

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 REC	QUIRED FOR PROCESSING YOUR SUBMISSION
LOCATION OF WORK: 417 CATHERUE S.	DATE: 4-27-15
OWNER'S NAME: MICHAEL RYAD AND ADDRESS: 1801 GREENVILL ARE CITY, STATE AND ZIPCODE: PICLULUM 2	
ARCHITECT/CONTRACTOR'S NAME: AND ADDRESS: CITY, STATE AND ZIPCODE:	TEL. NO.:
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.)	
	TO MAKE IT CODE compliant
REquesting to prim wood white to MARCH TRIM	
Signature of Owner or Authorized Agent: X	
Name of Owner or Authorized Agent (please print legibly):	
(Space below for staff use only)	
Received by Commission Secretary	APPLICATION NO.
DATE 4/27/15 11:30	SCHEDULED FOR

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

