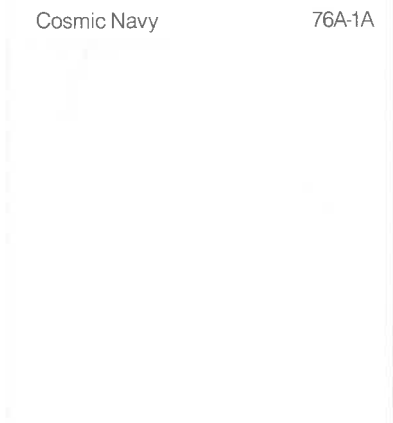
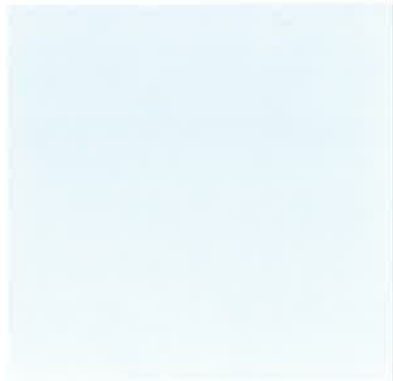




Cosmic Navy 76A-1A



Murmur 76A-2P



Evening Blue 76A-3P

434 247-7406



**CERTIFICATE OF APPROPRIATENESS APPLICATION**

Please Return To: Department of Neighborhood Planning and Development Services  
P. O. Box, 911, City Hall  
Charlottesville, Virginia 22902  
Telephone (804) 970-3182; Fax (804) 970-3359

**A. Information on Property Applied For:**

Address: 843 West Main St  
Charlottesville VA 22903  
City Tax Map No.: \_\_\_\_\_ Parcel: \_\_\_\_\_

**C. Property Owner Information (If not applicant)**

Name: Kim Dabney  
Address: 43872 Glen Hazel Dr  
Ashburn VA 20147  
Phone: (B) 703-731-8307 (H) 703-727-3226

**B. Applicant Information**

Name: Charlottesville Tire + Custom Wheels  
Address: 843 West Main St.  
Charlottesville VA 22903  
Phone: (B) \_\_\_\_\_ (H) 434-944-1785

**D. Federal Tax Credits:** Do you intend to apply for Federal Historic Preservation tax credits for this project? \_\_\_\_\_(y) \_\_\_\_\_(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.**

Sell of Tires + Wheels

**F. List attached information (Drawings and Site Plans to Scale, Photographs, etc.) - Please note that site plans must be approved by the Department of Neighborhood Planning and Development Services before submission to the board.**

Dark pwe up to bottom of windows. from bottom of window up is white.

**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.

Signature [Signature] Date \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Received By: \_\_\_\_\_ Approved: TVG 10/18/2002 Disapproved: \_\_\_\_\_  
Date: \_\_\_\_\_ Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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