



Certificate of Appropriateness Application Renovation

Planning & Zoning Department
412 Tazewell Avenue
Cape Charles, VA 23310
757-331-3259 x31
planningtech@capecharles.org

Revised 02/2026	
Taxes	Paid
Violations	NA
Fee	
Decision	HDRB

Budget Code: HISTF 100-3100-1100

Budget Code VIOLATIONS: PERMZ 100-3100-1370

PART 1: APPLICATION NOTES

A Certificate of Appropriateness 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.

Minor Exterior Work* is exterior maintenance and repair, replacement of missing or broken windowpanes, roofing shingles, slates, tiles, porch floors, posts, rails, or shutters where no substantial change to design or material is proposed and other minor changes that do not materially change the historic characteristics of the building may be reviewed by the Zoning Administrator. Upon approval the applicant is responsible for confirming and obtaining all necessary building permits.

Major Exterior Work: is any alteration of the architectural style of a structure or its significant architectural elements, modifications, additions, and any major or minor work not eligible for administrative review must be reviewed and approved* by the Historic District Review Board. Upon approval the applicant is responsible for confirming and obtaining all necessary building permits.

Note: A pre-application meeting is available upon request prior to submitting this application.

The following documents must be submitted to the Town before this application can be reviewed. In addition to these documents, the 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) Photos of existing condition
 C) Owner Permission Affidavit
 D) Payment of COA Fee (Residential – Minor \$75, Major \$150 / \$500 OR Commercial/Commercial Residential - \$1,000)
 E) Site Plan/Survey
 F) Material Specifications
 G) Tree Permit Application

Owner signature: _____

Date: _____

PART 2: PROPERTY INFORMATION

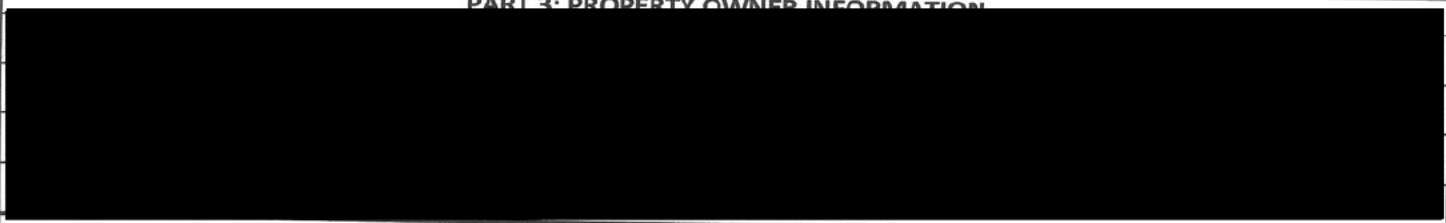
Property Address: **300 Strawberry Street Cape Charles, VA 23310**

Tax Map #: **83A3-1294**

Is there an active Certificate of Appropriateness on this property? No Yes _____ Date

Zoning District: **R-1**

PART 3: PROPERTY OWNER INFORMATION



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: _____

Mailing Address: _____

Phone Number: _____

Email: _____

PART 5: PROJECT INFORMATION – Describe in detail proposed work.

(If any tree removal is being proposed a Tree Permit Application must be completed):

Install white siding on the walls of the shed located in the back yard.

Install vinyl soffit under the house eaves and white aluminum metal covering over the white wood trim.

PART 6. ALTERATIONS, REPAIRS OR ADDITIONS

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 Appurtenances Other:

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

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

Stories:	Building height:	Footprint:	Gross square footage:
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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	Proposed Roof
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed Work:
Existing Material:	Proposed Material:
Pitch:	Pitch:
Gutters & Downspouts: (Pictures of Location & Material Specs)	Solar: (Pictures of Location & Material Specs)
Proposed Work:	Proposed Work:
Proposed Material:	Proposed Material:
Other / Additional Notes:	

C. DOORS Not applicable **SEE SECTION 4.5, 5.5, or 5.11 OF THE HISTORIC DISTRICT DESIGN GUIDELINES**

Number of doors to be: Added: ____ Removed: ____
 Repaired: ____ Replaced: In kind ____ Different in style or material ____

Attach a diagram of the house exterior with all doors numbered. Add documentation for each additional door.

