



Application for Modification to Approved Certificate of Appropriateness

Planning & Zoning Department
 412 Tazewell Avenue
 Cape Charles, VA 23310
 757-331-3259 x31

planningtech@capecharles.org

02/2026	
Taxes	Paid
Violations <i>pd chk</i>	NA
Fee <i>#6677</i>	\$200
Decision	HDRB

Budget Code: HISTF 100-3100-1100

Budget Code VIOLATIONS: PERMZ 100-3100-1370

PART 1: APPLICATION NOTES

A Certificate of Appropriateness (CoA) is required for all applications for zoning clearances and permits involving any exterior alteration, modification, restoration, reconstruction, demolition, new construction or moving of a property within the Cape Charles Historic District Overlay.

Modifications to an existing CoA: During construction, there are at times cause for modification (s)* to designs previously approved by the Zoning Administrator and/or HDRB. In this instance, the applicant should schedule a meeting with the Planning/Zoning Department to determine whether the changes are substantial and require action by the body that initially issued the CoA.

*New proposals that were not on the original application are not considered modifications.

The following documents must be submitted to the Town before this application can be reviewed. In addition to these documents, the Modification COA application and requested supporting information relevant to the applicable sections must be deemed complete by department staff prior to being evaluated.

- A) Zoning Clearance Application
 B) Previously Approved CoA
 C) Site Plan/Survey
 D) Photos of existing condition
 E) Material Specifications
 F) Owner Permission Affidavit
 G) Payment of CoA Fee (\$200)
 Tree Permit Application

Owner signature: *Robert Summers* Date: *4/20/26*

PART 2: PROPERTY INFORMATION

Property Address: *520 Strawberry St.* Tax Map #: *03A 1-8-F*

Active Certificate of Appropriateness Date: 10/15/2025 Zoning District: R-1

PART 3: PROPERTY OWNER INFORMATION

Name and/or Company: *Andy & Jacqueline Sears*

PART 4: APPLICANT INFORMATION

Check here if the applicant is owner. (If applicant is not the property owner, an Owner's Permission Affidavit must be attached.)

Name and/or Company: *Coastal Craftsman Builders, LLC*

PART 5: PROJECT INFORMATION

Proposed Modification Description & Reason (If any tree removal is being proposed a Tree Permit Application must be completed):

• No exposed chimney pipe; chase framed & covered in Stucco to match same mortar on front brick piers
 • change siding size

PART 6. MODIFICATION SPECIFICATIONS

Select reason for modification (check all that apply):

Materials: Approved product is unavailable Reconsideration of materials Other: _____

Approved design/project plan (Complete all sections below that apply to the modification and supply all required documents):

Expansion of project scope Reduction of project scope
 Unexpected repairs Other: _____

Select the type of work to be performed (check all that apply):

Addition Doors Windows Masonry Porch Roofs Siding Steps/Stoop & Railings
 Trim Work Fence or Wall Partial demolition Hardscaping Other: chimney

A. ADDITION Not applicable **SEE SECTION 5.6 or 5.12 OF THE HISTORIC DISTRICT DESIGN GUIDELINES**

Approved Location (Attach a diagram and Survey/Site Plan is required):

Stories:	Building height:	Footprint:	Gross square footage:
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Proposed Location (Attach a diagram and Survey/Site Plan is required):

Stories:	Building height:	Footprint:	Gross square footage:
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Indicate Reason for modification:

Complete all sections below that apply to your addition and supply elevation drawings.

B. ROOF Not applicable **SEE SECTION 4.2, 5.2, or 5.8 OF THE HISTORIC DISTRICT DESIGN GUIDELINES**

Type of work: New Repair % of roof structure ____ Reroofing: In kind ____ Different in style or material ____
 Add/Repair Gutters and downspouts Solar Panels Other Solar Installation

Location (Pictures of existing condition):

Existing Roof	Approved Roof	Proposed Roof
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work:	Work:
Existing Material:	Materials:	Materials:

Indicate reason for change of material:

Indicate reason for modification:

