

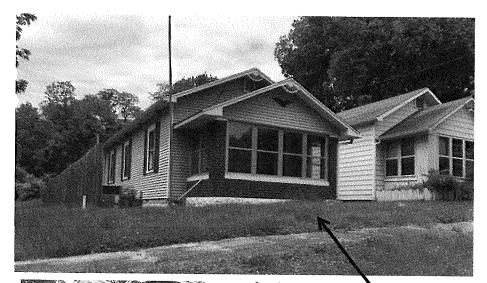
Landmarks Certificate of Appropriateness & EIVED Overlay District Permit MAY 2.7 2018

	Louisville Metro Planning & Design Services				PLAINING &
FF PSON COUNT	Case No.: \\ \(\text{UCC} \)	4111	_ Intake Staff:	DESIGN SERVICE	ES.
	Date: 5 27	Co	_ Fee:		-
Instructions: For detailed definitions application. Application are to be made directly	s for <i>Signage</i> are no	longer submitte	<i>Overlay District Permit</i> d to Planning & Design	, please see page 4 of this Services. Applications for Signag	je
Project Informatio	<u>n</u> :				
Certificate of Approp	<u>riateness</u> : ☐ Buto		Clifton ☐ Cherokee ouisville ☐ Parkland		
	Nulu Review Overla	y District (NRC	DD)	velopment Review Overlay (DD	RO)
Project Name: 🗼 🗛	ldition Requ	rest foe	274 Saund	ers Ave	
Project Address / Par	cel ID:	174 Saun	ders Ave /	070E0099000	0_
Deed Book(s) / Page	Numbers²: <u>10<i>5</i></u> 9	3 0138			
Total Acres: <u>* 10</u> V 3800 Project Cost: <u>** 85,00</u> Existing Square Feet:	= Exterior Add 0 - total Renov	ition Mater attorPVA Ass	rads essed Value: <u>70, 7</u>	60	
- ·			7	- 101911 (10.) Otorics	2
*PVA doesn't In Project Description (u	clude a kitchen	n that was o	a previous add	ition.	
approprial drywall on Adding Ca	te facad porch + vii meiback 15 and 2	le Remi nyl sidu -style -baths	oving storm by on front a addition, w when con	e historically windows on porce of house. will make will make uplete, Will will will will will will will will	ly 2
complete e siding. Ad Removing was and will exp	ding deck all in living see original	o room (1) Chinner	v of home reader added in open con	if road bearing) cept lung + kitz en down during	he

Contact Information:

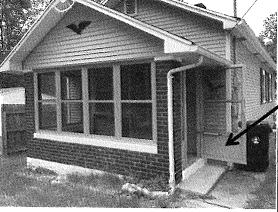
	/		1	
Owner:	= one on a primary our teact		☐ Check if primary contact	
Name: Leal	n Wensink + Pat Wens	Mame: Lew	Wersink	
	intastic Enterprises	_		
Address: 229	Saunders Ave		me as owner	
City: LOW	State: <u>FY</u> Zip: <u>40201</u> 0		State: Zip:	
Primary Phone:	: 502-939-4045			
Alternate Phone		Alternate Phone:		
Email: Lean	Wensink @gmail.com	Fmail:		
Owner Signatu	ure (required): Feah Wev	sul/PO	thich overses	
Attorney:	☐ Check if primary contact	Plan prepared by	∵ ☐ Check if primary contact	
Name:		Name:	RECEIVED	
			MAY 27 2016	
Address:			DESIGN SERVICES	
City:	State: Zip:	City:	State: Zip:	
Primary Phone:		Primary Phone:		
Alternate Phone	ə:	Alternate Phone:		
Email:		Email:		
certification Star subject property is (ar owner(s) of record sig	tement: A certification statement must b re) a limited liability company, corporation, gn(s) the application.	oe submitted with any ap partnership, association,	plication in which the owner(s) of the trustee, etc., or if someone other than the	
Ι,	, in my	capacity as	, hereby	
certify that	of LLC / corporation / partnership / associat	is (are) the	owner(s) of the property which	
is the subject of th	nis application and that I am author	ized to sign this appli	ication on behalf of the owner(s).	
Signature:			Date:	
I understand that know	ingly providing false information on this applie	cation may result in any act	tion taken hereon being declared null and	

I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010, et seq. knowingly making a material false statement, or otherwise providing false information with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class B misdemeanor.



274 Saunders Ave

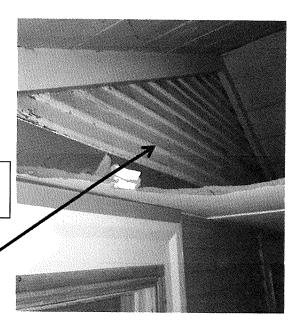
- Current total 676 square Feet
- Proposing Camelback-style addition – 657 square feet
- Proposed total 1333 square feet

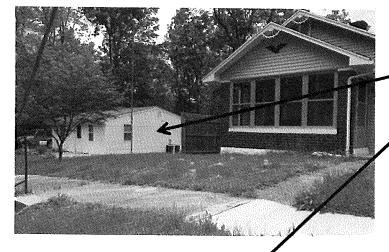


View from street

View approaching front door

Original wood siding discovered on facade





Views of direct neighboring properties:

-276 Saunders (yellow)

272 Saunders (white and yellow)

301 Saunders (yellow)
RECEIVED





IGCOAIIIT