

# Town of Scottsville

401 Valley Street, Scottsville, VA 24590  
(434) 286-9267 • www.scottsville.org

## Architectural Review Board Certificate of Appropriateness

Date: May 2, 2024

Permit Number: \_\_\_\_\_

Fee: \$ 20

Applicant (Owner of Property): LEANNE M. GROVE

Applicant's Address: 250 Pastors Mountain Rd., Apt. 126, Charlottesville VA 22911

Applicant's Daytime Phone Number: 434-972-2809

Contractor (if other than applicant): W.A. Lynch Roofing Co., Inc.

Contractor's Address: 1234 River Rd., Charlottesville, VA 22901 Phone No: 434-295-9195

Contractor's License: 2701008491

### Site of Construction:

Street Address: 485-95 Valley St., Scottsville VA 24590

### Type of Action:

- ☐ New Construction  
☒ Rehabilitation, Repair or Alteration  
☐ Addition to Existing Building

- ☐ Demolition  
☐ Landscaping  
☐ Other \_\_\_\_\_

**FOR TOWN USE ONLY:** Contact Javier Raudales at 434-286-9267 or [RAUDALES@SCOTTSVILLE.ORG](mailto:RAUDALES@SCOTTSVILLE.ORG) to discuss your application and determine what materials are necessary.

Materials to be Submitted:	Required	Received	Not Required
A. Drawings to scale showing dimensions and all exterior architectural features.			
B. Visual details of exterior, showing materials used, colors, textures, door and window design.			
C. Elevation drawing or photograph.			
D. Landscaping Plans.			
E. Exterior Lighting Plans.			
F. Full Site Development Plan, as described in Sec. 24.			

[Please see reverse side]

If approved, I agree to fully abide by the terms of this permit and carry out the construction in full compliance with the Scottsville Zoning Ordinance.

Applicant's signature Leanne M. Stone

Date Apr. 25, 2024

<u>For Official Use</u>	Attached File? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zoning District:	
<input type="checkbox"/> Historic District Overlay	<input type="checkbox"/> Entrance Corridor District Overlay
<input type="checkbox"/> Landmark site	<input type="checkbox"/> Contributing site <input type="checkbox"/> Non-contributing Site
Zoning Official finding: _____	Date: _____
<input type="checkbox"/> Adequate representation of sign and site plan submitted (4.14.9.2.a.8)	
<input type="checkbox"/> Exempt <input type="checkbox"/> Conforms <input type="checkbox"/> ARB (H & EG) <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Prohibited <input type="checkbox"/> Variance requested.	
ARB findings: _____	
By (Chair Person): _____ Date _____	
Council action: _____	
By (Mayor or Clerk) _____ Date _____	
<input type="checkbox"/> Permit Issued. By (Zoning Official) _____ Date _____ Mailed to Applicant on: _____	

This paper shall constitute a valid COA upon its approval by the Scottsville ARB.

**Architectural Review Board Certificate of Appropriateness**  
**Progress/Completion Inspection Report** to be completed within 12 months of COA approval

Applicant Name: \_\_\_\_\_ Site Address: \_\_\_\_\_  
Date COA issued: \_\_\_\_\_ Date of expected completion: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**Inspection Findings** (attach photographs)

- ☐ Work complete and satisfactory: project closed out.  
☐ Work in progress but not complete: COA eligible for renewal.  
☐ Work deviates from COA.

Detail: \_\_\_\_\_

Zoning administrator signature: \_\_\_\_\_ Mailed to owner: \_\_\_\_\_

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