



PUBLIC NOTICE
CITY OF BEXLEY
ARCHITECTURAL REVIEW BOARD

The Bexley Architectural Review Board (ARB) will hold a Public Meeting on the following case on **Thursday, October 11, 2018 at 6:00 PM,** in City Council Chambers, Bexley City Hall, 2242 East Main Street.

The APPLICANT or REPRESENTATIVE must be present at the Public Hearing. It is a rule of the Board to withdraw an application when a representative is not present.

- a. Application No.: 18- 046 A
Applicant: Newman Roofing
Owner: Ida Pritchett
Location: 978 Euclaire Avenue
ARB Request: The applicant is seeking architectural review and approval to allow the slate roof on the front half and the asphalt roof on the rear half of the principal structure to be replaced with architectural dimensional shingles.

A copy of this application is available for review in the Building Department office during the hours of 8:00 A.M. until 4:00 P.M. If you have any questions, please call the Bexley Building Department at 559-4240.

Mailed by: 9-27-2018

CITY OF BEXLEY UNIFIED PLANNING APPLICATION

Application Cover Sheet: Basic Project Information & Certification

Purpose of Application (check all that apply):

- Architectural Review Conditional Use Demolition Planned Unit Dev. Rezoning Special Permit

Property & Project Information:

Property Address:

Brief Project Description:

Applicant Information:

Applicant Name:

Applicant Address: , ,

Applicant Email & Phone:

Property Owner Information:

Owner Name:

Owner Address: , ,

Owner Email & Phone:

Attorney/Agent Information:

Agent Name:

Agent Address: , ,

Agent Email & Phone:

- Completed Worksheets:** Project Worksheet (Sheet A) Architectural Review (Sheet B) Tree Commission (Sheet C)

Signatures:

The attached application package is complete and accurate to the best of my knowledge. I understand that the City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc. may delay review.

Applicant Signature: Date:

Owner Signature: Date:

Agent Signature: Date:

Internal Use:

Application #: Board Referrals: ARB BZAP City Council Tree Commission

Staff Signature: Date:

Architectural Review Worksheet

Design changes involving window, siding, roof replacement projects, detached garages, accessory structure, and deck construction may be reviewed and approved by the Design Consultant and/or Zoning officer, if it meets all zoning code requirements and maintenance improvements conforming to the "SPECIFIC STANDARDS" in the Residential Review District Residential Design Guidelines. It may be directed to the Architectural Review Board or Board of Zoning and Planning for review and/or approval, if required by staff. Design approval is required in order to obtain a Building Permit. Work performed prior to an approval is subject to triple fees.

Please provide photos of the existing structure with this form

Please indicate the existing materials and the proposed changes of exterior materials to be used in the completion of your design project. Check all that apply in each category below:

Roofing House or Principal Structure Garage Only House & Garage

Existing Roof Type: Slate Clay Tile Wood Shake Std. 3-tab Asphalt Shingle
 Arch. Dimensional Shingles EPDM Rubber TPO Rubber Metal

New Roof Type: Slate Clay Tile Wood Shake Std. 3-tab Asphalt Shingle
 Arch. Dimensional Shingles EPDM Rubber TPO Rubber Metal

New Shingle Manufacturer:

New Roof Style & Color:

Windows House or Principal Structure Garage Only House & Garage

Existing Window Type: Casement Fixed Exterior Storm Other:
 Double Hung Awning Horizontal Sliding

Existing Window Materials: Aluminum Clad Wood Wood Metal
 Vinyl Clad Wood Aluminum Other:

New Window Manufacturer:

New Window Style/Mat./Color:

Doors House or Principal Structure Garage Only House & Garage

Existing Entrance Door Type: Wood Insulated Metal Fiberglass Sidelights Transom Windows

Existing Garage Door Type: Wood Insulated Metal Fiberglass

Door Finish: Stained Painted

Proposed Door Type: Style: Color:

Exterior Trim

Existing Door Trim: Cedar Redwood Pine Std. Lumber Profile
 Wood Composite Aluminum Clad Molding Vinyl Other:

Proposed New Door Trim:

Existing Window Trim: Wood Redwood Pine Std. Lumber Profile
 Vinyl Other:

Proposed New Window Trim: Trim Color(s):

Do the Proposed Changes Affect the Overhangs? Yes No



Done Roofing Contract - Ida & R...



