

BAR Case # 2014-0112

**APPLICATION FOR BAR ADMINISTRATIVE APPROVAL**

Administrative approvals by the Board of Architectural Review (BAR) Staff are only for historically appropriate repairs/replacement. Please note that upon reviewing an application for administrative approval, BAR Staff may determine that a full application must be made to be heard at a public hearing before the BAR and cannot be administratively approved.

ADDRESS OF PROJECT: 911 PRINCESS ST

TAX MAP AND PARCEL: 064.0 2-06-28 ZONING: RB

Applicant:  Property Owner  Business (Please provide business name & contact person)

Name: BILL O'HARA

Address: 911 PRINCESS ST

City: ALEXANDRIA State: VA Zip: 22314

Phone: 443 852 4519 E-mail: \_\_\_\_\_

Authorized Agent (if applicable):  Attorney  Architect  \_\_\_\_\_

Name: JAMES WELLS

Phone: 248 767 8072

E-mail: JMWELLS@APL.COM

**Legal Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Yes  No Is there an historic preservation easement on this property?
- Yes  No If yes, has the easement holder agreed to the proposed alterations/repairs?
- Yes  No Is there a homeowner's association for this property?
- Yes  No If yes, has the homeowner's association approved the proposed alterations/repairs?

If you answered yes to any of the above, please attach a copy of the letter approving the project.

**DESCRIPTION OF PROPOSED WORK:** Please describe the proposed work in detail (Additional pages may be attached)

REMOVE AND REPLACE ROOF MATERIALS USING  
EPDM ON FLAT ROOF AND METAL ROOF IS  
FIRESTONE ROOF SYSTEM. SAME COLOR  
ROOF SCUPPER ALUMINUM  
STANDING SEAM METAL 22"

**SUBMITTAL REQUIREMENTS:**

At a minimum, you will need to include two copies of the following:

- Photographs of the existing conditions
- Specifications for the proposed replacement/repair

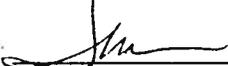
Staff may request additional information as necessary to evaluate the application. Please refer to the relevant section of the *Design Guidelines* for further information on appropriate treatments.

**Please read and check that you have read and understand the following items:**

- I have submitted a filing fee with this application. (Checks should be made payable to the City of Alexandria. Please contact staff for assistance in determining the appropriate fee.)

The undersigned hereby attests that all of the information herein provided including the site plan, building elevations, prospective drawings of the project, and written descriptive information are true, correct and accurate. The undersigned further understands that, should such information be found incorrect, any action taken by the Board or BAR Staff acting on behalf of the Board based on such information may be invalidated. The undersigned also hereby authorizes the City Staff and members of the BAR to inspect this site as necessary in the course of research and evaluating the application. The applicant, if other than the property owner, also attests that he/she has obtained permission from the property owner to make this application.

**APPLICANT OR AUTHORIZED AGENT:**

Signature: 

Printed Name: JAMES WEISZ

Date: 4/15/14

City of Alexandria	
Board of Architectural Review Approval	
Address:	<u>911 Princess St</u>
BAR #	<u>2014-0112</u>
<input checked="" type="checkbox"/> Administrative Approval	
<input type="checkbox"/> Certificate of Appropriateness	
<input type="checkbox"/> Permit to Encapsulate/Demolish	
Staff: <u>CKM</u>	Date: <u>4/15/14</u>
for Director of Planning & Zoning	



City of Alexandria  
Board of Architectural Review Approval  
Address: 911 Princess St  
BAR # 2014-0112  
 Administrative Approval  
 Certificate of Appropriateness  
 Permit to Encapsulate/Demolish  
Staff: CKM Date: 4/15/14  
*for Director of Planning & Zoning*

\*Roof replacement, in-kind