

**BOARD OF ARCHITECTURAL REVIEW
AGENDA
June 16, 2016 - 4:00 PM
Council Chambers - Rouss City Hall**

1. POINTS OF ORDER

- A. Roll Call
- B. Approval of Minutes – June 2, 2016

2. CONSENT AGENDA

3. NEW BUSINESS

- A. **BAR-16-333** Request of Foreman Builders, Inc. on behalf of BOYD-BRAD-N LOUDOUN-OPEQ-SHAWNEE, LLC to demolish a residential structure located at 315 South Braddock Street (*Map Number 192-01-R-7*), zoned Residential Business (RB-1) District with Historic Winchester (HW) District overlay. (Public Hearing)
- B. **BAR 16-361** Request of Diana Lizer for a Certificate of Appropriateness to replace the brick walls at 125 W. Cecil St.
- C. **BAR 16-372** Request of Paul Davis Restoration for a Certificate of Appropriateness for exterior repairs at 8 W. Cork St. due to fire damage.

4. OLD BUSINESS

- A. **BAR 16-248** Request of Richard Hunt for a Certificate of Appropriateness to replace the railing on the steps at 438 N. Loudoun Street.

5. OTHER DISCUSSION

6. ADJOURN

*****APPLICANT OR REPRESENTATIVE MUST BE PRESENT AT THE MEETING*****

**BOARD OF ARCHITECTURAL REVIEW
MINUTES**

The Board of Architectural Review held its regularly scheduled meeting on Thursday, June 2, 2016, at 4:00pm in Council Chambers, Rouss City Hall, 15 North Cameron Street, Winchester, Virginia.

POINTS OF ORDER:

PRESENT: Chairman Rockwood, Vice Chairman Bandyke, Ms. Elgin, Ms. Schroth, Mr. Serafin, Mr. Walker
ABSENT: Ms. Jackson
STAFF: Josh Crump, Jacquelyn Mathes, Erick Moore
VISITORS: Representative from Green Earth

Chairman Rockwood called for corrections or additions to the minutes of May 19, 2016. Mr. Serafin made a motion to approve the minutes from the May 19, 2016 meeting. Mr. Walker seconded the motion. A voice vote was taken and the motion passed 5-0-1 (Chairman Rockwood)

CONSENT AGENDA:

None

NEW BUSINESS:

BAR 16-322 Request of Green Earth Partners Corp. for a Certificate of Appropriateness to replace the doors at 115 N. Cameron Street.

A representative from Green Earth proposed to install two sets of new 15 light wood doors at the exterior main entries and plans to remove the existing concealed pivot closers and replace with standard brass hinges. Remove and replace brass surface mounted closers. Polish, restore, and reuse existing locking mechanism, brass push plates, kick plates, and exterior pulls to preserve the historical appearance. The doors will be painted to match the existing color. The representative also proposed to install one single 6 panel wood side door that will be painted to match the existing color.

Mr. Walker asked if they were planning to replace the side lights by the main entries as well. The representative stated that they are not planning to replace those.

Mr. Walker stated that the current side lights align perfectly with the 21 light door and he doesn't think that replacing the current door with a 15 light door will look as good. Mr. Walker also noted that the interior doors of the bank also match the existing 21 light door.

*Mr. Walker made a motion to grant a Certificate of Appropriateness for **BAR 16-322** as submitted with the following comments:*

*The two sets of main exterior doors are to be 21 light configuration to match the existing doors.
The solid side door is appropriate as submitted.*

A voice vote was taken and the motion passed 5-0-1 (Ms. Schroth)

OLD BUSINESS:

OTHER BUSINESS:

ADJOURN:

With no further business before the Board, the meeting was adjourned at 4:19 pm



Rouss City Hall
 15 North Cameron Street
 Winchester, VA 22601

Telephone: (540) 667-1815
 FAX: (540) 722-3618
 TDD: (540) 722-0782
 Web: www.winchesterva.gov

APPLICATION
 BOARD OF ARCHITECTURAL REVIEW
 CERTIFICATE OF APPROPRIATENESS

Please print or type all information:

FOREMAN BUILDERS, INC.
 Applicant

540-678-3835
 Telephone

3202 VALLEY PIKE, STE 1
 Street Address

homes@foremanbuilders.com
 E-mail address

WINCHESTER, VA 22602
 City / State / Zip

Ben Chas
 Proper Owner's Signature

Boyd-Brad-N Loudoun-OpCo-Shawnee, LLC
 Property Owner (Name as appears in Land Records)

3125 WASHINGTON STREET
 Street Address

behaster@gmail.com
 E-mail address

WINCHESTER, VA 22601
 City / State / Zip

PROPERTY LOCATION
 Current Street Address(es) 315 S. BRADDOCK STREET Use: _____
 Zoning: RBI (HW) Year Constructed: 1900 ca. 1800 Historic Plaque? N Number: _____

TYPE OF REQUEST

<input checked="" type="checkbox"/> Demolition <u>whole house</u>	<input type="checkbox"/> Sign (specify type) and # _____	<input type="checkbox"/> Exterior Change
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Freestanding	<input checked="" type="checkbox"/> Siding
<input type="checkbox"/> Addition	<input type="checkbox"/> Wall	<input checked="" type="checkbox"/> Roofing
<input type="checkbox"/> Fence/Wall	<input type="checkbox"/> Projecting	<input checked="" type="checkbox"/> Windows/ Doors
<input type="checkbox"/> CONCEPTUAL REVIEW ONLY	<input type="checkbox"/> Other sign (specify)	<input checked="" type="checkbox"/> Paint
<input type="checkbox"/> Other (specify)		

*** SEE REVERSE FOR MATERIALS TO INCLUDE WITH APPLICATION ***

FOR OFFICE USE ONLY

BAR Review OR Administrative Review per Section 14-5

Hearing Date(s) _____

CERTIFICATE OF APPROPRIATENESS APPROVED DISAPPROVED TABLED WITHDRAWN

CONDITIONS NOTED: _____

SIGNATURE _____ DATE _____
 Secretary, Board of Architectural Review



FILE COPY



PUBLIC HEARING NOTICE

The Winchester Board of Architectural Review will hold a public hearing on Thursday, June 16, 2016, at 4:00p.m., in Council Chambers, Rouss City Hall, 15 North Cameron Street, Winchester, Virginia, on the following applications:

BAR-16-333 Request of Foreman Builders, Inc. on behalf of BOYD-BRAD-NLOUDOUN-OPEQ-SHAWNEE, LLC to demolish a residential structure located at 315 South Braddock Street (*Map Number 192-01-R-7*), zoned Residential Business (RB-1) District with Historic Winchester (HW) District overlay.

Interested citizens may appear before the Board to state their views on the approval or disapproval of this request. Further information may be obtained from the Planning & Zoning Department, Rouss City Hall, 15 North Cameron Street, Winchester, Virginia; (540) 667-1815, ext. 1413, TDD number is 722-0782. E-mail address: plngdept@winchesterva.gov

The City strives to make its hearings accessible to all. Please advise the Planning & Zoning Department of accommodations the City can make to help you participate in the hearing.

A handwritten signature in black ink that reads "Joshua Crump".

