

CITY OF CHARLOTTESVILLE

Department of Community Development
City Hall • P.O. Box 911
Charlottesville, Virginia • 22902
Telephone 804-971-3182



October 29, 1986

Mr. James R. Peterson, Executive Director
c/o Region Ten Community Services Board
413 East Market Street, Suite 103
Charlottesville, VA. 22901-5213



RE: BAR 86 - 10 - 276

409 Third Street, N. E.
Installation of Storm Windows

Dear Mr. Peterson:

The purpose of this letter is to inform you that on October 28, 1986, the Charlottesville Board of Architectural Review approved a Certificate of Appropriateness for installation of white enamel three-track storm windows on the building at 409 Third Street, N. E. However, the Board would like to see the use of inside storm windows instead of outside storm windows, and requests that the Community Services Board explore the possibility of using internal storm windows.

If you have any questions on the Board's decision, please feel free to contact me at 971-3182.

Sincerely,

Satyendra Singh Huja
Director of Planning
and
Community Development

cc: Richard Pace, Inspections

FMB:bk

CITY OF
CHARLOTTESVILLE
VIRGINIA
MEMO

TO: Board of Architectural Review
FROM: Satyendra Singh Huja, Director of Planning and Community Development *S.S.H.*
DATE: October 21, 1986
RE: BAR 86 - 10 - 276 409 Third Street, N. E. - Storm Windows
Region Ten Community Services Board

Please find attached for your consideration of the above item, the following:

- Application for a Certificate of Appropriateness
- Historic Survey Sheet

The Region Ten Community Services Board states that the north apartment of the duplex at 409 Third Street, N. E., has eighteen similarly sized windows, whose window frames are painted white. Four of these windows contain air conditioning units. The Board requests permission to install on the other fourteen windows of this unit three-track storm windows whose aluminum frames are white; that is, are covered with baked white enamel in keeping with the white framing of the house window frames.

We have reviewed this application and have no major problems with the installation of the storm windows as proposed.

If you have any questions on this item, please call Fred Boger at 971-3182. Thank you.

FMB:bk



CERTIFICATE OF APPROPRIATENESS APPLICATION

DCD
1/13/86

Please Return To: Department of Community Development, P.O. Box 911, City Hall,
Charlottesville, Virginia 22902 Telephone (804) 971-3182

APPLICANT RESPONSIBLE FOR THE COMPLETION OF THIS SECTION

A. Information on Property Applied For:

Address: 409 3rd Street, N.E.
Charlottesville, Virginia 22901

City Tax Map No.: _____ Parcel: _____

B. Applicant Information

Name: REGION TEN COMMUNITY SERVICES BOARD
Address: 413 East Market Street, Suite 103
Charlottesville, Virginia 22901-5213
Phone: (B) (804) 972-1800 (H) _____

C. Property Owner Information (If Not Applicant)

Name: _____
Address: _____
Phone: (B) _____ (H) _____

D. Federal Tax Credits: Do you intend to apply for Federal historic preservation tax credits for this project? ___(Y) X(N) (Please note that approval of this application does not assure certification of rehabilitation work for Federal preservation tax incentives.)

E. Description of Proposed Work (Use Back if Necessary) - Please provide complete information in order to avoid having to come back to the board for subsequent approval.

The north apartment of the Duplex at 409 3rd Street, N.E. has eighteen similarly sized windows, whose wooden frames are painted white. Four of these windows contain window air-conditioning units.

We request permission to install on the other fourteen windows of this unit 3-track storm windows whose aluminum frames are white; that is, are covered with baked white enamel in keeping with the white framing of the house window frames.

F. List Attached Information (Drawings and Site Plans to Scale, Photographs, etc.) - Please note that site plans must be approved by the Department of Community Development before submission to the board.

G. Property Owner Permission (If Not Applicant)

I have read this application and hereby give my consent to its submission.

Signature Date

H. Signature of Applicant

I hereby attest that the information I have provided is, to the best of my knowledge, correct.

James R. Peterson 10/17-86
Signature Date
James R. Peterson, Executive Director
Region Ten Community Services Board

FOR OFFICE USE ONLY

Received By: _____

Date: _____

Approved: _____ Disapproved: _____

Conditions of Approval: _____

PLEASE NOTE THAT ADDITIONAL PERMITS (BUILDING, SIGN, ETC.) MAY BE NECESSARY