

## **COMMISSION OF ARCHITECTURAL REVIEW**

**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS** 

PROPERTY (location of work)	Date/time rec'd: 3/19/2019	
Address 3309 Monument AVE.,	Rec'd by: CLS Application #: Hearing date:	
Historic district MUSEUM DISTRICT		
APPLICANT INFORMATION		
Name DANE CHO	Phone 804 240 4676	
Company	Email cands 2005 Pamail. C	
Malling Address P.O.Box 7386  RICH. UA. 23221	Applicant Type: ☑ Owner ☐ Agent ☐ Lessee ☐ Architect ☐ Contractor ☐ Other (please specify):	
OWNER INFORMATION (if different from above)		
Name DANE CHO  Mailing Address P.O. BOX 7386  RICH. UA. 23221	Phone 804 240 4676  Email cands 2005@gmail.com	
PROJECT INFORMATION		
Review Type:		
Project Description: (attach additional sheets if needed)  ADDED WATER TABLE TO  WITH THE SAME BRICE	•	
ACKNOWLEDGEMENT OF RESPONSIBILITY	•	
Compliance: If granted, you agree to comply with all conditions of the and may require a new application and CAR approval. Failure to compaction. The COA is valid for one (1) year and may be extended for an a	ly with the COA may result in project delays or legal	
Requirements: A complete application includes all applicable informa and accurate description of existing and proposed conditions. Applica additions, should meet with Staff to review the application and requirementation and signature is required. Late or incomplete app	nts proposing major new construction, including rements prior to submitting an application. Owner	
Zoning Requirements: Prior to Commission review, it is the responsib required and application materials should be prepared in compliance		

Date 3.17.19

## 3309 Monument Avenue:



3309 Monument Avenue-Alterations to façade March 2019:

