



Landmarks Certificate of Appropriateness & Overlay District Permit

Louisville Metro Planning & Design Services

Case No.: 17COA1264

Date: 11/20/17

Intake Staff: NH

Fee: No Fee

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Instructions:

For detailed definitions of Certificate of Appropriateness and Overlay District Permit, please see page 4 of this application.

Project Information:

<u>Certificate of Appropriateness:</u>	<input type="checkbox"/> Butchertown	<input checked="" type="checkbox"/> Clifton	<input type="checkbox"/> Cherokee Triangle	<input type="checkbox"/> Individual Landmark
	<input type="checkbox"/> Limerick	<input type="checkbox"/> Old Louisville	<input type="checkbox"/> Parkland Business	<input type="checkbox"/> West Main Street
<u>Overlay Permit:</u>	<input type="checkbox"/> Bardstown/Baxter Ave Overlay (BRO)		<input type="checkbox"/> Downtown Development Review Overlay (DDRO)	
	<input type="checkbox"/> Nulu Review Overlay District (NROD)			
Project Name: VAIL - REPLACE TWO FRONT WINDOWS				
Project Address / Parcel ID: 2128 NEW MAIN ST				
LOUISVILLE, KY 40206				
Total Acres: .2				
Project Cost (exterior only):		PVA Assessed Value:		
Existing Sq Ft:		New Construction Sq Ft:		Height (Ft):
				Stories:

Project Description (use additional sheets if needed):

Contact Information:

931-241-2549

Owner:

☐ Check if primary contact

Applicant:

☐ Check if primary contact

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Landmarks Certificate of Appropriateness & Overlay District Permit

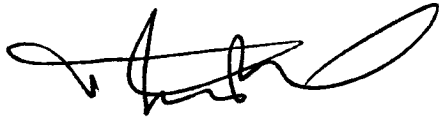
Address: 2128 New Main St

Owner: Thomas D Vail

Project description: I am requesting approval to replace the two front windows in my "shotgun style" historic home in Clifton, Louisville, KY 40206. The current windows are hazardous and beyond repair. The wood frames are rotted, panes are broken, caulking is dry rotted and decaying.

Window World is the vendor. The new windows will replicate the existing design of the current windows.

- Photos are attached.



Thomas D Vail

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Contact Information:Owner: ☒ Check if primary contactApplicant: ☐ Check if primary contactName: THOMAS D. VAUL

Name: _____

Company: DILLARD VAIL GROUP LLC

Company: _____

Address: 2128 NEW MAIN ST

Address: _____

City: LOUISVILLE State: KY Zip: 40206

City: _____ State: _____ Zip: _____

Primary Phone: 931-241-2549

Primary Phone: _____

Alternate Phone: 931-249-9490

Alternate Phone: _____

Email: THOMASDVAUL@GMAIL.COM

Email: _____

Owner Signature (required): [Signature]Attorney: ☐ Check if primary contactPlan prepared by: ☐ Check if primary contact

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

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Certification Statement: A certification statement **must be submitted** with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application.

I, _____, in my capacity as _____, hereby
representative/authorized agent/other

certify that _____ is (are) the owner(s) of the property which
name of LLC / corporation / partnership / association / etc.

is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: _____ Date: _____

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.

Name:
Company:
Address:

City: State: Zip:

Primary Phone:
Alternate Phone:
Email:

Name:
Company:
Address:

City: State: Zip:

Primary Phone:
Alternate Phone:
Email:

Owner Signature (required):

Attorney: ☐ Check if primary contact

Name:
Company:
Address:

City: State: Zip:

Primary Phone:
Alternate Phone:
Email:

Plan prepared by: ☐ Check if primary contact

Name:
Company:
Address:

City: State: Zip:

Primary Phone:
Alternate Phone:
Email:

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Certification Statement: A certification statement must be submitted with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of the subject property is (are) the owner(s) of the subject property. **Page 1 of 4**

I, THOMAS D. VAIL, in my capacity as _____, hereby
representative/authorized agent/other

certify that _____ is (are) the owner(s) of the property which

Please submit the completed application along with the following items:
is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: _____

Date: _____

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.



