



**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 Email [scala@charlottesville.org](mailto:scala@charlottesville.org)

Please submit ten (10) hard copies and one (1) digital copy of application form and all attachments.  
Please include application fee as follows: New construction project \$375; Demolition of a contributing structure \$375;  
Appeal of BAR decision \$125; Additions and other projects requiring BAR approval \$125; Administrative approval \$100.  
Make checks payable to the City of Charlottesville.  
The BAR meets the third Tuesday of the month.  
Deadline for submittals is Tuesday 3 weeks prior to next BAR meeting by 3:30 p.m.

Owner Name JAMES & LAUREN RECORD Applicant Name FORMWORK DESIGN LLC  
Project Name/Description 409 ALTAMONT ST Parcel Number 330136000  
Project Property Address 409 ALTAMONT ST

**Applicant Information**

Address: 620 FARISH ST  
CHARLOTTEVILLE, VA, 22902  
Email: ANDREW@FORMWORKUSA.COM  
Phone: (W) 434 296 2223 (C) \_\_\_\_\_

**Property Owner Information (if not applicant)**

Address: 409 ALTAMONT ST  
CHARLOTTEVILLE VA 22902  
Email: JAMESCR218@EMAIL.COM  
Phone: (W) \_\_\_\_\_ (C) 434 806 3590

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.

Andrew Brown 11/29/16  
Signature Date  
ANDREW BROWN 11/29/16  
Print Name Date

**Property Owner Permission (if not applicant)**

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

James Record 12/6/16  
Signature Date  
JAMES RECORD  
Print Name Date

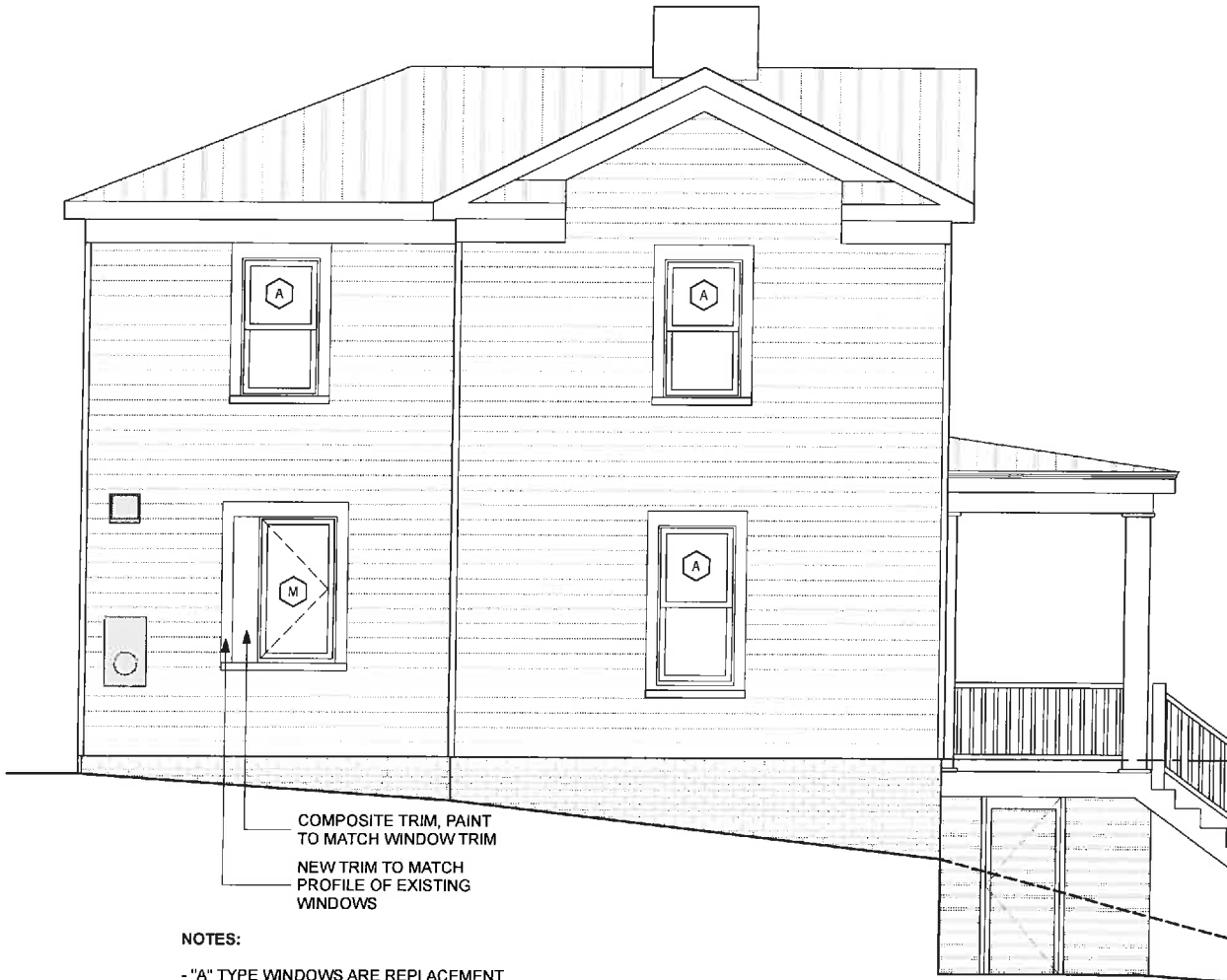
Description of Proposed Work (attach separate narrative if necessary): REPLACE AND MOVE WINDOW ON NORTH ELEVATION, 1<sup>ST</sup> FLOOR.

**List All Attachments (see reverse side for submittal requirements):**

409 ALTAMONT - NORTH KITCHEN WINDOW. PDF, 409 ALTAMONT - EXISTING NORTH ELEVATION

**For Office Use Only**  
Received by: O. Eubank  
Fee paid: 100.00 Cash/Ck. # 1252  
Date Received: 12/7/16  
Revised 2016

Approved/Disapproved by: [Signature]  
Date: 12/9/2016  
Conditions of approval: \_\_\_\_\_



ELEVATION - NORTH

SCALE: 1/4" = 1'-0"



ELEVATION - NORTH EXISTING

SCALE: 1/4" = 1'-0"