C. DOORS <input checked="" type="checkbox"/> Not applicable SEE SECTION 4.5, 5.5, or 5.11 OF THE HISTORIC DISTRICT DESIGN GUIDELINES	
Number of doors approved to be: Added: _____ Removed: _____ Replaced: _____ Repaired: _____	
Please complete a Section C for each individual door if a different size or configuration.	
Attach a diagram of the house exterior with all doors numbered. Add documentation for each additional door.	
Existing Door	Approved Door
Door 1: Original to the home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Work approved to be completed: <input type="checkbox"/> Added <input type="checkbox"/> Removed <input type="checkbox"/> Replaced <input type="checkbox"/> Repaired
Existing Material:	Approved Material:
Dimensions: Width _____ Height _____	Dimensions: Width _____ Height _____
Configuration with picture (i.e., glass panes, divisions, decorative details & panels):	Configuration with picture (i.e., glass panes, divisions, decorative details & panels):
Proposed Door	
Work to be completed: <input type="checkbox"/> Added <input type="checkbox"/> Removed <input type="checkbox"/> Replaced <input type="checkbox"/> Repaired	Indicate the reason for modification:
Proposed Material:	
Dimensions: Width _____ Height _____	
Configuration with picture (i.e., glass panes, divisions, decorative details & panels):	
D. WINDOWS <input checked="" type="checkbox"/> Not applicable SEE SECTION 4.5, 5.5, or 5.11 OF THE HISTORIC DISTRICT DESIGN GUIDELINES	
Number of windows to be: Added: _____ Removed: _____	
Replaced: In kind _____ Different in style or material _____ Repaired: _____	
Minimum Standards: <u>Window Sill</u> – thickness of 1-1/2" <u>Window Casing or Trim</u> – thickness of 3-1/2"	
Shutters: Added: _____ Removed: _____ Replaced: In kind _____ Different in style or material _____ Repaired: _____	
Please complete a Section D for each window if various sizes or configurations.	
Attach a diagram of the house exterior with all windows numbered. Add documentation for each additional window.	
Existing Windows	Approved Windows
Window 1: Original to the home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Work approved to be completed: <input type="checkbox"/> Added <input type="checkbox"/> Removed <input type="checkbox"/> Replaced <input type="checkbox"/> Repaired
Configuration (i.e., double-hung sash, 2/2, 6/1, 6/6, etc.): Include a picture	Configuration (i.e., double-hung sash, 2/2, 6/1, 6/6, etc.): Include a picture
Width: _____ Height: _____ Depth: _____	Width: _____ Height: _____ Depth: _____
Material:	Material:
Sill: Length: _____ Thickness: _____ Depth: _____	Sill: Length: _____ Thickness: _____ Depth: _____
Material:	Material:
Casing / Trim: Width: _____ Height: _____ Depth: _____	Casing / Trim: Width: _____ Height: _____ Depth: _____
Material:	Material:
Shutters: Width: _____ Height: _____	Shutters: Width: _____ Height: _____
Material:	Material:

