

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: 2239 W Grace Street; 23220	DATE: <u>January 29, 2015</u>			
OWNER'S NAME: Sharon Glover	TEL NO.: 804.304.3440			
AND ADDRESS: Same until Feb 27th	EMAIL: sharonglover@sharonglover.com			
CITY, STATE AND ZIPCODE: Beginning March 1st: 933 West V	an Buren St # 327 Chicago, IL 60607			
ARCHITECT/CONTRACTOR'S NAME: Mark Conston	TEL. NO.: 804.225.0373			
AND ADDRESS: 711 Hospital Street Ste 5	EMAIL: mcoston@aol.com			
CITY, STATE AND ZIPCODE: Richmond, VA 23219	EMAIL: Mcoston@aoi.com			
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 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 APPROPRIA	ATENESS			
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.)				
Install new windows, storm windows and screens in 8 front-facing windows of 2239 West Grace Street. 3 Bay windows of the master bedroom & 2 side by side of master bedroom on 2nd floor facing Grace Street and 3 bay window on 1st floor facing Grace Street. Reason for overdue change is the existing windows/storm windows do not adequately insulate house and never have. Homeowner has managed by frugally monitoring thermostat and using space heaters as necessary. However, Homeowner is now relocating to Chicago and will be acting as a Landlord still in charge of gas heat bill but not the thermostat. Would finally like to achieve a more energy efficient household. Current gas bills on a year 'round billing run at \$375 per month. Please see attached sheet. Signature of Owner or Authorized Agent (please print legibly): Sharon J. Glover				
(Space below for staff use only)				
Received by Commission Secretary APPLIC	CATION NO.			
1/2-1/2 -	DULED FOR			

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



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LOCATION OF WORK:	DATE:
OWNER'S NAME:	TEL NO.:
AND ADDRESS:	EMAIL:
CITY, STATE AND ZIPCODE:	
ARCHITECT/CONTRACTOR'S NAME: _	TEL. NO.:
AND ADDRESS:	EMAIL:
CITY, STATE AND ZIPCODE:	
Would you like to receive your staff report	via email? Yes No
REQUEST FOR CONCEPTUA	L REVIEW
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and health. The Commission must p to the means to make their homes wa	n a question of energy efficiency however, it is a question of comfort rovide Homeowners in Old and Historic Districts with equal access arm and dry. Finally, please note that the windows that the ct same model approved by the Commission and installed in the month or so at 2241 West Grace.
	ent (please print legibly):
(Space below for staff use only)	
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DATE	SCHEDULED FOR

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NATIONAL SLIDING DOOR FRAME

8404 ERLE ROAD

MECHANICSVILLE Phone: 804-746-2800 VA 23116

Fax:

Fax: 1-804-746-0931

Ouote Short Form **QUOTE EXPIRES**

Customer

N/A **QUOTE DATE**

Quote Not Ordered

BID BY

Customer Information:

Fax:

Phone:

Delivery Information:

PRICE BOOK Price Book 2015

CREATED

1/15/2015

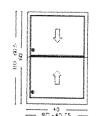
nsd_rpe@verizon.net

1

			PK # 183
QUOTE #	STATUS	CUSTOMER PO#	DATE PRINTED
692042	None		1/22/2015 9:13 AM
CUSTOMER JOB NAME	TERMS	QUOTE NAME	PROJECT NAME
		Unassigned	Coston Construction

Phone:

Line# Room ID Overall RO **Overall Frame** Qty Extended 100 None Assigned 40 3/4" X 60 1/2" 40" X 60"

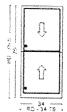


Pinnacle Wood Sash Pac Kit XXXX Complete Unit LoE 366 IG (Glass Stop Profile: Ogee (Standard))(Sash Opening: 40 x 60)(Overall Unit dimensions reflect Sash Opening on quotes - rough opening dimensions are not applicable to this product line.)(Pine)(Beige Jambliner) (14 Degree Sill Bevel)(Champagne Hardware)

* Units viewed from exterior.

NOTE: Overall Unit dimensions reflect Sash Opening on quotes - Rough Opening dimensions are not applicable to this product line

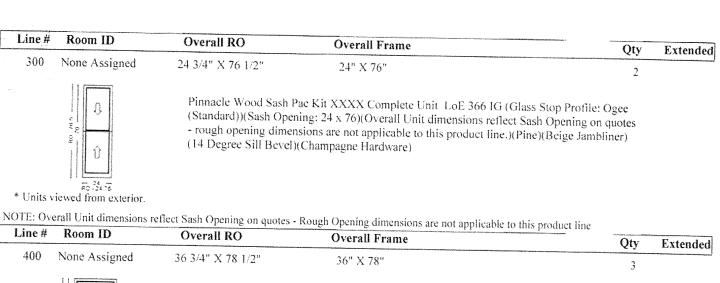
Line #	Room ID	Overall RO	Overall Frame		Extended
200	None Assigned	34 3/4" X 75 1/2"	34" X 75"	3	



Pinnacle Wood Sash Pac Kit XXXX Complete Unit LoE 366 IG (Glass Stop Profile: Ogee (Standard))(Sash Opening: 34 x 75)(Overall Unit dimensions reflect Sash Opening on quotes - rough opening dimensions are not applicable to this product line.)(Pine)(Beige Jambliner) (14 Degree Sill Bevel)(Champagne Hardware)

* Units viewed from exterior.

NOTE; Overall Unit dimensions reflect Sash Opening on quotes - Rough Opening dimensions are not applicable to this product line



400 None Assigned

36 3/4" X 78 1/2"

36" X 78"

Pinnacle Wood Sash Pac Kit 3236 Complete Unit LoE 366 IG (Glass Stop Profile: Ogee (Standard))(Overall Unit dimensions reflect Sash Opening on quotes - rough opening dimensions are not applicable to this product line.)(Pine)(Beige Jambliner)(14 Degree Sill Bevel)(Champagne Hardware)(CPR Number: 1501-2019A)

NOTE: Overall Unit dimensions reflect Sash Opening on quotes - Rough Opening dimensions are not applicable to this product line

Quote Comments:

Disclaimer:

SUB-TOTAL:	And the second s
LABOR:	M. Arthridge decompositions
FREIGHT:	Name and Association in the Contract of the Co
SALES TAX:	and the same of th
TOTAL:	

Messages:

* Units meeting Egress size conform to 2009 IRC Section R310.2 Egress requirements; Local codes may differ. Customer is responsible to confirm units meet all applicable requirements..

Submitted By	Date:	
Accepted By:	Date:	

We appreciate the opportunity to provide you with this quote!





























