

## 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: 2225 Monument   | AVC. DATE: 9-11-15          |
| OWNER'S NAME: DANE CHO AND ADDRESS: D.O. BOX 297  | TEL NO.: 240 - 4676  EMAIL: |
| CITY, STATE AND ZIPCODE: RICH, 1/A, 22  | 242                         |
| ARCHITECTICONTRACTOR'S NAME: DAVID E  | SMITH TEL. NO.: 402-8955    |
| AND ADDRESS: P.O. BOX 29786   | EMAIL:                      |
| CITY, STATE AND ZIPCODE: RICH- VA. 23   | 242                         |
| Would you like to receive your staff report via email? YesN   | lo                          |
|   |                             |
| REQUEST FOR CONCEPTUAL REVIEW   |                             |
| I hereby request Conceptual Review under the provisions of C Richmond City Code for the proposal outlined below in a understand that conceptual review is advisory only.  |                             |
| APPLICATION FOR CERTIFICATE OF APPROPRIATENESS  |                             |
| I hereby make application for the issuance of a certificate unde Historic Districts) of the Richmond City Code for the proposa 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.)  Current suface is ament patched 7/8 of porch toloar.  1/8 is showiff as Terrago. We'd like to remove all of the floor by hand not machine and fix the foundation structure and repour terrago again.  Signature of Owner or Authorized Agent: X  Name of Owner or Authorized Agent (please print legibly): |                             |
| (Space below for staff use only) RECEIVED   |                             |
| Received by Commission Secretar SEP 16 2015   | APPLICATION NO.             |
| DATE 3:03 KC  | SCHEDULED FOR               |

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