Joshua Crump
Planner I
City of Winchester

Please run two times: **Thursday, June 2nd**
 Thursday, June 9th

Charge all classified advertising to: City Manager's Office, City of Winchester

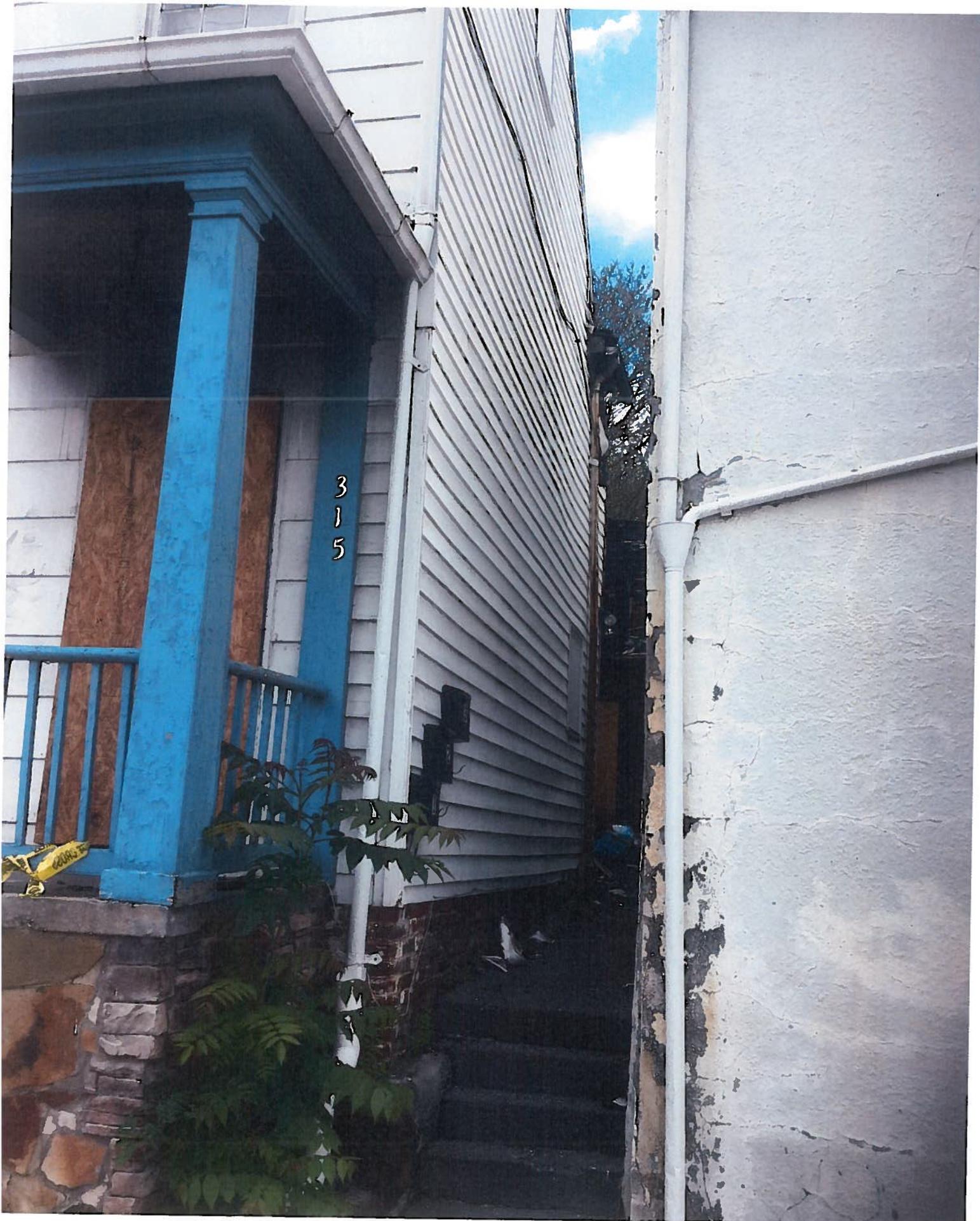
315 S. Beadlock St.











3
1
5



A FDID * 84000 State * VA Incident Date * 04 10 2016 Station ST5 Incident Number * 16-0014503 Exposure * 000 NFIRS -1 Basic

B Location* [X] Street address [] Intersection [] In front of [] Rear of [] Adjacent to [] Directions [] Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Consus Tract 0002 - 02

C Incident Type * 111 Building fire

E1 Date & Times Midnight is 0000 Alarm * 04 10 2016 04:19:35

E2 Shift & Alarms Local Option C 01 84005 Shift or Alarms District

D Aid Given or Received* 1 [X] Mutual aid received 2 [] Automatic aid recv. 3 [] Mutual aid given 4 [] Automatic aid given 5 [] Other aid given N [] None

Arrival * 04 10 2016 04:23:11 [X] Controlled [] Last Unit Cleared 04 10 2016 19:43:29

E3 Special Studies Local Option

F Actions Taken * 11 Extinguishment by fire 12 Salvage & overhaul 81 Incident command

G1 Resources * Apparatus 0012 Personnel 0022 EMS 0001 Other 0003

G2 Estimated Dollar Losses & Values Property \$ 000,000 Contents \$ 000,000

Completed Modules [X] Fire-2 [X] Structure-3 [] Civil Fire Cas.-4 [X] Fire Serv. Cas.-5 [] EMS-6 [] HazMat-7 [] Wildland Fire-8 [X] Apparatus-9 [X] Personnel-10 [] Arson-11

H1 Casualties None Deaths Injuries Fire Service 001 Civilian H2 Detector 1 [] Detector alerted occupants 2 [] Detector did not alert them U [X] Unknown

H3 Hazardous Materials Release 1 [] Natural Gas 2 [] Propane gas 3 [] Gasoline 4 [] Kerosene 5 [] Diesel fuel/fuel oil 6 [] Household solvents 7 [] Motor oil 8 [] Paint 0 [] Other

I Mixed Use Property NN [] Not Mixed 10 [] Assembly use 20 [] Education use 33 [] Medical use 40 [] Residential use 51 [] Row of stores 53 [] Enclosed mall 58 [] Bus. & Residential 59 [] Office use 60 [] Industrial use 63 [] Military use 65 [] Farm use 00 [] Other mixed use

J Property Use* Structures 131 [] Church, place of worship 161 [] Restaurant or cafeteria 162 [] Bar/Tavern or nightclub 213 [] Elementary school or kindergarten 215 [] High school or junior high 241 [] College, adult education 311 [] Care facility for the aged 331 [] Hospital Outside 124 [] Playground or park 655 [] Crops or orchard 669 [] Forest (timberland) 807 [] Outdoor storage area 919 [] Dump or sanitary landfill 931 [] Open land or field 341 [] Clinic, clinic type infirmary 342 [] Doctor/dentist office 361 [] Prison or jail, not juvenile 419 [X] 1-or 2-family dwelling 429 [] Multi-family dwelling 439 [] Rooming/boarding house 449 [] Commercial hotel or motel 459 [] Residential, board and care 464 [] Dormitory/barracks 519 [] Food and beverage sales 936 [] Vacant lot 938 [] Graded/care for plot of land 946 [] Lake, river, stream 951 [] Railroad right of way 960 [] Other street 961 [] Highway/divided highway 962 [] Residential street/driveway 539 [] Household goods, sales, repairs 579 [] Motor vehicle/boat sales/repair 571 [] Gas or service station 599 [] Business office 615 [] Electric generating plant 629 [] Laboratory/science lab 700 [] Manufacturing plant 819 [] Livestock/poultry storage (barn) 882 [] Non-residential parking garage 891 [] Warehouse 981 [] Construction site 984 [] Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 419 1 or 2 family dwelling NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option _____ Business name (if applicable) _____ 540 - 327 - 8599
 Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name Aniceto MI _____ Last Name Santiago Suffix _____

Number 315 Prefix S Street or Highway BRADDOCK Street Type ST Suffix _____

Post Office Box _____ Apt./Suite/Room 2 City WINCHESTER

State VA Zip Code 22601

More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

K2 Owner

Local Option _____ Business name (if applicable) Chasler Rental 540 - 539 - 9500
 Area Code Phone Number

Same as person involved? Then check this box and skip the rest of this section.

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name Barton MI _____ Last Name Chasler Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City Winchester

State VA Zip Code 22601

L Remarks

Local Option _____

Called for a structure fire at 315 S Braddock St. Upon arrival, BAT6 reported a two story wood frame sfd with heavy fire showing from the B & C sides. Fire was already impinging on the bravo exposure. Occupant was on the sidewalk and reported he was unsure if someone was still inside. BAT6 upgraded to a working structure fire assignment and took command on the alpha side. W-5 arrived and stretched (2) 1 3/4 inch line to the bravo side and the interior of the 315 address. Bulk of the fire was initially knocked down and L2 entered to conduct a search. E-1 driver confirmed occupants were out of 313 and 317 S Braddock. Heavy heat and smoke conditions were encountered on the interior by E-1 and L2 and this was reported to command. Primary search was completed and reported to be negative. As additional crews arrived, lines were stretched to hit the bravo and delta exposure buildings from the exterior. Winds were blowing in a southerly direction and directly affecting the bravo exposure. A crew was sent into the bravo exposure to check for extension. Chief 6 arrived on scene and was assigned division C. Safety 6 arrived on scene and took the safety role. Tower 16 arrived and took the RIT assignment while assisting operations on the exterior. Extension was noted on the second floor of the 317 exposure. Conditions were not improving rapidly and a second alarm was struck for additional manpower. Bulk of the fire on the 315 building was knocked down but had extended to the attic space. L2 was set up for defensive operations if conditions continued to deteriorate. Lath and plaster interior made overhaul difficult and manpower intensive. Power company arrived on scene and secured power to the affected structures, then cut power to the lines in front of the structures. Gas was secured by on-scene personnel with the exception of the 315 building which could not be shut off due to the valve being stuck. Washington gas was contacted later in the incident to respond and secure gas to the primary fire building. Two cats were rescued from the 317 building. Crew was sent into the 313 exposure to investigate. Crew reported normal conditions on both floors and in the attic. Crew exited the building and was placed on

L Authorization

WFRD055 Henschel, Jon D. BC _____ 04 10 2016
 officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. WFRD074 Brinegar, David Wayne FFT _____ 04 10 2016
 Member making report ID Signature Position or rank Assignment Month Day Year

84000

FDID *

VA

State *

MM

DD

YYYY

4

10

2016

Incident Date *

ST5

Station

16-0014503

Incident Number *

000

Exposure *

Complete
Narrative

Narrative:

