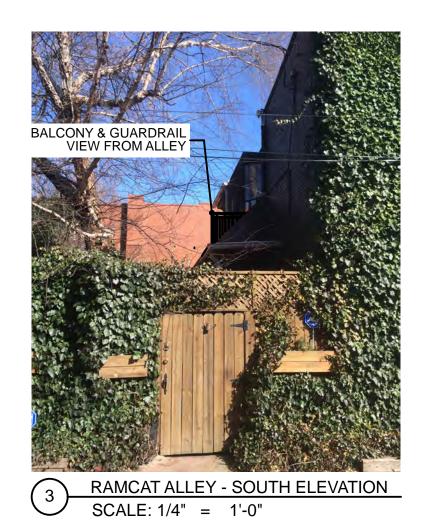


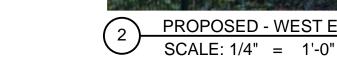
Commission of Architectural Review Submission Application

City of Richmond, Room 510 – City Hall 900 East Broad Street, Richmond, Virginia 23219 PHONE: (804) 646-6335 FAX: (804) 646-5789

	COPIES OF SUPPORTING DOCUMENTATION ARE REQUIRED FOR PROCESSING YOUR SUBMISSION		
	LOCATION OF WORK: 312 N. MONROE ST	. D	ATE: 2/27/2015
	OWNER'S NAME: MARIAH ROBINSON - SPIGL	ETE	EL NO.:
	AND ADDRESS: 3/2 N. MONROE ST.		MAIL:
	CITY, STATE AND ZIPCODE: PICHMUND, VA	23220	
	ARCHITECT/CONTRACTOR'S NAME: SEAN WHEE		EL. NO.: <u>804. 677.6376</u> MAIL: <u>Melodyandsean@gmail.co</u>
	AND ADDRESS: 467 W. MARSHALL ST.	EI	MAIL: <u>Melodyandsean@</u> , gmail.co
	CITY, STATE AND ZIPCODE: RICHMOND, VA	23220	
	Would you like to receive your staff report via email? Yes		
	REQUEST FOR CONCEPTUAL REVIEW		
		Chapter 114 Article IV	Division 4. Costion 444 020 0/d) of the
	I hereby request Conceptual Review under the provisions of C Richmond City Code for the proposal outlined below in understand that conceptual review is advisory only.		
	APPLICATION FOR CERTIFICATE OF APPROPRIATENESS		
	I hereby make application for the issuance of a certificate under Historic Districts) of the Richmond City Code for the proposition 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.) Exterior. Pehabilitation of the Rear Elevation.			
z	ED REMOVAL OF TWO MODERN WIND	OWS AND A	SECTION OF A MODERN
L	- AWING FOR NEW FRENCH DOORS	AND A B	ALCONY. ON THE SECOND FLOOR
L	VAGED WROUGHT IRON RHIUNG WILL S	ERVE AS TH	E BALLONY GWARD KAIL,
PROPOSED MODIFICATION IS AN ALTERATION TO A MODERN ADDITION AND IS EFFECTIVELY WED FROM THE PUBLIC VIEW WITH A PRIVACY FENCE AND FOLIAGE. ALL COLORS WILL OF SURFACE SIGNATURE OF OWNER OF AUTHORIZED Agent: X			
	ATTE. Name of Owner or Authorized Agent (please print legibly): SEAN	/ WHEFLER
AL	Alle.	d.	
	(Space below for staff use only)		
	Received by Commission Secretary	APPLICATION N	O
	DATE	SCHEDULED FO	R

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











CORNER OF RAMCAT ALLEY & MONROE STREET - SOUTH EAST FACADE NO PROPOSED WORK



MONROE STREET - EAST FACADE
NO PROPOSED WORK