



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

Please submit ten (10) copies of application form and all attachments.

For a new construction project, please include \$375 application fee. For all other projects requiring BAR approval, please include \$125 application fee. For projects that require only administrative approval, please include \$100 administrative fee. 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 4 p.m.

Owner Name One Hundred East Main LP Applicant Name _____
Project Name/Description _____ Parcel Number 280020000-280020100
Property Address 103 E. Water Street - 100 E. Main Street, Charlottesville, VA 22902

Applicant Information

Address: _____
Email: _____
Phone: (W) _____ (H) _____
FAX: _____

Signature of Applicant

I hereby attest that the information I have provided is, to the best of my knowledge, correct. (Signature also denotes commitment to pay invoice for required mail notices.)

Signature _____ Date _____

Print Name _____ Date _____

Property Owner Information (if not applicant)

Address: c/o MSC 102 S. First Street, Suite 301
Charlottesville, VA 22902
Email: dianecaton@msc-rents.com
Phone: (W) 434-293-6069 (H) _____
FAX: 434-244-2870

Property Owner Permission (if not applicant)

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

Signature _____ Date _____

Print Name _____ Date _____

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

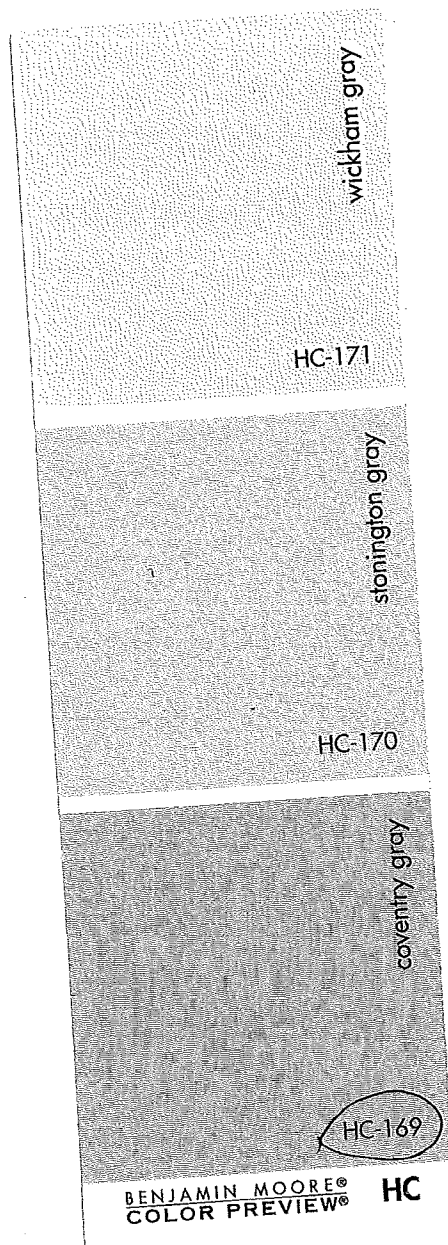
Description of Proposed Work (attach separate narrative if necessary):
Paint doors gray.

List All Attachments (see reverse side for submittal requirements):
Benjamin Moore HC-169 Coventry gray

For Office Use Only

Received by: _____
Fee paid: _____ Cash/Ck. # _____
Date Received: _____

Approved/Disapproved by: [Signature]
Date: Oct 24, 2014
Conditions of approval: _____



wickham gray

HC-171

stonington gray

HC-170

coventry gray

HC-169

BENJAMIN MOORE®
COLOR PREVIEW® HC