Called for a structure fire at 315 S Braddock St. Upon arrival, BAT6 reported a two story wood frame sfd with heavy fire showing from the B & C sides. Fire was already impinging on the bravo exposure. Occupant was on the sidewalk and reported he was unsure if someone was still inside. BAT6 upgraded to a working structure fire assignment and took command on the alpha side. W-5 arrived and stretched (2) 1 3/4 inch line to the bravo side and the interior of the 315 address. Bulk of the fire was initially knocked down and L2 entered to conduct a search. E-1 driver confirmed occupants were out of 313 and 317 S Braddock. Heavy heat and smoke conditions were encountered on the interior by E-1 and L2 and this was reported to command. Primary search was completed and reported to be negative. As additional crews arrived, lines were stretched to hit the bravo and delta exposure buildings from the exterior. Winds were blowing in a southerly direction and directly affecting the bravo exposure. A crew was sent into the bravo exposure to check for extension. Chief 6 arrived on scene and was assigned division C. Safety 6 arrived on scene and took the safety role. Tower 16 arrived and took the RIT assignment while assisting operations on the exterior. Extension was noted on the second floor of the 317 exposure. Conditions were not improving rapidly and a second alarm was struck for additional manpower. Bulk of the fire on the 315 building was knocked down but had extended to the attic space. L2 was set up for defensive operations if conditions continued to deteriorate. Lath and plaster interior made overhaul difficult and manpower intensive. Power company arrived on scene and secured power to the affected structures, then cut power to the lines in front of the structures. Gas was secured by on-scene personnel with the exception of the 315 building which could not be shut off due to the valve being stuck. Washington gas was contacted later in the incident to respond and secure gas to the primary fire building. Two cats were rescued from the 317 building. Crew was sent into the 313 exposure to investigate. Crew reported normal conditions on both floors and in the attic. Crew exited the building and was placed on another assignment. A few minutes later, smoke was noted to be coming from the eaves on the 313 building. Crews entered the alpha side through the front door and encountered fire in the kitchen on the bravo/charlie corner of floor 1. Fire was extinguished and they began to check for extension. Chief 6 was reassigned to Operations since he was mobile on both sides. With three affected buildings and crews growing tired, a third alarm was struck. As additional units arrived, extinguishment and overhaul was conducted on both the interior and exterior of all three buildings. Ceiling and walls were opened up and siding was pulled from the exterior to check for hidden fire. Crews began to rotate through rehab. (Sheet is attached) Chaplain assisted the occupants and contacted the Red Cross. Red Cross arrived on scene and provided aid to the occupants. Crews continued to work and rotated as they grew tired. Fire was under control in approximately an hour, but extensive overhaul was conducted for several hours to find hot spots and complete extinguishment. Once extinguishment was ruled complete, all three units were rechecked to verify. Water pipe was noted to burst in the 315 building. Water was secured at the street and public works was notified. FM6-1 and FM6-2 were both on scene to conduct investigations. Units were released as available and the scene was turned over to the FM's. (One minor injury noted in the report and documented on injury paperwork.)

04/10/2016 10:58:04 BC Henschel

A FDID * 84000 State * VA Incident Date * MM 04 DD 10 YYYY 2016 Station ST5 Incident Number * 16-0014503 Exposure * 000 Delete Change No Activity NFIRS -2 Fire

B Property Details

B1 0003 Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 003 Buildings not involved
Number of buildings involved

B3 None
Acres burned (outside fires) Less than one acre

C On-Site Materials or Products None
Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

NNN None
On-site material (1)

On-site material (2)

On-site material (3)

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service

D Ignition

D1 20 Function areas, other
Area of fire origin *

D2 42 Molten, hot material
Heat source *

D3 21 Upholstered sofa,
Item first ignited * Check Box if fire spread was confined to object of origin

D4 71 Fabric, fiber, cotton,
Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section C

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing To Ignition

35 Arc from faulty None
Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mental disabled
5 Physically Disabled
6 Multiple persons involved

7 Age was a factor
Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved In Ignition

None If Equipment was not involved, Skip to Section G

NNN None
Equipment Involved

Brand
Model
Serial #
Year

F2 Equipment Power

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. None

137 Balloon
Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

H2 Mobile Property Type & Make

NN None
Mobile property type

Mobile property make

Local Use

Pre-Fire Plan Available
Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

Mobile property model Year

License Plate Number State VIN Number

NFIRS-2 Revision 01/19/99

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story 002 <small>Total number of stories at or above grade</small> 001 <small>Total number of stories below grade</small>	I4 Main Floor Size* <div style="text-align: right;">NFIRS-3 Structure Fire</div> Total square feet: [] , [] , 500 OR Length in feet [] BY Width in feet []
J1 Fire Origin * 001 <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story [] Number of stories w/ minor damage (1 to 24% flame damage) [] Number of stories w/ significant damage (25 to 49% flame damage) [] Number of stories w/ heavy damage (50 to 74% flame damage) [] Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 [] Item contributing most to flame spread K2 [] Type of material contributing most of flame spread Required only if item contributing code is 00 or <70	
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input checked="" type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined M4 Number of Sprinkler Heads Operating Required if system operated [] Number of sprinkler heads operating	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined NFIRS-3 Revision 01/19/99

A FDID * <u>84000</u> State * <u>VA</u> Incident Date * MM <u>4</u> DD <u>10</u> YYYY <u>2016</u> Station <u>ST5</u> Incident Number * <u>16-0014503</u> Exposure * <u>000</u> <input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS - 5 Fire Service Casualty			
B Injured Person Identification Number <u>223-75-6759</u> 1 <input checked="" type="checkbox"/> Male * 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input checked="" type="checkbox"/> Volunteer		C Casualty Number * <u>1</u>	
First Name <u>[REDACTED]</u> Ty MI Last Name <u>[REDACTED]</u> Suffix _____		Casualty Number <u>1</u>	
D Age or Date of Birth * Age <u>20</u> OR Date of Birth Month <u>04</u> Day <u>10</u> Year <u>2016</u>		E Date & Time of Injury Midnight is 0000 Date of Injury Month <u>4</u> Day <u>10</u> Year <u>2016</u> Time of Injury Hour <u>05</u> Minutes <u>00</u>	F Responses Number of prior responses during past 24 hours <u>0</u>
G1 Usual Assignment 1 <input checked="" type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other	G2 Physical Condition Just Prior To Injury 1 <input type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input checked="" type="checkbox"/> Undetermined 4 <input type="checkbox"/> ILL or Injured	G4 Taken To 1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input checked="" type="checkbox"/> Not transported	
G3 Severity 1 <input checked="" type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death		G5 Activity at Time of Injury <u>45</u> Overhaul Activity at time of injury	
H1 Primary Apparent Symptom <u>98</u> Pain only Primary apparent symptom	I1 Cause of Firefighter Injury <u>7</u> Overexertion/strain Cause of Injury	I3 Object Involved in Injury <input checked="" type="checkbox"/> None <u>NN</u> None Object involved in injury	
H2 Primary Area of Body Injured <u>23</u> Shoulder Primary injured body part or area	I2 Factor Contributing to Injury <u>NN</u> None Contributing Factor		
J1 Where Injury Occurred 1 <input type="checkbox"/> Enroute to FD Location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input checked="" type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other	J3 Specific Location Complete as Applicable 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other	J4 Vehicle Type Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle Remarks FF Rinker reported to command that he felt like he pulled his right shoulder while conducting overhaul pulling a ceiling. No prior issues with the shoulder could be verified. FF Rinker denied EMS care or transport. FF Rinker noted good range of motion after the injury. Injury paperwork was filled out and is attached to the report. 04/10/2016 10:24:30 BC Henschel If protective equipment failed and was a factor in this injury, please complete the other side of this form.	

NFIRS-5 Revision 8/18/99

A. FDID 84000 * State VA * Incident Date 4 10 2016 * Station ST5 Incident Number 16-0014503 * Exposure 000 * Delete Change NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times Check if same as alarm date						Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken
	Month	Day	Year	Hour	Min					
1 ID <u>BAT6</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:20</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:23</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:51</u>					
2 ID <u>E1</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:20</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:34</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:46</u>					
3 ID <u>E4</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:20</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:27</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:47</u>					
4 ID <u>EMS6</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>05:52</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>05:54</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:54</u>					
5 ID <u>FC6</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:25</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:34</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>09:02</u>					
6 ID <u>FM61</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>17:46</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>17:46</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>19:43</u>					
7 ID <u>FM62</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:29</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:57</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>12:49</u>					
8 ID <u>L2</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:20</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:23</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:50</u>					
9 ID <u>M1</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:24</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u> <u> </u> <u> </u>	
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:25</u>					
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:41</u>					

A FDID * 84000 State * VA Incident Date * MM 4 DD 10 YYYY 2016 Station ST5 Incident Number * 16-0014503 Exposure * 000 Delete Change NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent	Number of * People	Use	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID <u>M42</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:27</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:27</u>	<input checked="" type="checkbox"/>				
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:50</u>					
2 ID <u>M52</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:20</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:34</u>	<input checked="" type="checkbox"/>				
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>06:44</u>					
3 ID <u>SAF6</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:26</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:31</u>	<input checked="" type="checkbox"/>				
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:40</u>					
4 ID <u>W5</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:20</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:34</u>	<input checked="" type="checkbox"/>				
	Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:50</u>					
5 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>				
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					
6 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>				
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					
7 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>				
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					
8 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>				
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					
9 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u>	<u> </u>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>				
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>					

Type of Apparatus or Resources

- | | | |
|--|--|--|
| Ground Fire Suppression
11 Engine
12 Truck or aerial
13 Quint
14 Tanker & pumper combination
16 Brush truck
17 ARF (Aircraft Rescue and Firefighting)
10 Ground fire suppression, other
Heavy Ground Equipment
21 Dozer or plow
22 Tractor
24 Tanker or tender
20 Heavy equipment, other
Aircraft
41 Aircraft: fixed wing tanker
42 Helitanker
43 Helicopter
40 Aircraft, other | Marine Equipment
51 Fire boat with pump
52 Boat, no pump
50 Marine apparatus, other
Support Equipment
61 Breathing apparatus support
62 Light and air unit
60 Support apparatus, other
Medical & Rescue
71 Rescue unit
72 Urban Search & rescue unit
73 High angle rescue unit
75 BLS unit
76 ALS unit
70 Medical and rescue unit, other | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> More Apparatus?
 Use Additional
 Sheets </div> Other
91 Mobile command post
92 Chief officer car
93 HazMat unit
94 Type 1 hand crew
95 Type 2 hand crew
99 Privately owned vehicle
00 Other apparatus/resource
NN None
UU Undetermined |
|--|--|--|

A FDID * 84000 State * VA MM 4 DD 10 YYYY 2016 Station ST5 Incident Number * 16-0014503 Exposure * 000
 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**
 Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.
 Month Day Year Hours/mins

1	ID <u>BAT6</u>	Dispatch <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:20</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Type <u>92</u>	Arrival <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:23</u>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:51</u>						<input type="checkbox"/>	<input type="checkbox"/>

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD055	Henschel, Jon	BC	X				

2 ID E1 Dispatch 4 10 2016 04:20 Sent 3 Suppression EMS Other

Type 11 Arrival 4 10 2016 04:34 Clear 4 10 2016 08:46

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
STA1045	Brooks, Nathaniel	FF	X				
WFRD051	Baker, Larry	LT	X				
WFRD611	Miller, Ryan	FFE	X				

3 ID E4 Dispatch 4 10 2016 04:20 Sent 3 Suppression EMS Other

Type 11 Arrival 4 10 2016 04:27 Clear 4 10 2016 08:47

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
STA4156	Rinker, Matt		X				
WFRD047	Orndorff, Terry	FFT	X				
WFRD067	Williams, Branyon	LT	X				

A FDID * 84000 State * VA Incident Date * MM 4 DD 10 YYYY 2016 Station ST5 Incident Number * 16-0014503 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Apparatus or Resource	Date and Times Check if same as alarm date Month Day Year Hours/mins	Sent <input type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.
1 ID <u>EMS6</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>05:52</u> Arrival <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>05:54</u> Clear <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>08:54</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD040	McClellan, Carl	DC	X				

2 ID FC6
Type 92

Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>04:25</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Arrival <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>04:34</u>				
Clear <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>09:02</u>				

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD625	Baldwin, Allen	FC	X				

3 ID FM61
Type 92

Dispatch <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>17:46</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Arrival <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>17:46</u>				
Clear <input checked="" type="checkbox"/> <u>4</u> <u>10</u> <u>2016</u> <u>19:43</u>				

Personnel ID	Name	Rank or Grade	Attend <input type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD068	Luttrell, Jeremy	FM	X				

A FDID * 84000 State * VA Incident Date * MM 4 DD 10 YYYY 2016 Station ST5 Incident Number * 16-0014503 Exposure * 000
 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**
 Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

1 ID FM62 Dispatch 4 10 2016 08:29 Sent 1 Suppression EMS Other
 Type 92 Arrival 4 10 2016 08:57 Clear 4 10 2016 12:49

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD063	Gearhart, Matthew	FMA	X				

2 ID L2 Dispatch 4 10 2016 04:20 Sent 4 Suppression EMS Other
 Type 12 Arrival 4 10 2016 04:23 Clear 4 10 2016 08:50

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
STA2118	Bradley, Jason		X				
WFRD059	Hovermale, Rodney	LT	X				
WFRD073	Ballenger, Allen	FFT	X				
WFRD080	Hughes, David	FFT	X				

3 ID M1 Dispatch 4 10 2016 04:24 Sent 2 Suppression EMS Other
 Type 76 Arrival 4 10 2016 04:25 Clear 4 10 2016 08:41

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD037	Duckwall, Kevin	BC	X				
WFRD632	Carr, Jadon	FFE	X				

A FDID * 84000 State * VA MM 4 DD 10 YYYY 2016 Station ST5 Incident Number * 16-0014503 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Date and Times Check if same as alarm date

Month	Day	Year	Hours/mins
<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:27</u>
<u>4</u>	<u>10</u>	<u>2016</u>	<u>04:27</u>
<u>4</u>	<u>10</u>	<u>2016</u>	<u>08:50</u>

Sent Number of * People 3 Use Suppression EMS Other

Actions Taken List up to 4 actions for each apparatus and each personnel.

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
STA4164	Manziona, Jessica	PPF	X				
WFRD621	Brown, Tyler	PPF	X				
WFRD636	Franks, Larry	FFE	X				

2 ID M52 Dispatch 4 10 2016 04:20 Sent 2 Suppression EMS Other

Arrival 4 10 2016 04:34

Type 76 Clear 4 10 2016 06:44

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD088	Vaught, TJ	FFT	X				
WFRD640	Baer, Matthew	PPFE	X				

3 ID SAF6 Dispatch 4 10 2016 04:26 Sent 1 Suppression EMS Other

Arrival 4 10 2016 04:31

Type 92 Clear 4 10 2016 08:40

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD065	Orndorff, James	SAF	X				

A FDID * 84000 State * VA Incident Date * MM 4 DD 10 YYYY 2016 Station ST5 Incident Number * 16-0014503 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

Date and Times * Check if same as alarm date

Month Day Year Hours/mins

Dispatch 4 10 2016 04:20 Sent **Number of * People** 2 Use Suppression EMS Other **Actions Taken** List up to 4 actions for each apparatus and each personnel.

Arrival 4 10 2016 04:34 Sent

Clear 4 10 2016 08:50 Sent

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WFRD074	Brinegar, David	FFT	X				
WFRD624	Matthews, Scott	FFE	X				

2 ID Dispatch Sent Suppression EMS Other **Actions Taken**

Type Arrival Sent

Clear Sent

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID Dispatch Sent Suppression EMS Other **Actions Taken**

Type Arrival Sent

Clear Sent

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A PDID * **84000** State * **VA** Incident Date * **MM DD YYYY** **4 10 2016** Station **ST5** Incident Number * **16-0014503** Exposure * **000** Delete Change **NFIRS - 1S Supplemental**

K1 Person/Entity Involved Business name if applicable _____ Phone Number **540** - **303** - **4515**

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name **Jesus** MI Last Name **Rodriguez** Suffix _____

Number **315** Prefix **S** Street or highway **BRADDOCK** Street Type **ST** Suffix _____

Post office box _____ Apt./Suite/Room **2** City **WINCHESTER**

State **VA** Zip Code **22601** - _____

K2 Person/Entity Involved Business name if applicable _____ Phone Number **540** - **303** - **6015**

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name **Victoria** MI Last Name **Sevilla Feria** Suffix _____

Number **315** Prefix **S** Street or highway **BRADDOCK** Street Type **ST** Suffix _____

Post office box _____ Apt./Suite/Room **2** City **WINCHESTER**

State **VA** Zip Code **22601** - _____

K3 Person/Entity Involved Business name if applicable _____ Phone Number _____ - _____ - _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI Last Name _____ Suffix _____

Number _____ Prefix _____ Street or highway _____ Street Type _____ Suffix _____

Post office box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____ - _____

K4 Person/Entity Involved Business name if applicable _____ Phone Number _____ - _____ - _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI Last Name _____ Suffix _____

Number _____ Prefix _____ Street or highway _____ Street Type _____ Suffix _____

Post office box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____ - _____

K5 Person/Entity Involved Business name if applicable _____ Phone Number _____ - _____ - _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI Last Name _____ Suffix _____

Number _____ Prefix _____ Street or highway _____ Street Type _____ Suffix _____

Post office box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____ - _____

NFIRS-11 Revision 6/9/98



City of Winchester

315 South Braddock Street

Tax Map Number: 192-1-R-1-

DHR Resource Number: 138-0042-0165

Resources: 1 single dwelling; 1 stable; 1 garage

Date/Period: ca. 1800

Style: Federal

Sources: Sanborn Fire Insurance Company Maps; *Winchester: Limestone, Sycamores and Architecture*



Architectural Description

Site Description: This two-story, single-family dwelling is located on the west side of South Braddock Street and directly abuts the concrete sidewalk. The backyard is surrounded by both metal and wood fencing and is marked by mature trees and shrubs. A gravel alley runs parallel to the western boundary of the property.

Secondary Resource Summary: A stable and a garage, sited in the southwestern corner of the backyard, are located on the property.

Primary Resource Description: Constructed circa 1800, this Federal-style building is two stories in height and is three bays wide. Set on an elevated foundation of American-bond brick, this log and wood-frame dwelling is clad with Hardiplank siding. The north and south (side) elevations are clad with Bricktex siding. A side-gabled roof, covered with standing-seam metal, caps the building and features raking wood boards. An interior-end brick chimney rises from the south (side) elevation and has a plain cap. The northernmost bay of the façade (east elevation) holds a single-leaf, paneled wood door with a single-light. A one-story, one-bay porch, set on a solid foundation veneered with stone, shelters the primary entry. The half-hipped roof of the porch is covered with standing-seam metal and is supported by square wood posts and pilasters. Square wood balusters embellish the porch, which is accessed via steps in the southernmost end bay. The central and southernmost openings on the façade hold 1/1, double-hung, wood-sash windows. The northernmost bay of the second story contains a 6/6, double-hung, wood-sash window. Each window opening has a wood surround. The elevated foundation is marked by a single-leaf batten wood door. The north (side) elevation is pierced by 1/1, double-hung, wood-sash windows and the upper gable end of the south (side) elevation is marked by a four-light wood casement window.