Proposed Windows	
Work to be completed: <input type="checkbox"/> Added <input type="checkbox"/> Removed <input type="checkbox"/> Replaced <input type="checkbox"/> Repaired	Indicate the reason for modification:
Configuration (i.e., double-hung sash, 2/2, 6/1, 6/6, etc.): Include a picture	
Width: Height: Depth:	Material:
Sill: Length: Thickness: Depth:	Material:
Casing / Trim: Width: Height: Depth:	Material:
Shutters: Width: Height:	Material:
E. PORCHES <input checked="" type="checkbox"/> Not applicable SEE SECTION 4.4, 5.4, or 5.10 OF THE HISTORIC DISTRICT DESIGN GUIDELINES	
<u>New materials should match the historic material, composition, shape, size, and other visual qualities.</u>	
Work Approved to be done: <input type="checkbox"/> Flooring = <input type="checkbox"/> Alter <input type="checkbox"/> Replace <input type="checkbox"/> Repair <input type="checkbox"/> Columns = <input type="checkbox"/> Alter <input type="checkbox"/> Replace <input type="checkbox"/> Repair	
Replacement of flooring should match the historic floorboard orientation. Replacement of an entire porch floor, ensure the new floor slopes away from the building.	
<input type="checkbox"/> Balustrade = <input type="checkbox"/> Alter <input type="checkbox"/> Replace <input type="checkbox"/> Repair <input type="checkbox"/> Ceiling <input type="checkbox"/> Skirting	
Work to be modified: <input type="checkbox"/> Flooring = <input type="checkbox"/> Alter <input type="checkbox"/> Replace <input type="checkbox"/> Repair <input type="checkbox"/> Columns = <input type="checkbox"/> Alter <input type="checkbox"/> Replace <input type="checkbox"/> Repair	
<input type="checkbox"/> Balustrade = <input type="checkbox"/> Alter <input type="checkbox"/> Replace <input type="checkbox"/> Repair <input type="checkbox"/> Ceiling <input type="checkbox"/> Skirting	
Location (Attach pictures for all work; Survey may be requested):	
Skirting: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Removed	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Removed
Existing Material:	Material Approved:
Work Proposed: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered	Indicate reason for modification:
Proposed Material:	
Floorboards: Number of boards to be: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered <input type="checkbox"/> All boards	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered
Existing Material:	Material Approved:
Dimensions: Length: Width:	Dimensions: Length: Width:
Work Proposed: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered	Indicate reason for modification:
Proposed Material:	
Dimensions: Length: Width:	
Ceiling: Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered
Existing Material:	Material Approved:
Proposed Work: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered	Indicate reason for modification:
Proposed Material:	
Columns: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered
Existing Material:	Material Approved:
Existing Dimensions: Height: Width: Diameter:	Approved Dimensions: Height: Width: Diameter:
Proposed Work: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered	Indicate for modification:
Proposed Material:	
Proposed Dimensions: Height: Width: Diameter:	

Balustrade: _____ Repaired _____ Replaced _____ Altered	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered
Existing Material:	Approved Material:
Existing Dimensions: Height: _____ Width: _____ Diameter: _____	Approved Dimensions: Height: _____ Width: _____ Diameter: _____
Proposed Work: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered	Indicate reason for modification:
Proposed Material:	
Proposed Dimensions: Height: _____ Width: _____ Diameter: _____	
Indicate the reason for change:	

F. STEPS/STOOPS/RAILINGS <input checked="" type="checkbox"/> Not applicable SEE SECTION 4.4, 5.4, or 5.10 OF THE HISTORIC DISTRICT DESIGN GUIDELINES	
Number of Steps/Stoops to be: _____ Repaired _____ Replaced _____ Altered	
Location (Attach pictures; Survey may be requested):	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered
Existing Material:	Material Approved:
Proposed Work: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered	Indicate reason for change:
Proposed Material:	
If replacing, indicate the reason for replacement. If altering, describe any proposed change (material, configuration, size, etc.):	

Number of Railings to be: _____ Repaired _____ Replaced _____ Altered	
Location (Attach pictures; Survey may be requested):	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered
Existing Material:	Material Approved:
Existing Dimensions: Height: _____ Width: _____ Diameter: _____	Approved Dimensions: Height: _____ Width: _____ Diameter: _____
Proposed Work: <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Altered	Indicate reason for modification:
Proposed Material:	
Proposed Dimensions: Height: _____ Width: _____ Diameter: _____	
If replacing, indicate the reason for replacement. If altering, describe any proposed change (material, configuration, size, etc.):	

G. SIDING <input type="checkbox"/> Not applicable SEE SECTION 4.4, 5.4, or 5.9 OF THE HISTORIC DISTRICT DESIGN GUIDELINES	
Type of work: <input type="checkbox"/> Minor Repair <input type="checkbox"/> Full Re-Siding (same material) <input type="checkbox"/> Full Re-Siding (Change of material)	
Location (Attach diagram & pictures):	
Existing Siding	Approved Siding
Original to the home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	Work Approved:
Existing material:	Approved Material:
Dimensions: Thickness: _____ Width: _____	Dimensions: Thickness: _____ Width: _____
Proposed Siding: Work Proposed: <input type="checkbox"/> Minor Repair <input type="checkbox"/> Full Re-Siding (same material) <input type="checkbox"/> Full Re-Siding (Change of material)	
Proposed Material: <i>Certaainteed Vinyl</i>	Dimensions: <i>Double 4.5"</i>
Indicate the reason for change, e.g., underlying material condition, rot: <i>Reconsider of material</i>	