Land Development Report

November 20, 2017 8:32 AM

[About](#) [LDC](#)

Location

Parcel ID: 070F00240000
Parcel LRSN: 53935
Address: 2128 NEW MAIN ST

Zoning

Zoning: R5A
Form District: TRADITIONAL NEIGHBORHOOD
Plan Certain #: NONE
Proposed Subdivision Name: NONE
Proposed Subdivision Docket #: NONE
Current Subdivision Name: NONE
Plat Book - Page: NONE
Related Cases: NONE

Special Review Districts

Overlay District: NO
Historic Preservation District: CLIFTON
National Register District: CLIFTON
Urban Renewal: NO
Enterprise Zone: NO
System Development District: NO
Historic Site: YES

Environmental Constraints

Flood Prone Area

FEMA Floodplain Review Zone: NO
FEMA Floodway Review Zone: NO
Local Regulatory Floodplain Zone: NO
Local Regulatory Conveyance Zone: NO
FEMA FIRM Panel: 21111C0027E
Protected Waterways
Potential Wetland (Hydric Soil): NO
Streams (Approximate): NO
Surface Water (Approximate): NO
Slopes & Soils
Potential Steep Slope: NO
Unstable Soil: NO
Geology
Karst Terrain: YES

Sewer & Drainage

MSD Property Service Connection: YES
Sewer Recapture Fee Area: NO
Drainage Credit Program: CSO144 - Project(s) Value between \$.04 - \$1.5

Services

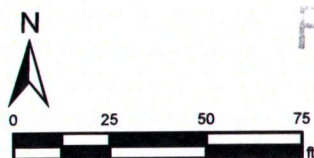
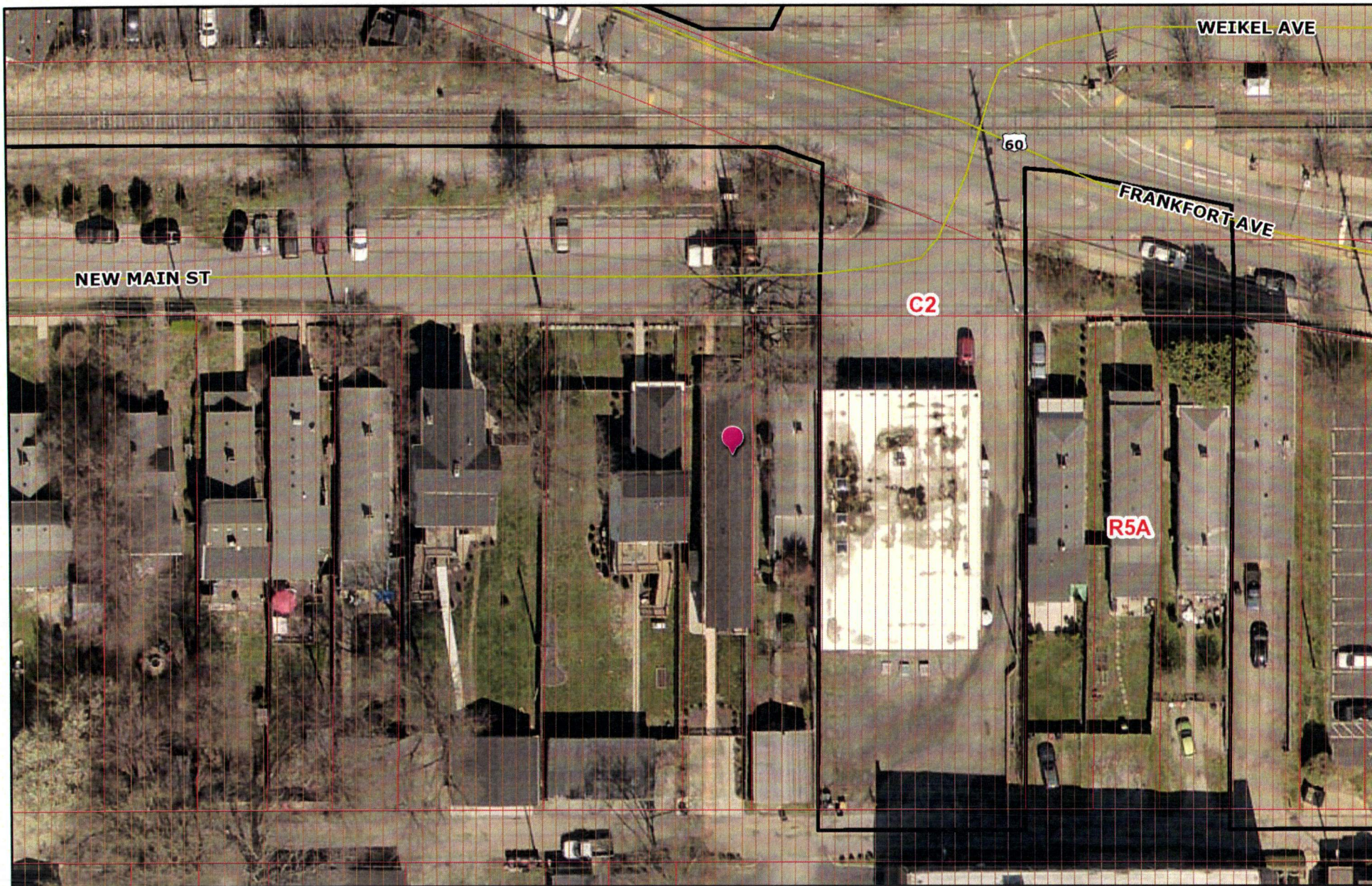
Municipality: LOUISVILLE
Council District: 9
Fire Protection District: LOUISVILLE #4
Urban Service District: YES