A two-story ell extends from the southernmost bay of the rear (west) elevation and is likely original. The wood-frame ell is clad with weatherboard wood siding on the rear elevation and with bricktex siding on the south (side) elevation. A front-gabled roof caps the ell and is covered with standing-seam metal. An interior parged chimney pierces the southern slope of the roof and has a plain cap. Visible fenestration consists of a single-leaf, paneled metal door, a single-leaf, paneled metal door with lights, and a two-light wood awning window.

A two-story addition extends from the northernmost bay of the rear (west) elevation and was constructed circa 1915. The wood-frame addition extends north of the main block and is clad with German wood siding on the façade. The remainder of the addition is clad with bricktex siding. A shed roof caps the addition and is covered with standing-seam metal. An exterior-front brick chimney rises from the east elevation and an exterior-side concrete block chimney is located on the south elevation. Visible fenestration consists of a 1/1, double-hung, wood-sash window. A one-story addition extends from the rear elevation of the circa 1915 addition and was constructed circa 1950. The wood-frame addition is clad with bricktex siding and is capped by a shed roof of asphalt shingles. Fenestration consists of an 8/8, double-hung, wood-sash window.

Secondary Resource Description: A one-story, two-bay stable is located west of the dwelling and was constructed circa 1915. The wood-frame stable is clad with corrugated metal and plywood and is set on a brick pier foundation. The upper gable end of the west elevation is clad with weatherboard wood siding. A front-gabled roof, covered with v-crimp metal, caps the building and is finished with overhanging eaves and exposed rafter ends. An exterior-front concrete block chimney is a later addition to the building. The façade (west elevation) is fenestrated with a single-leaf batten wood door and a nine-light fixed wood window. Additional fenestration consists of eight-light wood casement windows.

Secondary Resource Description: A one-story, one-bay garage is located in the southwest corner of the property and was constructed circa 1940. The wood-frame garage is clad with corrugated metal and is capped by a front-gabled roof, also of corrugated metal. Overhanging eaves finish the roof. Double-leaf vertical board wood doors mark the façade (west elevation).

Significance Statement: This single-family dwelling is a vernacular interpretation of the Federal style and is indicative of the domestic architecture constructed in the City of Winchester at the beginning of the nineteenth century. The dwelling is believed to have a log structure. Walter Kidney, a local historian, noted in his book *Winchester: Limestone, Sycamores, and Architecture* that this dwelling was constructed circa 1800, which is supported by the form and materials. This single-family dwelling retains integrity of materials, workmanship, and design, despite the use of replacement siding and the construction of rear additions. Further, this dwelling retains integrity of location and setting. All of these aspects contribute to integrity of feeling and association. This single-family dwelling is a contributing resource to the Winchester Historic District under Criteria A and C.

CERTIFICATE #: BAR- 10-3601
 DATE SUBMITTED: 10/2/10



Rouss City Hall
 15 North Cameron Street
 Winchester, VA 22601

Telephone: (540) 667-1815
 FAX: (540) 722-3618
 TDD: (540) 722-0782
 Web: www.winchesterva.gov

**APPLICATION
 BOARD OF ARCHITECTURAL REVIEW
 CERTIFICATE OF APPROPRIATENESS**

Please print or type all information:

<u>4-540-431-5831</u>	<u>DIANA LIZER</u>
Telephone	Applicant
<u>leelizerpropertiesii@gmail.com</u>	<u>125 W. CECIL STREET</u>
E-mail address	Street Address
	<u>WINCHESTER, VA 22601</u>
	City / State / Zip

Property Owner's Signature	Property Owner (Name as appears in Land Records)
<u>4-540-431-5831</u>	<u>125 W. CECIL STREET</u>
Telephone	Street Address
<u>leelizerpropertiesii@gmail.com</u>	<u>WINCHESTER, VA 22601</u>
E-mail address	City / State / Zip

PROPERTY LOCATION

Current Street Address(es) 125 W. CECIL ST. WINCHESTER, VA 22601 Use: RESIDENTIAL
 Zoning: _____ (HW) Year Constructed: 1980 Historic Plaque? Y N Number: _____

TYPE OF REQUEST

<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign (specify type) and # _____	<input type="checkbox"/> Exterior Change
<input type="checkbox"/> New Construction	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Siding
<input type="checkbox"/> Addition	<input type="checkbox"/> Wall	<input type="checkbox"/> Roofing
<input checked="" type="checkbox"/> Fence/Wall	<input type="checkbox"/> Projecting	<input type="checkbox"/> Windows/Doors
<input type="checkbox"/> CONCEPTUAL REVIEW ONLY	<input type="checkbox"/> Other sign (specify)	<input type="checkbox"/> Paint
<input type="checkbox"/> Other (specify) <u>SEE ATTACHED PICTURES</u>		

*****SEE REVERSE FOR MATERIALS TO INCLUDE WITH APPLICATION*****

FOR OFFICE USE ONLY

BAR Review OR Administrative Review per Section 14-5

Hearing Date(s) _____

CERTIFICATE OF APPROPRIATENESS: APPROVED DISAPPROVED TABLED WITHDRAWN

CONDITIONS NOTED: _____

SIGNATURE: _____ DATE: _____

Secretary, Board of Architectural Review



125 - Ceil Street

approx. 6' tall
approx. 10' long











City of Winchester

125 West Cecil Street

Tax Map Number: 192-1-S-21-
DHR Resource Number: 138-0042-0333
Resources: 1 single dwelling
Date/Period: ca. 1925
Style: Dutch Colonial Revival
Sources: Sanborn Fire Insurance Company Maps; Quarles, *The Story of One Hundred Old Homes*



Architectural Description

Site Description: Set back off the south side of West Cecil Street approximately twenty feet, this single-family dwelling occupies a small crest. Lined with brick retaining walls, the front yard is lined by shrubs and includes a mature tree aside the concrete sidewalk. Mature trees dot the grassy lot.

Secondary Resource Summary: There are no secondary resources associated with this property.

Primary Resource Description: An expression of the Dutch Colonial Revival style, this two-story, two-bay dwelling was constructed circa 1925. The single-family dwelling has a rectangular form with a two-story rear ell. Set on a solid concrete foundation, this brick structure is faced with seven-course, American-bond brick. Asphalt shingles cover the side-gabled roof, which is finished with overhanging eaves and an ogee-molded cornice with returns. Exterior-side brick chimneys with plain caps are located on the side elevations. The façade (north elevation) features a wide, one-story porch with a solid concrete-block foundation and brick balustrade. A front-gabled roof of asphalt shingles features a closed tympanum and brick supports.

Located in the eastern bay of the façade, the single-leaf main entry holds a multi-light wood door. The western bay contains a tripartite window composed of a 6/1, double-hung wood sash window flanked by 4/1 windows. First story openings are finished with splayed soldier flat arches. Abutting the cornice, triple 6/1, double-hung, wood-sash windows pierce the second story. All window openings have wood sills.

Window openings on the east and west (side) elevations have wood sills and splayed soldier flat arches. Both elevations are pierced by 6/1, double-hung, wood-sash windows, with smaller windows placed in the upper gable ends. The west elevation also includes paired, 4-light wood casements and three-light basement windows (material not visible). A single-leaf door opening (material not visible) is located on the east elevation.

The south (rear) elevation features a two-story brick ell. Capped by a front-gabled roof of asphalt shingles, the ell features the same roof treatment as the same block. One-bay deep, fenestration consists of 6/1, double-hung, wood-sash windows with wood sills and splayed soldier flat arches. Additional details concerning the rear of the dwelling were not visible from the public right-of-way.

A one-story, two-bay garage is connected to the east elevation of the dwelling. Due to the slope of the property, the garage was built into the banked lot to provide a large rooftop patio on level with the first story. Based on Sanborn Fire Insurance Company maps, the garage was constructed between 1927 and 1947, having replaced an earlier two-story single-family dwelling. The concrete-block structure has twin, roll-up metal garage doors. A brick wall with concrete coping lines the roof, integrated into the balustrade of the front porch.

Significance Statement: This two-story, single-family dwelling is representative of the domestic architecture constructed in the City of Winchester during the first half of the twentieth century that was designed in the Dutch Colonial Revival style. Like many of these other dwellings in Winchester, this building has symmetrical massing and fenestration, a side-gabled roof, and a front-gabled front porch. This single-family dwelling retains integrity of materials, workmanship, and design. Further, this dwelling retains integrity of location and setting. All of these aspects contribute to integrity of feeling and association. This single-family dwelling is a contributing resource to the Winchester Historic District under Criteria A and C.

