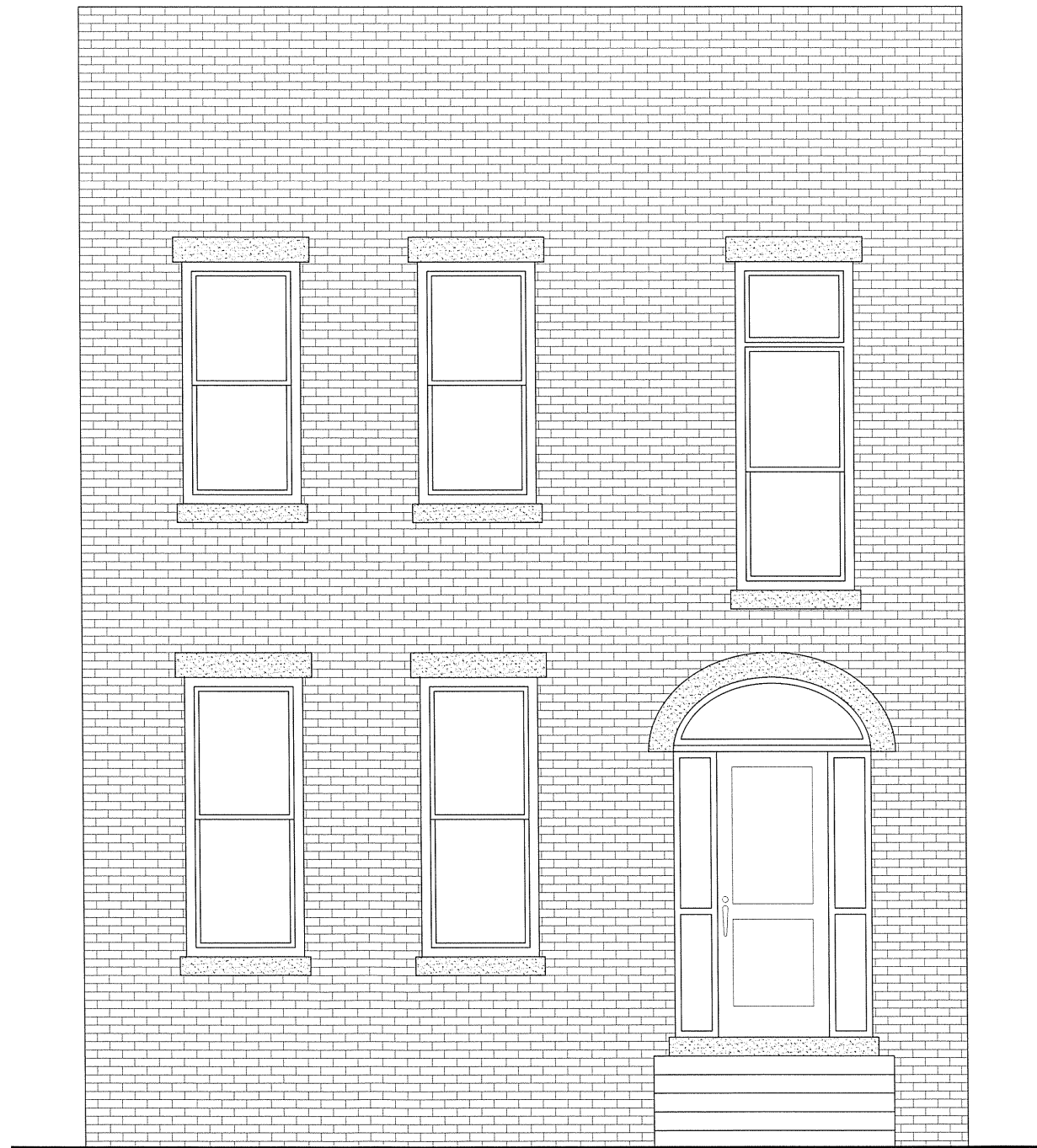
SINGLE FAMILY RESIDENCE

2519 W. GRACE ST.

RICHMOND, VA 23220

DATE: 02-26-16

C-1



EXISTING  
FRONT ELEVATION

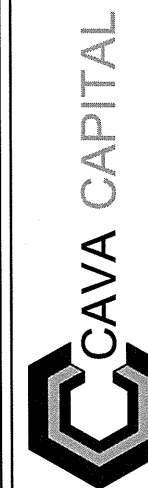
SCALE: 1/2"=1'-0"



PROPOSED  
FRONT ELEVATION

SCALE: 1/2"=1'-0"

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A-1