H. TRIM WORK **Not applicable** SEE SECTION 4.4, 5.4, or 5.10 OF THE HISTORIC DISTRICT DESIGN GUIDELINES

Type of work: Minor Repair Alteration

Location (Attach diagram & pictures):

Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved:
Existing Material:	Approved Material:
Dimensions: Width: Height: Depth:	Dimensions: Width: Height: Depth:
Design:	
Proposed Work:	Indicate reason for modification:
Proposed Material:	
Dimensions: Width: Height: Depth:	

Reason for repair or alteration (change of material or design):

I. MASONRY **Not applicable** SEE SECTION 4.3 or 5.3 OF THE HISTORIC DISTRICT DESIGN GUIDELINES

Type of work: New foundation Substantial Reconstruction Minor Repair Repointing

Location (Attach diagram & pictures):

Existing Masonry	Approved Masonry
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Work Approved:
Existing Material:	Approved Material:
Existing mortar: Joints:	Approved Mortar: Mortar joints:
Proposed Work:	Indicate reason for change:
Proposed Material:	
Mortar: Mortar joints:	

Other / Additional Notes: (Unpainted masonry cannot be painted.)

Existing Chimney	Proposed Chimney
Show location and document conditions with photographs	<input type="checkbox"/> Repair <input type="checkbox"/> Remove <input type="checkbox"/> Add a chimney cap

Indicate the reason for change and materials:

No exposed chimney pipe; chase chimney framed & covered in stucco to match front mortar

J. HARDSCAPING **Not applicable** SEE SECTION 9.1 OF THE HISTORIC DISTRICT DESIGN GUIDELINES

Type of work: Driveway Walkway Golf Cart Parking Other:

Existing Condition: Original Not Original New Not Sure

Location (include survey showing location, setbacks, dimensions, and material):

Material:	Dimensions: Length: Width:
Material:	Dimensions: Length: Width:

Proposed Modification:

Indicate reason for change:

No exposed chimney pipe

K. FENCE OR WALL <input checked="" type="checkbox"/> Not applicable SEE SECTION 9.3 OF THE HISTORIC DISTRICT DESIGN GUIDELINES	
Type of work: <input type="checkbox"/> New <input checked="" type="checkbox"/> Repair % of structure ____ <input type="checkbox"/> Replace In kind ____ Different in style or material ____	
Location (include survey showing location, setbacks, and height)	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Approved Work:
Material:	Approved Material:
Height:	Approved Height:
Proposed Modification: <input type="checkbox"/> New <input type="checkbox"/> Repair % of structure ____ <input type="checkbox"/> Replace In kind ____	
Proposed Material:	Proposed Height:
Describe the style:	
Indicate the reason for modification:	
L. DECKS & PATIOS <input checked="" type="checkbox"/> Not applicable SEE SECTION 9.3 OF THE HISTORIC DISTRICT DESIGN GUIDELINES	
<input type="checkbox"/> Deck: Length: Width: Materials:	
<input type="checkbox"/> Patio: Length: Width: Materials:	
<input type="checkbox"/> Ramp: Length: Width: Materials:	
Proposed Modification and Reason for Modification:	
M. APPURTENANCES <input checked="" type="checkbox"/> Not applicable SEE SECTION 9.4 OF THE HISTORIC DISTRICT DESIGN GUIDELINES	
Solar Panels, Outdoor Showers, etc.	
Type of work: <input type="checkbox"/> New <input type="checkbox"/> Repair % of structure ____ <input type="checkbox"/> Replace In kind ____ Different in style or material ____	
Location (include survey showing location, setbacks, and height)	
Existing:	Approved:
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Material:
Material:	Dimensions:
Dimensions:	Style:
Proposed Modification (Material, Dimensions, Style):	
Indicate reason for modification:	
I hereby certify that I have the authority to make the foregoing application, that the information given is true and correct, and that the construction or improvements will conform to the regulations in the Virginia Statewide Building Code, all pertinent Town Codes, including fire, sewer and water codes, and private building restrictions, if any, which may be imposed on the property by deed. Furthermore, I certify that the changes to the improvement before or during construction will be provided to the Zoning Administrator and Building Official before such changes are constructed.	
Applicant's signature: <u>Robin James</u>	Date: <u>4/20/26</u>
Zoning Administrator's signature: _____	Date: _____
Town Code Chapter 32, Article VIII, Section: _____	