CITY OF WINCHESTER
ARCHITECTURAL INVENTORY

1970

Address: 125 W. Seal St. Present Use: Residential
Map & Parcel: 192--11 Assessed Value: 28,000
Tract & Block: S-21 Historic Name: _____
Present Owner: Madye W. Selinger Original Owner: _____
Address: _____ Original Use: _____

Date: 17__ 80 90 1800 10 20 30 40 50 60 70 80 90 1900 1920-40

Style: Vern. L.Geor. Grk.Rev. Ital. 2ndEmp. Rom. Goth. Q.A. Col.Rev.
B.Arts None+ None-

Stories: B 1 1½ 2 2½ 3 3½ 4

Material: Stone Log Clapbrd. Wd.Fr. Brk. Plas. Painted

Modifications: Minor Moderate Extensive

Physical Condition: Standard Deteriorated Dilapidated

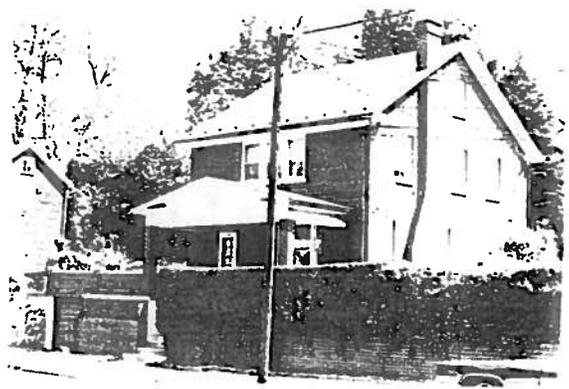
Environmental Context: Strong Moderate Weak

Architectural Significance:
Outstanding Excellent Good Average None
Architectural Description

This square, brick house has a single, centered 2nd story bay which holds a triple 6 over 1 window. On the 1st floor is a bay window, and it and the door have jackarches. The full facade porch with brick supports has an A-roof with pedimented gable end facing the street. The roof is asphalt shingled, and there are two chimneys.

Historical Significance:
National State/Regional Local None
Historical Description

References:



CERTIFICATE #: BAR- 116-372
 DATE SUBMITTED: 10/10/2010



Rouss City Hall
 15 North Cameron Street
 Winchester, VA 22601

Telephone: (540) 667-1815
 FAX: (540) 722-3618
 TDD: (540) 722-0782
 Web: www.winchesterva.gov

**APPLICATION
 BOARD OF ARCHITECTURAL REVIEW
 CERTIFICATE OF APPROPRIATENESS**

Please print or type all information:

Eric Garman for Paul Davis Restoration
 Applicant
9644 South Congress St
 Street Address
New Market, VA 22844
 City / State / Zip

540-481-6176
 Telephone
egarman@pauldavis.com
 E-mail address

Anthony Audvick
 Property Owner's Signature
(540) 533-6517
 Telephone
jesara@visuallink.com
 E-mail address

Jesara, Corp.
 Property Owner (Name as appears in Land Records)
8 West Cork St
 Street Address
Winchester, VA 22601
 City / State / Zip

PROPERTY LOCATION
 Current Street Address(es) 8 West Cork St. Use: Restaurant
 Zoning: _____ (HW) Year Constructed: 1864 Historic Plaque? Y N () Number: 87

TYPE OF REQUEST

<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign (specify type) and # _____	<input checked="" type="checkbox"/> Exterior Change
<input type="checkbox"/> New Construction	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Siding
<input type="checkbox"/> Addition	<input type="checkbox"/> Wall	<input checked="" type="checkbox"/> Roofing
<input type="checkbox"/> Fence/Wall	<input type="checkbox"/> Projecting	<input type="checkbox"/> Windows/Doors
<input type="checkbox"/> CONCEPTUAL REVIEW ONLY	<input type="checkbox"/> Other sign (specify)	<input type="checkbox"/> Paint
<u>Other (specify) _____</u>		

*****SEE REVERSE FOR MATERIALS TO INCLUDE WITH APPLICATION*****

FOR OFFICE USE ONLY

BAR Review OR Administrative Review per Section 14-5

Hearing Date(s) _____

CERTIFICATE OF APPROPRIATENESS: APPROVED DISAPPROVED TABLED WITHDRAWN

CONDITIONS NOTED: _____

SIGNATURE: _____ DATE: _____
 Secretary, Board of Architectural Review

ABM Panel

28 Gauge Galvalume or Galvanized

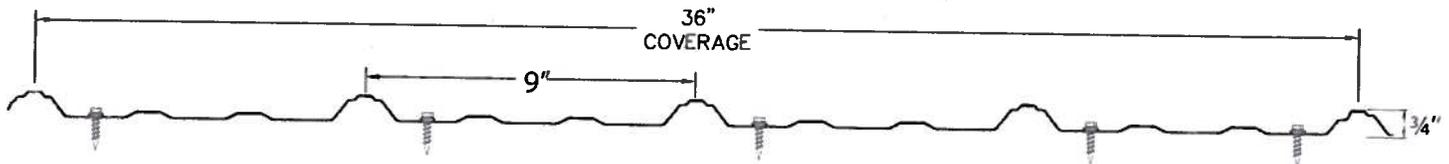


Dot (•) identifies colors also available in 26 Gauge Galvalume



36" Wide Coverage • 9" Rib Spacing • 3/4" High Rib

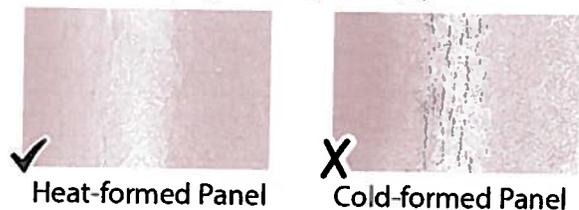
ABM Panel Profile (Acc)



There's good reason why we've been Heat Forming for more than a decade!

Heat forming practically eliminates a likely point of failure by significantly reducing the microscopic paint cracking and crazing during the forming process which may lead to paint failure and tension bend staining. Heating the panel before bending temporarily softens the paint which allows it to flex as the panel is formed and shaped.

(MAGNIFICATION OF MAJOR RIB)



Colors are as close as possible to actual colors, but may vary slightly from actual metal. Please request a free metal sample.



CORY STREET
ESTABLISHED



City of Winchester

6-8 West Cork Street

Tax Map Number: 193-1-D- 24-

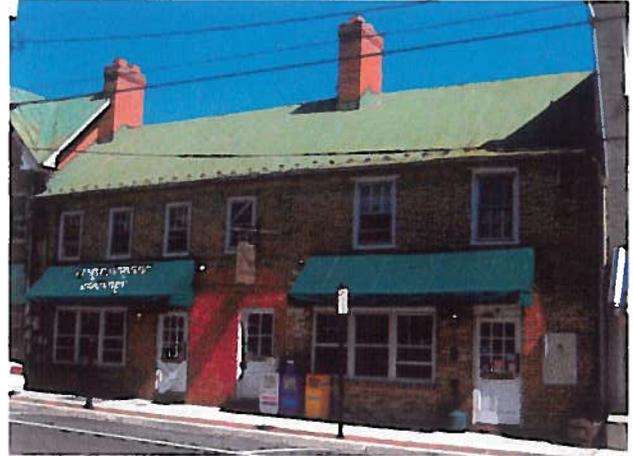
DHR Resource Number: 138-0042-0389

Resources: 2 twin dwellings (originally)

Date/Period: ca. 1830/pre 1947

Style: Federal

Sources: Sanborn Fire Insurance Company Maps; Quarles, *The Story of One Hundred Old Homes*



Architectural Description

Site Description: This two-story building, originally constructed as two Federal-style twin houses, is located on the north side of West Cork Street and directly abuts the concrete sidewalk. The building is adjacent to 139-141 South Loudoun Street and 10 West Cork Street. A wood fence partially edges the backyard of the property.

Secondary Resource Summary: There are no visible secondary resources associated with this property.

Primary Resource Description: Constructed circa 1830, this two-story building was originally constructed as two Federal-style twin dwellings. The building is set on a solid foundation (material not visible) and is constructed of five-course, American-bond brick. Standing-seam metal covers the side-gabled roof and is accented by a corbeled brick cornice. An interior-end brick chimney (which now reads as an interior chimney) marks the center of the roof and a second interior-end brick chimney rises from the west (side) elevation. Each chimney has a plain cap.

The section of the building, once known as 6 West Cork Street, is two bays wide and is the easternmost half of this building. The façade (south elevation) is fenestrated with a single-leaf paneled wood door with lights and single and triple 6/6, double-hung, wood-sash windows. The first story window opening has a rowlock brick sill and the second story openings have wood sills.

The westernmost section of this building, once known as 8 West Cork Street, is three bays wide. Fenestration consists of two, single-leaf, paneled wood doors with lights (topped by soldier brick jack arches) and single and triple 6/6, double-hung, wood-sash windows. The first story opening has a rowlock brick sill and the second story openings have wood sills and soldier brick jack arches.

A two-story, full-width addition extends from the rear (north) elevation of the building. The wood-frame addition is faced with weatherboard wood siding and six-course, American-bond brick. A shed roof, covered with standing-seam metal, caps the addition, which was constructed circa 1940. The westernmost bay of the second story is recessed and is fenestrated by a 6/6, double-hung, wood-sash window with a square-edged wood surround. A pent shelters the first story of the westernmost bay.

