

Historical Affairs and Landmark Review Board

Arlington County, Virginia

HALRB Case 18-13 (HP1800029)



A request by Jessie Muse Al Amin, owner of 2415 Shirlinton Road in the Green Valley Pharmacy Historic District, to remove the false mansard roof.

**ARLINGTON COUNTY, VIRGINIA
HISTORICAL AFFAIRS AND LANDMARK REVIEW BOARD
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

DATE _____

Z- _____ - _____ -HD _____ RPC# _____
(TO BE COMPLETED BY STAFF)

DESIGNATED PROPERTY:

Name of Historic District Green Valley Pharmacy
Address of Building 2415 Shirlington Road Arlington, VA 22206

OWNER:

Name Jessie Muse Al Amin
Address (if different) _____
Phone (Home) 404 345 8883 (Work) _____
EMAIL: _____

PERSON FILING APPLICATION, IF OTHER THAN OWNER:

Name Ibrahim Al Amin
Address 2118 South Oakland Street Arlington, VA 22204
Phone (Home) _____ (Work) 2027600258
Relationship to Applicant Son

PROJECT ARCHITECT/ENGINEERS/CONTRACTORS:

Contractor: Edgar Rosales

PURPOSE OF APPLICATION:

Repair (change of materials) Alteration Addition Fence
 Demolition New construction Relocation Outbuildings
 Tree Removal Grading Sign Other

Will an application related to this property go before any of the following? Board of Zoning Appeals
 Planning Commission County Board Other (please specify) _____

Does the proposed work require a building permit? YES NO

Is any demolition anticipated? YES NO If yes, please describe Removing roofline

OVERVIEW OF PROPOSED WORK (ATTACH ADDITIONAL SHEETS IF NECESSARY):

Description:

We are would like to remove the mansard roofline of the store and restore to its original look. This would include changing signage as current sign is on mansard. We would also like to remove a large, overhanging tree from the premises to prevent potential damage to store

LETTER OF TRANSMITTAL

Historical Affairs & Landmark Review Board
c/o Historic Preservation Program
2100 Clarendon Boulevard, Suite 700
Arlington, VA 22201

Dear Review Board Members:

Enclosed is an application for a Certificate of Appropriateness and the following attachments:

Drawing(s) -- Indicate scale on each drawing.

Site Plan / Plat _____
Elevation _____
Floor Plan _____
Section _____
Detail _____

Photograph(s) – Please indicate number of photographs.

Color _____ Black/White 1

Material Samples/Manufacturer’s Catalog Cuts – Please describe all material exhibits.

YOUR SIGNATURE BELOW CONFIRMS YOUR CONSENT TO THE FOLLOWING:

- 1. I understand that these materials will be placed in the Historic Preservation Program’s building file for information about my property following the public hearing.
- 2. I understand it is my responsibility to inform my adjacent neighbors of my building and construction plans for this project.
- 3. I hereby grant permission to the County’s Historic Preservation Code Inspector to enter my property during the application and construction phases of my project.
- 4. I hereby grant permission to the County’s Historic Preservation Code Inspector to take photographs of my property, including the existing conditions, during the construction phase, and after the project is completed.

(Signed) 

Date June 26, 2018