

Scala, Mary Joy

From: Scala, Mary Joy
Sent: Monday, July 11, 2005 5:49 PM
To: 'Art Conroy'
Subject: 17 Elliewood Avenue

Art,

I am rejecting your application for 17 Elliewood dated April 27, 2005 based on insufficient application materials.

Mary Joy Scala, Preservation and Design Planner

City of Charlottesville
Department of Neighborhood Development Services
City Hall - 610 East Market Street
P.O. Box 911
Charlottesville, VA 22902
Ph 434.970.3130 FAX 434.970.3359
scala@charlottesville.org

7/11/2005

Scala, Mary Joy

From: Scala, Mary Joy
Sent: Tuesday, July 12, 2005 8:00 AM
To: 'Art Conroy'
Subject: RE: 17 Elliewood Avenue

If you complete this application I will not change the fee again.

Mary Joy Scala, Preservation and Design Planner

City of Charlottesville
Department of Neighborhood Development Services
City Hall - 610 East Market Street
P.O. Box 911
Charlottesville, VA 22902
Ph 434.970.3130 FAX 434.970.3359
scala@charlottesville.org

From: Art Conroy [mailto:atc23@smartneighborhood.net]
Sent: Monday, July 11, 2005 10:21 PM
To: Scala, Mary Joy
Cc: John Pendola
Subject: Re: 17 Elliewood Avenue

The architect for the pergola has been on vacation...if you reject this please refund the fee and I will resubmit once he finishes or let me know that the fee can be reapplied.

thanks

----- Original Message -----

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To: [Art Conroy](#)
Sent: Monday, July 11, 2005 5:49 PM
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7/12/2005



**Board of Architectural Review (BAR)
Certificate of Appropriateness**

Please Return To: City of Charlottesville
Department of Neighborhood Development Services
P.O. Box 911, City Hall
Charlottesville, Virginia 22902
Telephone (434) 970-3130 Fax (434) 970-3359

RECEIVED

APR 27 2005

NEIGHBORHOOD DEVELOPMENT SERVICES

Please submit \$150 application fee, ten (10) copies of application form and all attachments.
The BAR meets third Tuesday of the month.
Deadline for submittals is Tuesday 3 weeks prior to next BAR meeting by 5 p.m.

Information on Subject Property

Physical Street Address: 17 ELLIWOOD AVE
City Tax Map/Parcel: _____

Applicant

Name: ARTHUR T CONROY
Address: 12 ELLIWOOD AVE
CHARLOTTESVILLE, VA
email: _____
Phone: (w) 434 531 8575 (h) 434 872-0278
FAX: _____

Property Owner (if not applicant)

Name: _____
Address: _____
email: _____
Phone: (w) _____ (h) _____
FAX: _____

Do you intend to apply for Federal or State Tax Credits for this project? NO

Signature of Applicant

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

[Signature] April 25, 2005
Signature Date

Property Owner Permission (if not applicant)

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

Signature _____ Date _____

Name of Historic District or Property: CORNER

Description of Proposed Work (attach separate narrative if necessary):

ADD FRONT DECK ENCLOSURE JUST LIKE FRONT DECK
ENCLOSURE APPROVED FOR 12 ELLIWOOD

Attachments (see reverse side for submittal requirements):

For Office Use Only

Received by: [Signature]
Fee Paid: \$150⁰⁰
Date Received: 4/27/05

Approved (Disapproved) by: _____
Date: _____
Conditions of approval: _____



Architectural drawing of a house.

Architectural drawing of a house.

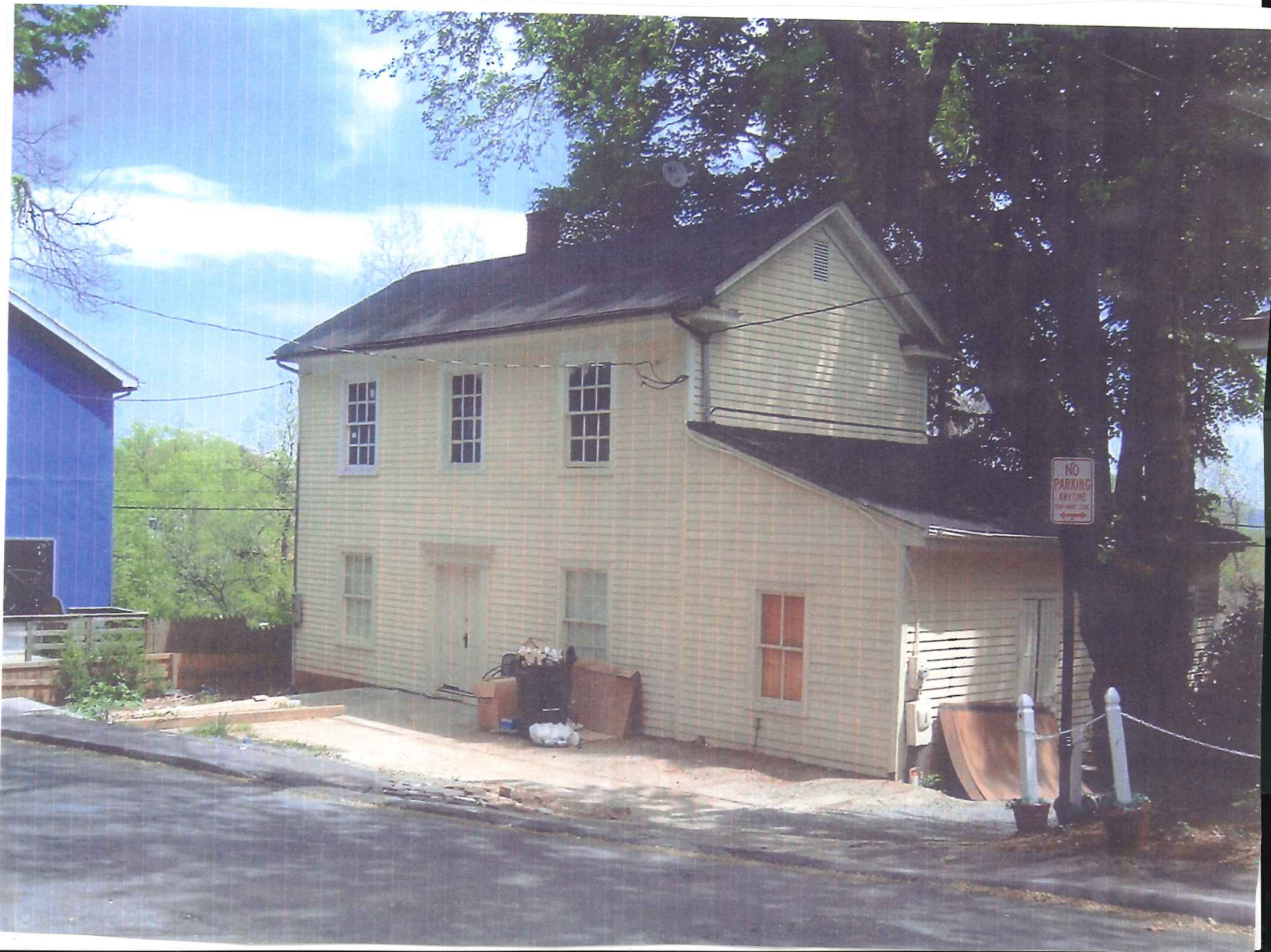












NO
PARKING
ANYTIME
←→