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2128 New Main St

Monday, November 20, 2017 | 8:33:27 AM



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be used for general reference and identification.

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Holt, Nia

From: Tom Vail <thomasdvail@gmail.com>
Sent: Monday, November 20, 2017 10:40 AM
To: Holt, Nia
Subject: 2128 New Main St. More photos

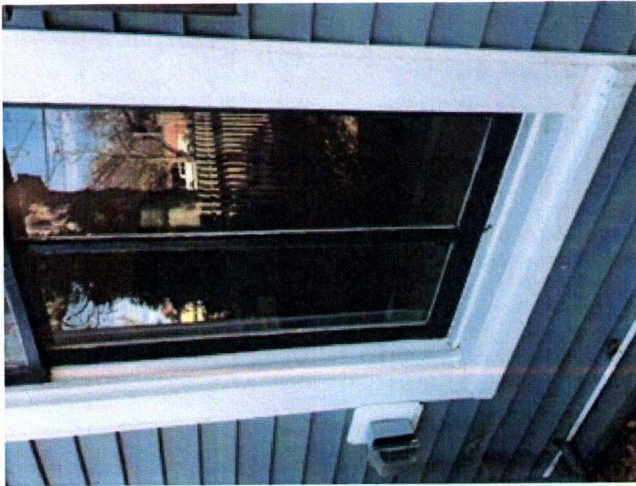


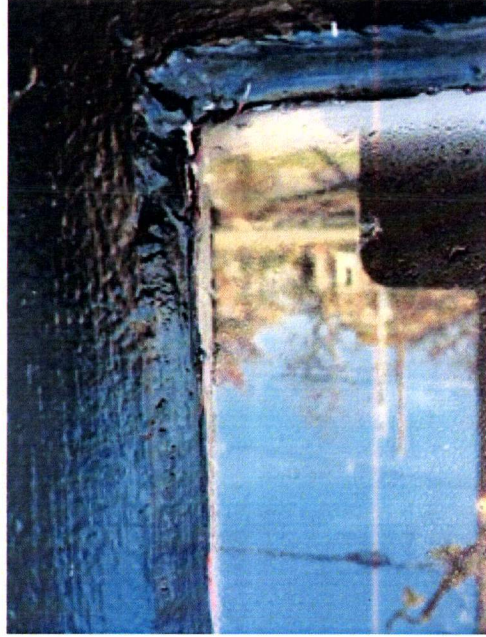
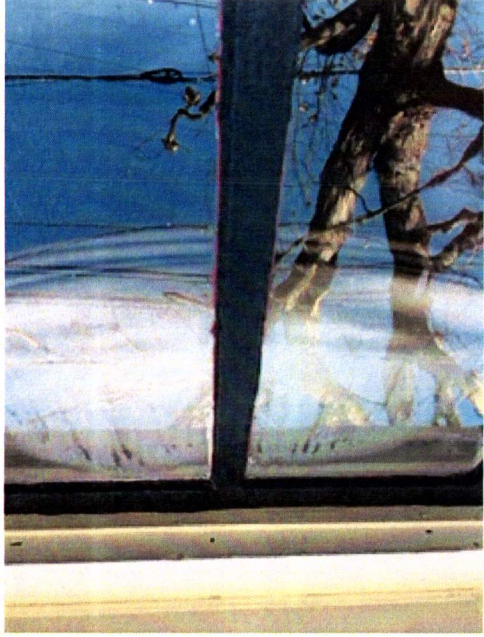
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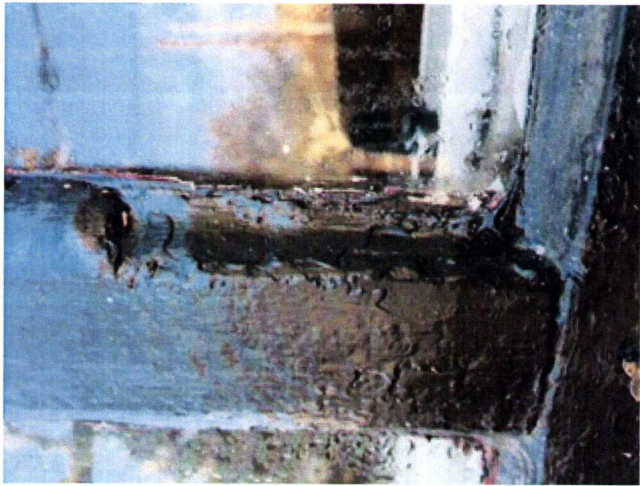
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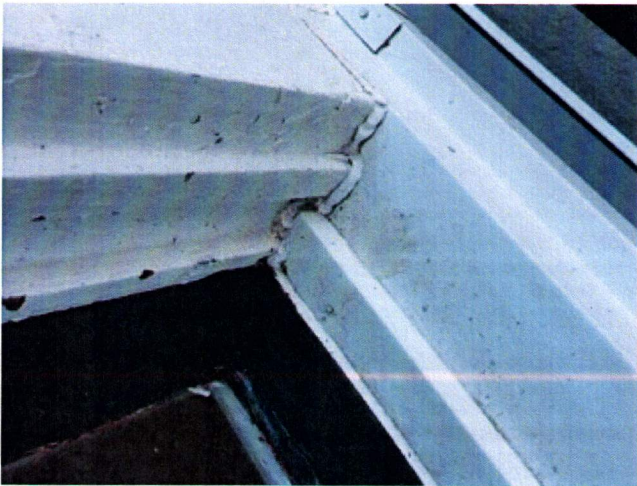
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PLANNING
DESIGN SECTION

New Window style but will be much longer
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