

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 SUPPOR	TING DOCUME	NTATION ARE REC	UIRED FOR PRO	OCESSING	YOUR SUBMISSION
LOCATION OF WORK:	11W Broad.	St		DATE: _	6/9/16
OWNER'S NAME:	Ed Im			TEL NO.	:
AND ADDRESS: 111	V Broad. St Ric	chmond, VA		EMAIL:	
CITY, STATE AND ZIPCO	DDE				
ARCHITECT/CONTRACT	OR'S NAME:	Art Whino		TEL. NO	703-462-4135
AND ADDRESS:				EMAIL:	
CITY, STATE AND ZIPCO	DDE				
Would you like to receive	your staff report	via email? Yes 🗶	No		
REQUEST FOR CO	ONCEPTUA	L REVIEW			
	for the proposa	al outlined below in a			4, Section 114-930.6(d) of the companying this application. I
APPLICATION FO	R CERTIFIC	ATE OF APPR	OPRIATENE	SS	
I hereby make applica Historic Districts) of t accompanying this ap	he Richmond City	nce of a certificate under Code for the proposa	er the provisions of (al outlined below in	Chapter 114 accordance	, Article IX, Division 4 (Old and with plans and specifications
DESCRIPTION OF PROP State how the Design Re (Include additional sheets instruction sheet for requir	eview Guideline of description if				lescribing the project. See
We would like to in	clude this ba	ack facade as p	art of the Ric	hmond	Mural Projectt.
We would like to pa	aint a mural	on that wall.			
•		Authorized Agent:) ent (please print legibly		Sh	ane Pomajambo
(Space below for staff use of	only)		V		
Received by Commission Sec	cretary		APPLICATION	I NO.	
DATE			SCHEDULED	FOR	

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