Significance Statement: This two-story building, originally constructed as two Federal-style twin dwellings, is now a restaurant. Judging by the form and materials, as well as by using Sanborn maps and written data, this structure can be given a circa 1830 date of construction. The building continued to be used as dwellings through most of the nineteenth century. The Sanborn Fire Insurance maps show that in 1897, the portion at 6 West Cork Street was the W.C. Graichen glove factory and 8 West Cork Street was residential. In 1903, the building was used as part of the steam dyeing business located at 141 South Loudoun Street. Between 1912 and 1921, the entire building was listed as a tenement. In 1927, the portion of the building denoted as 6 West Cork Street was used as a laundry mat, while the portion at 8 West Cork Street remained residential. By 1947, the entire building was used as a restaurant. This twin dwelling retains integrity of materials, workmanship, and design, despite the construction of a rear addition, alteration to the first-story fenestration pattern, and change in use. Further, this building retains integrity of location and setting. All of these aspects contribute to integrity of feeling and association. This twin dwelling is a contributing resource to the Winchester Historic District under Criteria A and C.

CITY OF WINCHESTER ARCHITECTURAL INVENTORY

Address: ^{4-8 W.} Cork Street

Map & Parcel: 193-1
Tract & Block: D-23,24

Present Owner: Marie Garber Kelly (#4)
Address: Steve P. Katunas (#6-8)

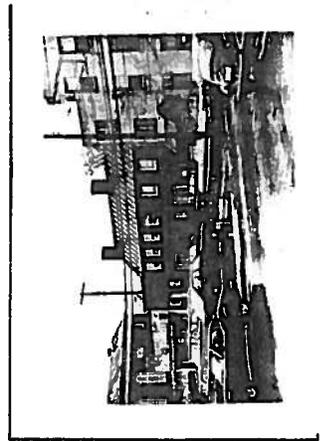
Present Use: commercial

Assessed Value: \$44,875 (#4)

Historic Name: \$14,475 (#6-8)

Original Owner:

Original Use:



Date: 17__ 80 90 1800 10 (20 30) 40 50 60 70 80 90 1900 19__

Style: Vern. L.Geor. Grk.Rev. Ital. Emp. Rom. Goth. Q.A. Col.Rev.
B.Arts None+ None- (Federal)

Stories: B 1 1½ (2) 2½ 3 3½ 4 -

Material: Stone Log Clapbrd. Wd.Fr. (Brk) Plas. _____

Modifications: Minor (Moderate) Extensive

Physical Condition: (Standard) Deteriorated Dilapidated

Environmental Context: Strong (Moderate) Weak

Architectural Significance:
Outstanding Excellent (Good) Average None

Architectural Description

Originally two adjacent Federal-style houses. Pent roof is a fairly recent addition -- is out of character and should be removed. Dark brown was not good choice of paint colors. A sensitive restoration of this facade would do much to enhancing the block.

SK

Historical Significance:
National State/Regional Local (None)

Historical Description

References:



CERTIFICATE #: BAR- 16-248
 DATE SUBMITTED: 4/7/16



Rouss City Hall
 15 North Cameron Street
 Winchester, VA 22601

Telephone: (540) 667-1815
 FAX: (540) 722-3618
 TDD: (540) 722-0782
 Web: www.winchesterva.gov

**APPLICATION
 BOARD OF ARCHITECTURAL REVIEW
 CERTIFICATE OF APPROPRIATENESS**

Please print or type all information:

703-901-8337
Telephone

RHSTGH@gmail.com
E-mail address

Richard Hunt
Applicant

438 N. Loudoun ST.
Street Address

WINCHESTER VA 22601
City / State / Zip

Richard Hunt
Property Owner's Signature

703-901-8337
Telephone

RHSTGH@gmail.com
E-mail address

RICHARD AND SUSAN HUNT
Property Owner (Name as appears in Land Records)

438 N. Loudoun ST.
Street Address

WINCHESTER VA 22601
City / State / Zip

PROPERTY LOCATION
 Current Street Address(es) 438 North Loudoun ST. Use: Residential
 Zoning: HRL (HW) Year Constructed: 1906 Historic Plaque? Y N Number: _____

TYPE OF REQUEST

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Sign (specify type) and # _____	<input checked="" type="checkbox"/> Exterior Change
<input type="checkbox"/> New Construction	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Siding
<input type="checkbox"/> Addition	<input type="checkbox"/> Wall	<input type="checkbox"/> Roofing
<input type="checkbox"/> Fence/Wall	<input type="checkbox"/> Projecting	<input type="checkbox"/> Windows/Doors
<input type="checkbox"/> CONCEPTUAL REVIEW ONLY	<input type="checkbox"/> Other sign (specify)	<input type="checkbox"/> Paint
<input type="checkbox"/> Other (specify) <u>Remove and Replace Steps</u>		

