

COMMISSION OF ARCHITECTURAL REVIEW APPLICATION / CERTIFICATE OF APPROPRIATENESS

PROPERTY (Location of Work)	
Address 501 NORTH 254 S	STRAST
Address 501 NORTH 254 S Historic District CHURCH WILL A	brth
PROPOSED ACTION	
HARAS BOMED WHILE	habilitation
	Conceptual Review
OWNER DATE TO	APPLICANT (if other than owner)
Name WM K JONES, TLL	Name
Company	Company
Mailing Address 2618 & Ast Dao An ST	Mailing Address
Phone 80 4 218 3261	Phone
Email PUSSELL JOHNS 2618 0 GMAIL	Email
Signature (Melliple - Con	Signature
Date 4-27-7017	Date
ACKNOWLEDGEMENT OF RESPONSIBILITY Requirements: A complete application includes all applicable information requested on checklists to provide a complete and accurate description of existing and proposed conditions. Preliminary review meeting or site visit with staff may be necessary to process the application. Owner contact information and signature is required. Late or incomplete applications will not be considered.	
Zoning Requirements: Prior to CAR review, it is the reapproval is required and application materials should be	
Compliance: If granted, you agree to comply with all crequire staff review and may require a new application a may result in project delays or legal action. The COA is additional year, upon written request.	and CAR approval. Failure to comply with the COA
(Space below for staff use only)	PV-60V-ALA
Application received:	grander t
Date/Time 4/27/17 9:50m	Complete ☐ Yes ☐ No
By C.Traces	

Created 7/2016