



CERTIFICATE OF APPROPRIATENESS PLACARD

for Raleigh Historic Resources

1100 WAKE FOREST RD

Address

Historic District

MARY ELIZABETH HOSPITAL

Historic Property

152-13-MW

Certificate Number

10/11/2013

Date of Issue

4/11/2014

Expiration Date

Project Description:

- Alter roof covering

This card must be kept pasted in a location within public view until all phases of the described project are complete. The work must conform with the code of the City of Raleigh and laws of the state of North Carolina. When your project is complete, you are required to ask for a final zoning inspection in a historic district area. Telephone the RHDC office at 832-7238 and commission staff will coordinate the inspection with the Inspections Department. If you do not call for this final inspection, your Certificate of Appropriateness is null and void.

Signature, _____
Raleigh Historic Development Commission

A handwritten signature in dark ink, appearing to read "Paul Sully", is written over a horizontal line. The signature is fluid and cursive.



Planning & Development

Development Services
 Customer Service Center
 One Exchange Plaza
 1 Exchange Plaza, Suite 400
 Raleigh, North Carolina 27601
 Phone 919-996-2495
 eFax 919-996-1831

Raleigh Historic Development Commission – Certificate of Appropriateness (COA) Application



RALEIGH HISTORIC DEVELOPMENT COMMISSION

- Minor Work (staff review) – 1 copy
- Major Work (COA Committee review) – 13 copies
 - Most Major Work Applications
 - Additions Greater than 25% of Building Square Footage
 - New Buildings
 - Demo of Contributing Historic Resource
- Post Approval Re-review of Conditions of Approval

For Office Use Only

Transaction # 376954
 File # 152-13-MW
 Fee \$ 28.00
 Amt Paid \$ 28.00
 Check # C/C
 Rec'd Date 10/2/13
 Rec'd By Rouso

- If completing by hand, please use **BLACK INK**. Do not use blue, red, any other color, or pencil as these do not photocopy.

Property Street Address 1100 WAKE FOREST RD, RALEIGH, NC 27604

Historic District

Historic Property/Landmark name (if applicable) MARY ELIZABETH HOSPITAL

Owner's Name MARY ELIZABETH, LLC

Lot size .99 A (width in feet) ~ 135' (depth in feet) ~ 245'

For applications that require review by the COA Committee (Major Work), provide addressed, stamped envelopes to owners of all properties within 100 feet (i.e. both sides, in front (across the street), and behind the property) not including the width of public streets or alleys:

Property Address	Property Address

I understand that all applications that require review by the commission's Certificate of Appropriateness Committee must be submitted by 4:00 p.m. on the application deadline; otherwise, consideration will be delayed until the following committee meeting. An incomplete application will not be accepted.

Type or print the following:

Applicant CARRIE EHRFURTH

Mailing Address PO Box 12929

City RALEIGH State NC Zip Code 27604

Date 9.30.13 Daytime Phone 919.755.2250

Email Address cehrfurth@hedgehogholdings.com

Signature of Applicant Carrie Ehrfurth

Minor Work Approval (office use only)

Upon being signed and dated below by the Planning Director or designee, this application becomes the Minor Work Certificate of Appropriateness. It is valid until 4/11/14. Please post the enclosed placard form of the certificate as indicated at the bottom of the card. Issuance of a Minor Work Certificate shall not relieve the applicant, contractor, tenant, or property owner from obtaining any other permit required by City Code or any law. Minor work projects not approved by staff will be forwarded to the Certificate of Appropriateness Committee for review at the next scheduled meeting.

Signature [Signature] Date 10/11/13

Project Categories (check all that apply):

Exterior Alteration

Addition

New Construction

Demolition

Will you be applying for state or federal rehabilitation tax credits for this project?

Yes

No

(Office Use Only)

Type of Work 60

Design Guidelines Please cite the applicable sections of the design guidelines (www.rhdc.org).

Section/Page	Topic	Brief Description of Work
3.5 pg 35	Roofs	Replace asphalt shingle roof with Certainteed Landmark shingles in Georgetown Grey color.

	TO BE COMPLETED BY CITY STAFF				
	YES	NO	N/A		
<p>Attach 8-1/2 " x 11" sheets with written descriptions and drawings, photographs, and other graphic information necessary to completely describe the project. Use the checklist below to be sure your application is complete.</p> <p>Minor Work (staff review) – 1 copy ✓</p> <p>Major Work (COA Committee review) – 13 copies</p>					
1. Written description. Describe clearly and in detail the nature of your project. Include exact dimensions for materials to be used (e.g. width of siding, window trim, etc.)	<input type="checkbox"/>				
2. Description of materials (Provide samples, if appropriate)	<input type="checkbox"/>				
3. Photographs of existing conditions are required.	<input type="checkbox"/>				
4. Paint Schedule (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>			
5. Plot plan (if applicable). A plot plan showing relationship of buildings, additions, sidewalks, drives, trees, property lines, etc., must be provided if your project includes any addition, demolition, fences/walls, or other landscape work. Show accurate measurements. You may also use a copy of the survey you received when you bought your property. Revise the copy as needed to show existing conditions and your proposed work.	<input type="checkbox"/>	<input type="checkbox"/>			
6. Drawings showing proposed work <ul style="list-style-type: none"> <input type="checkbox"/> Plan drawings <input type="checkbox"/> Elevation drawings showing the new façade(s). <input type="checkbox"/> Dimensions shown on drawings and/or graphic scale. <input type="checkbox"/> 8-1/2" x 11" reductions of full-size drawings. If reduced size is so small as to be illegible, make 8-1/2" x 11" snap shots of individual drawings on the big sheet. 	<input type="checkbox"/>	<input type="checkbox"/>			
7. Stamped envelopes addressed to all property owners within 100 feet of property not counting the width of public streets and alleys. (Required for Major Work)	<input type="checkbox"/>	<input type="checkbox"/>			
8. Fee (See <u>Development Fee Schedule</u>)	<input type="checkbox"/>				

Tully, Tania

From: Tully, Tania
Sent: Friday, October 11, 2013 10:19 AM
To: 'Carrie Ehrfurth'
Subject: Minor Work Application for Roof at Mary Elizabeth Hospital

Hi Carrie –

Please send a current photo of the building to complete the application.

Thanks,
Tania

Tania Georgiou Tully, Preservation Planner
Long Range Planning Division
Raleigh Department of City Planning
919.996.2674 **new phone number**
919.516.2682 (fax)
tania.tully@raleighnc.gov



Front Entrance 1100 Bldg 2



Front Side 1100 Bldg (2)