SAME FOOT PRINT AS EXISTING
 SEE REVERSE FOR MATERIALS TO INCLUDE WITH APPLICATION

FOR OFFICE USE ONLY

BAR Review OR Administrative Review per Section 14-5

Hearing Date(s) 4/21/16

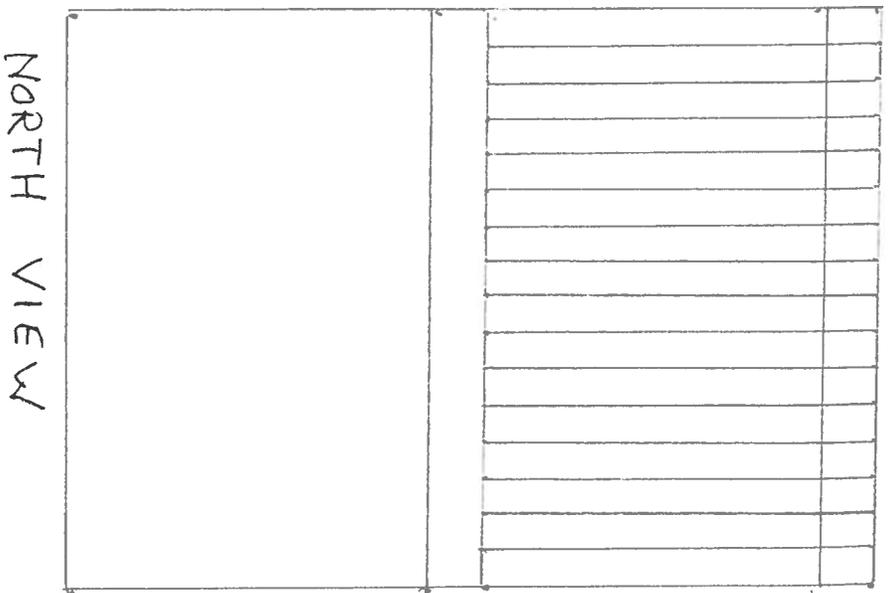
CERTIFICATE OF APPROPRIATENESS: APPROVED DISAPPROVED TABLED WITHDRAWN

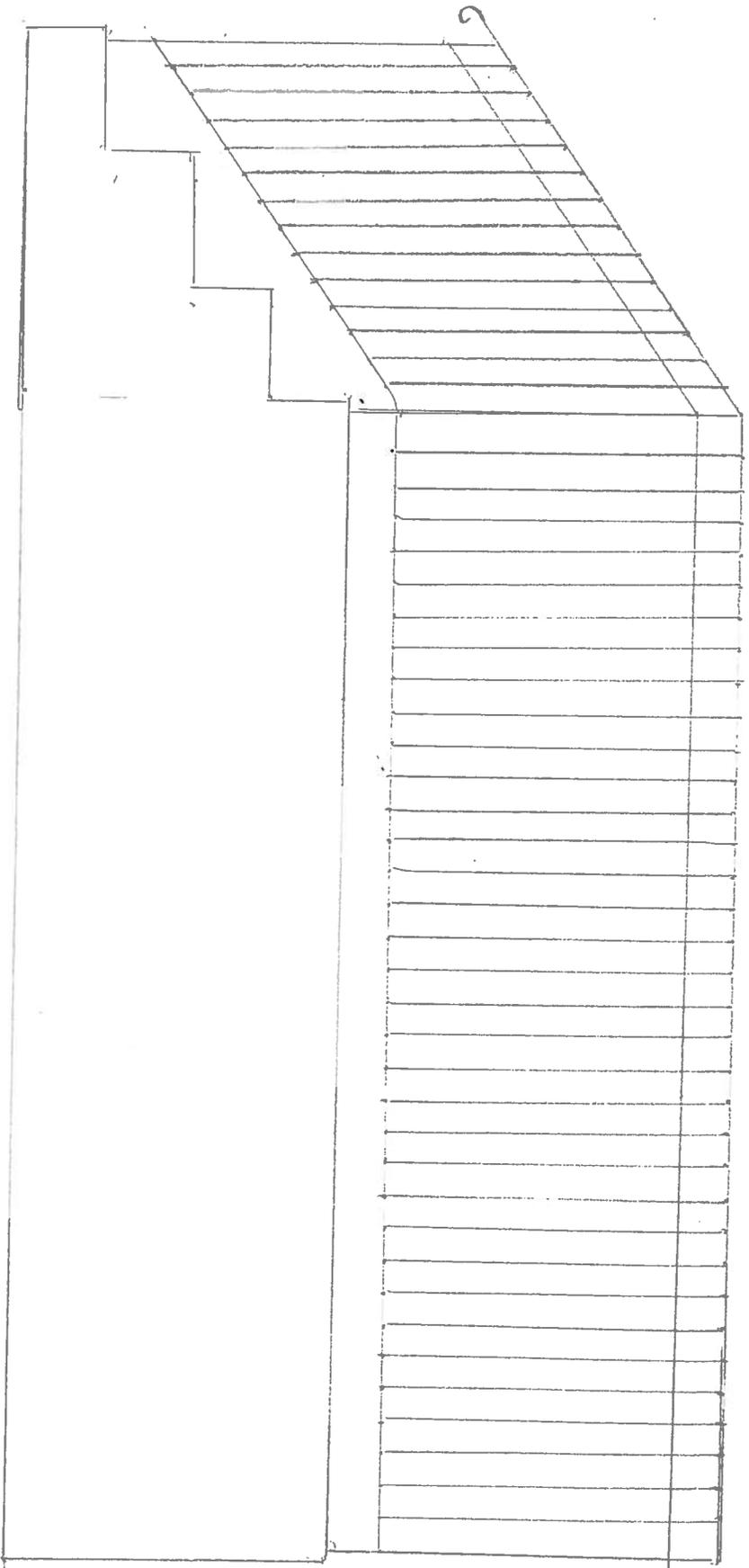
CONDITIONS NOTED: SEE LETTER

SIGNATURE: [Signature] DATE: 4/29/16
 Secretary, Board of Architectural Review

Option #2

438 N. Loudon ST.





EAST VIEW

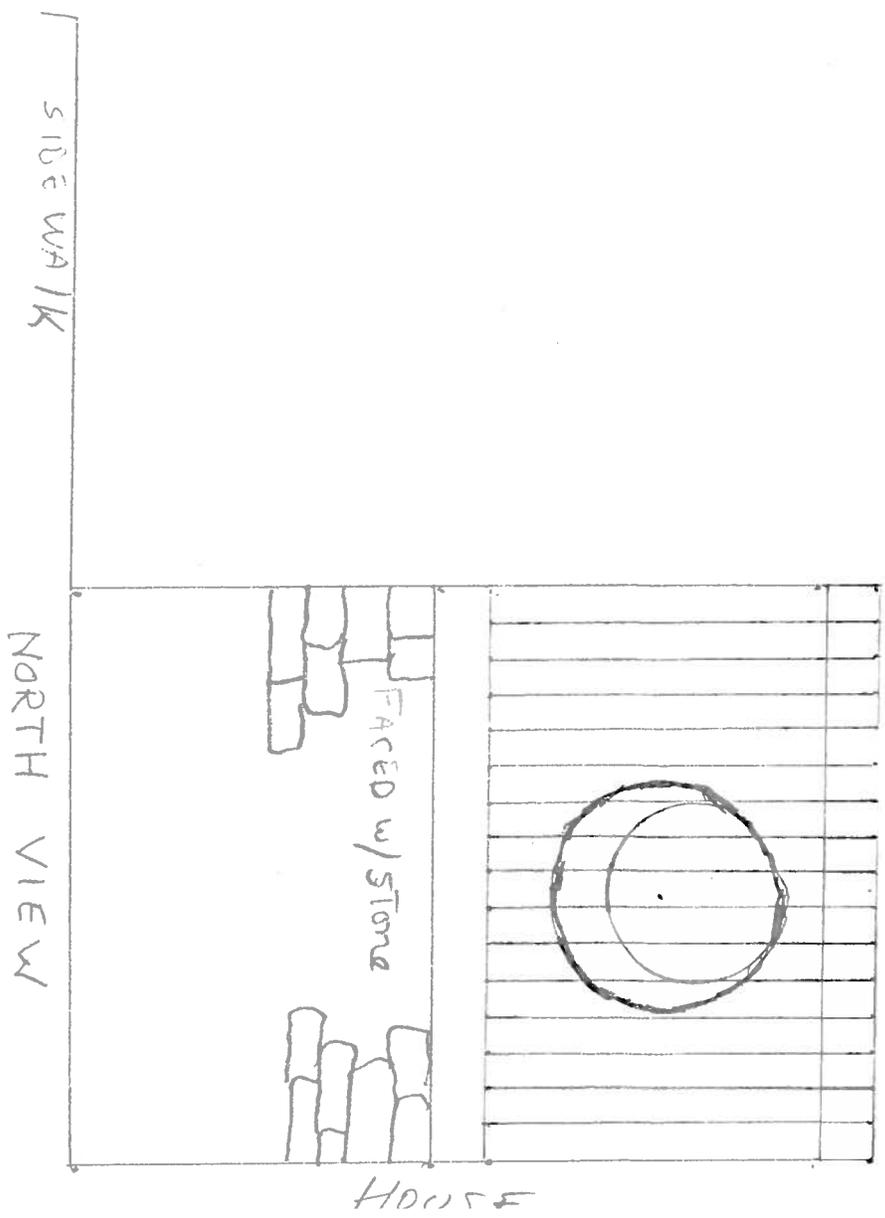
438 N. Loudoun ST.

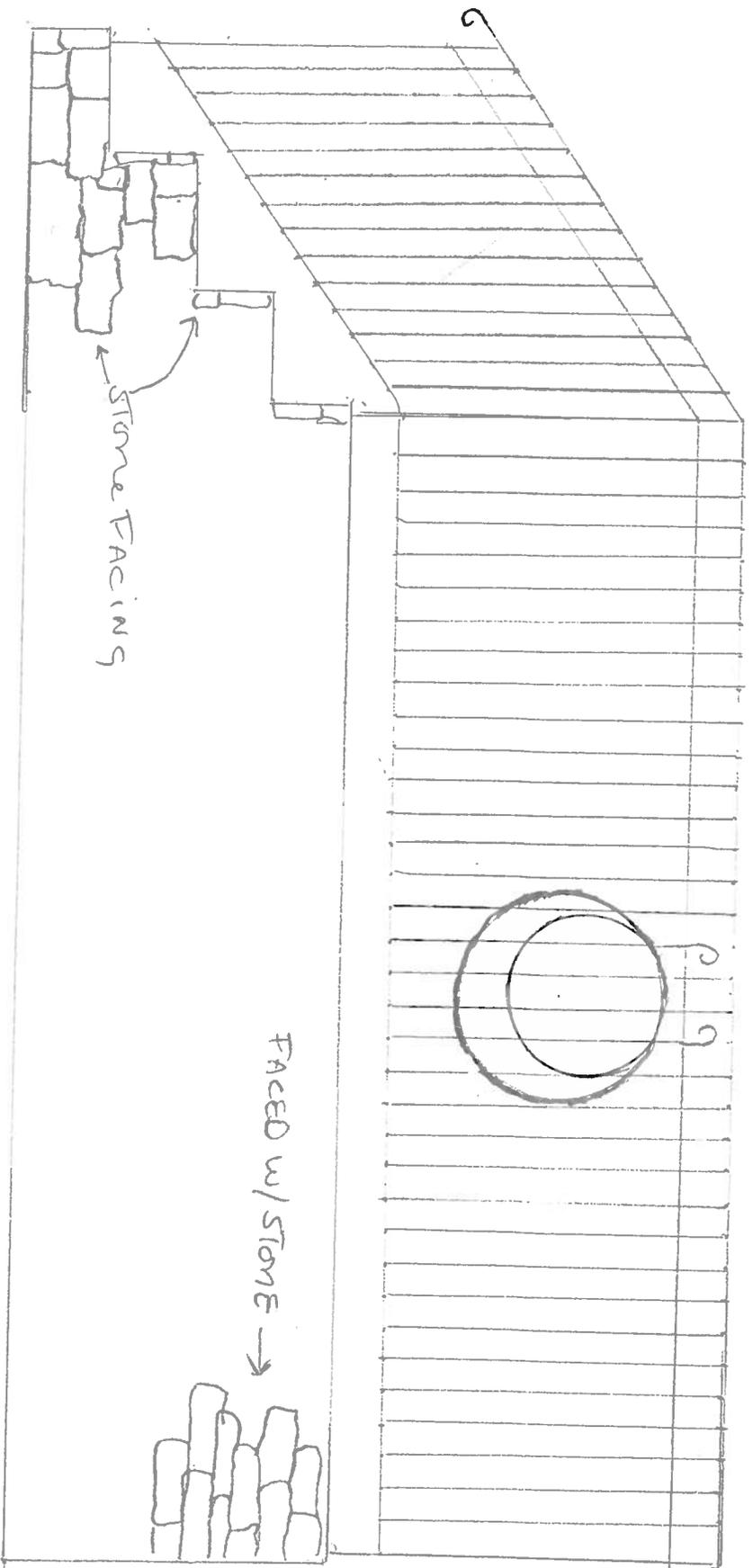
OPTION #1

27

Option #2

438 N. Loudon St.





EAST VIEW

438 N. Loudoun ST.

OPTION #2



04/21/2016