Owner Affidavit for Permission to Represent

Planning & Zoning Department
2 Plum Street; Cape Charles, VA 23310
757-331-3259 x31

planningtech@capecharles.org

Revised 03/2023	
Taxes	
Violations	
Fees	
Decision	

PART 1: APPLICATION NOTES
Use this form to give permission for a contractor, architect, or other individual to represent the owner of a property in matters within the Town of Cape Charles.

PART 2: PROPERTY INFORMATION
Property Address: 520 Strawberry St. Cape Charles, VA 23310 Tax Map #: 83A3-13-A

PART 3: PROPERTY OWNER INFORMATION
Name and/or Company: Andy & Jacqueline Sears

PART 4: REPRESENTATIVE INFORMATION
Name and/or Company: Coastal Craftsman Builders

to file documents on my behalf To represent me in meetings with Town officials

Name and/or Company:
Mailing Address:
Phone Number: Email:

to file documents on my behalf To represent me in meetings with Town officials

Signature of owner: [Signature] Date: 7/31/25

State of VIRGINIA County of SPOTSYLVANIA The foregoing instrument was acknowledged before me this 31 day of JULY, 2025, by ANDY SEARS (name of person acknowledged)

Signature of Notarial Officer: [Signature]

Notary Registration number: 7527396

My commission expires: 11-30-2028



Seal



MUNICIPAL CORPORATION OF CAPE CHARLES

CERTIFICATE OF APPROPRIATENESS

Date Issued: 10/15/2025

Issued to: Andrew & Jacqueline Sears represented by Coastal Craftsman Builders, LLC For Property: Tax Map # 83A1-8-F
[Redacted] Strawberry Street
Cape Charles, VA 23310

This Certificate of Appropriateness has been issues for the above-noted property for the purpose of:

Constructing a new 1,020.25 square feet two-story single-family home, enclosed 27 square feet rear outdoor shower; and installing a sidewalk as stated in the application dated 8/28/2025. The Historic District Review Board approved the application as presented with any designated condition/s and the standard condition stated below per Zoning Ordinance 8.16 and the Historic District Overlay Design Guidelines (HDODG) Sections 5.13, 9.1, 9.3, 9.4, and 9.5.

Materials: See page 2.

Designated Condition/s: The exposed steel chimney flue must be painted / treated with a matte finish to be more compatible with the neighborhood.

Standard Condition: Any further modifications to any approvals or circumstances that are found during the project that warrant changes must be reported to the Planning and Zoning Department.

Zoning Administrator Condition/s: Landscaping plan will be required.

This Certificate of Appropriateness shall be valid for only the specific use described above. It is valid for a period of six months after the date of approval; if not acted upon within six months, or if work is suspended or abandoned for a period of six months after work has commenced, this Certificate of Appropriateness shall become null and void.

There is a thirty day right of appeal of this decision by the owner of the property or by any party aggrieved, pursuant to Cape Charles Zoning Ordinance Section 8.34.

Kathy Glaser
Chair—Historic District Review Board

10/16/2025
Date


Tracy Outten
Planning/Zoning Assist.: Preservation & Zoning Administrator

10/16/2025
Date



Restoration Classic™

CertainTeed's Restoration Classic Siding is a durable, eco-friendly option that provides a classic look to homes. Its interlocking panels and textured finish make it resistant to harsh weather conditions and easy to install, while requiring minimal maintenance.

Showing product availability in ^(?) 

Colors (29)



Profile (5)

Finish (2)

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