Roofing Contract

Licensed, Bonded and Insured
220 North Columbus Street
Sunbury, Ohio, 43074

Phone: (614) 890-ROOF
Fax: (740) 965-6131

www.newmanroofingcompany.com

Angie's list



Job # 30464

NAME: <u>Ida & Robert Pritchett</u>	HOME PHONE: <u>(614) 235-7007</u>	DATE: <u>7-19-18</u>
STREET: <u>978 Evaleire Ave</u>	WORK PHONE:	CELL PHONE: <u>(614) (207) 2061</u>
CITY, STATE, ZIP CODE: <u>Columbus 43209</u>	EMAIL:	DATE OF PLANS: <u>Aug 11-20</u>

***All Roof Replacements Include:** Installation of tarps around the perimeter of home to protect landscaping and outside belongings. Installation of foam inserts into downspouts. Removal of existing layers of shingles and underlayment. Refastening of any loose plywood or planking. Removal of all roofing debris. Clean out gutters after roof replacement. Magnetize complete driveway, yard and landscaping. Leaf blowers will be used on all sidewalks, patios and driveways

ROOF REPLACEMENT:

UNDERLAYMENT: Roof Runner

ICE & WATER: Ice and Water Guard

DRIP EDGE COLOR: White

SHINGLE MANUFACTURER: CertainTeed

STYLE: Landscape Pro

COLOR: Brown Shingles

STARTER SHINGLE: Swift Start

HIP & RIDGE SHINGLE: Shadow Ridge

VALLEY COLOR: NA

CHIMNEY FLASHING: 1 COLOR: Brown

PIPE FLASHING QTY: 3

CAPMASTER QTY: 3

ROOF VENTILATION: Ridge Vent

SKYLIGHT DETAILS:

REPLACE _____ EXISTING SKYLIGHTS

- WHITE
- STAIN GRADE

*ALL SKYLIGHTS ARE REPAVED WITH NEW VELUX SKYLIGHTS TO MATCH THE HOLES AS CLOSE AS POSSIBLE. NEWMAN ROOFING DOES NOT INSTALL INTERIOR TRIM.

- DO NOT REPLACE EXISTING SKYLIGHT "NO WARRANTY."

GUTTER DETAILS:

REINSTALL EXISTING GUTTER GUARDS "NO WARRANTY."

DISCARD EXISTING GUTTER GUARDS.

INSTALL _____ " OF 5" GUTTER.

COLOR: _____

INSTALL _____ " OF 6" GUTTER.

COLOR _____

INSTALL _____ " LEAF RELIEF PROTECTION.

ADDITIONAL NOTES:

Not doing Flat Roof/lay OSB OVER FOR PROTECTION

10 yr labor warranty / 50 yr limited lifetime shingle warranty against defects

PAYMENT: HOMEOWNER SHALL PAY NEWMAN ROOFING LLC THE SUM OF \$ Seven Thousand Seven Hundred 3

TERMS & PAYMENT SCHEDULE: Upon Completion

Sixty Eight Dollars 7768

HOMEOWNER IS RESPONSIBLE FOR SHINGLE COLOR SELECTION. HOMEOWNER UNDERSTANDS AND ACCEPTS THE SCOPE OF WORK LISTED ABOVE.

