

## 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: 2701 E Grace St.   | DATE:                       |
| OWNER'S NAME: Marya & Kassie Ann Olgas   | TEL NO.: (804)780-1246      |
| AND ADDRESS: 2701 E Grace St.,   | EMAIL: Maryaol@verizon.net  |
| CITY, STATE AND ZIPCODE: Richmond, VA 23223  |                             |
| ARCHITECT/CONTRACTOR'S NAME: Restoration Builders of Virginia  | TEL. NO.: _(804)649-2162    |
| AND ADDRESS: 2910 Libby Terrace  | EMAIL: MatthewerbvAinco co. |
| CITY, STATE AND ZIPCODE: Richmond, VA 23223  |                             |
| Would you like to receive your staff report via email? Yes   |                             |
| 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   |                             |
| Y 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.) |                             |
| Replace open front porch deck frame and decking in kind using dark-grayAzek decking material rather than wood for durability purposes. It's the same color as several porches around the hill. We will not be doing work on the roof, ceiling, or columns.   |                             |
| Signature of Owner or Authorized Agent: X Matthew Maggy  Name of Owner or Authorized Agent (please print legibly): Matthew Maggy   |                             |
| (Space below for staff use only)   |                             |
| Received by Commission Secretary APPLICATIO  | N NO                        |
| DATE 2/27/5 10:30 SCHEDULED  | ) FOR                       |

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

2701 E Grace St. Restoration Builders of Virginia, Inc. http://www.rbvainc.com CALCULATED BY. 1/4"= SCALE PEn: 1/ =1' Elevation: 1 = 6" 8' Corner metal Pigg House 12"on Center 0 H12/10/19/5/16/16/6 REUSE STEP Work: Replace front open porth deck and decking except using Azele decking tather than wood 4'=6" Reuse railing 4 all Calumns 1x 2 skirt w 06 (both sides) 7-8" 55+, 1 step 7-12" isa 1'66de ZMAX Joist Hange Ci Pocket, H"bening Arek 647 Full I' decking KIX6 Firskirt X 1-4 06 Molding 2/6 3016-5