## Commission of Architectural Review Submission Application

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

12 COPIES OF SUPPORTING DOCUMENTATION ARE REQUIRED FOR PROCESSING YOUR SUBMISSION

Location of work 411 N. 1 ST. StReet
owner's name: Lester Jihturond Mana J's
and address: 415 N .2 St St.
CITY, STATE AND ZIPCODE:
Richmond VA 23219
Dat: 5/2a/15
TEL no (804) 307-3383
Email: IJohu Son@ manas
Kitchen.Con
ARCHITECT/CONTRACTOR'S NAME:
and adobes: 3800 Still Ma AN Dray Harte
te. . ( 804 ) 249.4717 cir. State no zlpoode HewRKO, VA 23233

Would you like to receive your staff report via email? Yes No $\square$

## 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.)



RECEIVED
(Space below for staff use only)


APPLICATION NO.
DATE
Note: CAR reviews all applications on a case-by-case basis.


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