HOMEOWNERS SIGNATURE Ida Pritchett DATE 7-19-18

NEWMAN ROOFING LLC St. C... DATE 7-19-18

*CONTRACT PRICE IS VALID IF PAID WITH CASH OR CHECK. A 2% SERVICE CHARGE WILL BE ADDED TO ALL CREDIT CARD TRANSACTIONS. CHANGE ORDERS WILL INCREASE OR DECREASE CONTRACT PRICE ACCORDINGLY



978 euclaire ave

Aerial



Slate

Slate



12/02/2017



Done

PHOTOS/DOCS



Reer 1c At

Checked attachments show up on invoice

1X







Front view



Zestimate®

\$290,167

Built in 1922

4	2	1716
Beds	Baths	Sq. ft.

© Zillow, Inc. 2006-2017



Done

PHOTOS/DOCS



Front left view

Checked attachments show up on invoice

1X

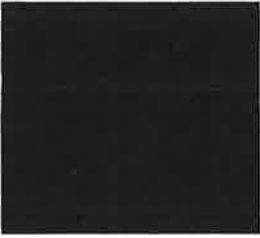
Done

PHOTOS/DOCS



Deteriorating Slate

Checked attachments show up on invoice



3933 Groves Road
Columbus, Ohio 43232
p. 614-299-5522
f. 614-299-7100
toll free 877-340-9181
www.DurableSlate.com

8/6/18

Mr. & Mrs. Pritchett
978 Euclaire Ave.
Bexley, Ohio 43209

Dear Mr. & Mrs. Pritchett,

Per our recent inspection of your roof at 978 Euclaire Ave, our estimator (Dave Cosgrove) discovered that your roof is a Pennsylvania Black roof; it is past it's service life. To install a new black slate to this roof would cost approximately \$25,000-\$28,000.

Please contact Dave Cosgrove with any questions. (614-208-8755)

Thank you,

Jodi Howes

The Durable Slate Company
3933 Groves Rd.
Columbus, Ohio 43232



**City of Bexley
Building Department
Application for Residential Plan Review
& Building Permit**

THIS APPLICATION DOES NOT INCLUDE MECHANICAL (ELECTRIC, PLUMBING, HVAC), Driveway, or Fence work PERMITS

- **REQUIRED:** Submit 3 sets of building plans & 3 site plans for review. (allow 3-4 weeks for plan reviews)
- ALL PERMITS MUST BE ISSUED PRIOR TO THE BEGINNING OF CONSTRUCTION. Permit fee deposits are due upon receipt of this application.

Project Address: 978 Euclidean Ave Permit # _____ Assigned by Bldg. Dept.
Date of Board Approval: _____

	Name/Contact	Address	City/State/Zip	Cell #
Owner's Name	<u>Ida & Robert Pritomk</u>	<u>978 Euclidean Ave</u>	<u>Columbus 43209</u>	<u>614-607-2661</u>
Contractor (Registration # _____)	Company and Contact			
Architect	Company and Contact			

Owner E-mail: _____ Contractor E-mail: www.newmanroofingcompany.com
 New Single Family Multi Family Addition/Alteration Accessory Structure _____
 Roof Windows Siding/Veneer Garage Other: _____
 Demolition (attach demolition checklist information)

▪ Description of Proposed Work Rc Roof

▪ Are there changes to any interior load bearing walls? NO / YES (*submit header plan)
 ▪ Will this work involve any changes to the exterior elevation? NO If yes, date approved by Conduant: _____

▪ Cost of Construction \$ 7,768 Adding _____ sq. ft. Alteration _____ sq. ft.
 ▪ Gross Square Footage of construction _____ (include all floors, basement, garage, etc.)

I hereby certify that I have read and understand the entire contents of this application. I accept full responsibility for compliance with the Ohio Residential Code and all other applicable State and local codes, and the City of Bexley Building & Zoning regulations.

▪ SIGNATURE REQUIRED [Signature] _____
 Owner or Agent for owner signature Printed Date

If owner does not reside at the address – submit affidavit and/or signed letter Job start date: Aug 3-8

BUILDING PERMIT FEES (To Be Completed by City of Bexley – Building Department ONLY)