Existing Door	Proposed Door
Door 1: Complete a separate Section C for each door being modified. Original to the home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Work to be completed: <input type="checkbox"/> Added <input type="checkbox"/> Removed <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced
Existing Material:	Proposed 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):

Indicate the reason for change:

D. WINDOWS Not applicable SEE SECTION 4.5, 5.5, or 5.11 OF THE HISTORIC DISTRICT DESIGN GUIDELINES

Number of windows to be: Added: _____ Removed: _____
 Repaired: _____ Replaced: In kind _____ Different in style or material _____

Minimum Guidelines: Window Sill – thickness of 1-1/2” and Window Casing or Trim – thickness of 3-1/2”

Attach a diagram of the house exterior with all windows numbered. Add documentation for each additional window.

Existing Windows	Proposed Windows
Window 1: Complete a separate Section D for each window being modified if it is a different size, configuration, etc. Original to the home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Work to be completed: <input type="checkbox"/> Added <input type="checkbox"/> Removed <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced
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: _____
Existing Material: _____	Proposed Material: _____
Sill: Length: _____ Thickness: _____ Depth: _____	Sill: Length: _____ Thickness: _____ Depth: _____
Existing Material: _____	Proposed Material: _____
Casing / Trim: Width: _____ Height: _____ Depth: _____	Casing / Trim: Width: _____ Height: _____ Depth: _____
Existing Material: _____	Proposed Material: _____
Shutters: Original: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Location Picture)	Shutters: <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> New (Attach Location Picture)
Existing Material: _____	Proposed Material: _____
Indicate the reason for change:	

E. PORCHES Not applicable SEE SECTION 4.4, 5.4, or 5.10 OF THE HISTORIC DISTRICT DESIGN GUIDELINES

New materials should match the historic material, composition, shape, size, and other visual qualities.

Work to be done: Repair flooring Repair ceiling Repair columns Repair/Add Skirting Repair/Add Screening

Flooring = Alter Replace Repair Columns = Alter Replace Repair

Balustrade = Alter Replace Repair Ceiling = Replace Repair Skirting = New Replace Repair

Location (Attach pictures for all work including existing and proposed; Survey may be requested):

FLOORBOARDS: Number of boards to be: _____ Repaired _____ Replaced _____ Altered

Replacement of flooring should match the historic floorboard orientation. Replacement of an entire porch floor, ensure the new floor slopes away from the building.

Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material: _____	Proposed Material: _____
Dimensions: Length: _____ Width: _____ Depth: _____	Dimensions: Length: _____ Width: _____ Depth: _____
CEILING	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material: _____	Proposed Material: _____
COLUMNS	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material & Design: _____	Proposed Material & Design: _____
Existing Dimensions: Height: _____ Width: _____ Diameter: _____	Proposed Dimensions: Height: _____ Width: _____ Diameter: _____

CONTINUE COMPLETING THIS SECTION ON PAGE 4

BALUSTRADE	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material:	Proposed Material:
Existing Dimensions: Height: Width: Diameter:	Proposed Dimensions: Height: Width: Diameter:
Existing Style / Design:	Proposed Style / Design:
SCREENING	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed Work: <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Repair
Existing Material:	Proposed Material:
SKIRTING	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed Work: <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Repair
Existing Material:	Proposed Material:
If replacing any item above, indicate the reason for replacement:	
If altering any item above, describe any proposed change (material, size, etc.):	
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	
Location (Attach pictures; Survey may be requested):	
Number of Steps to be: ___ Repaired ___ Replaced ___ Altered	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material:	Proposed Material:
Dimensions: Rise: Run: Tread Width:	Dimensions: Rise: Run: Tread Width:
If replacing, indicate the reason for replacement. If altering, describe any proposed change (material, configuration, size, etc.):	
Stoop to be: ___ Repaired ___ Replaced ___ Altered	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material & Size:	Proposed Material & Size:
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	Proposed
Existing Material:	Proposed Material:
Existing Dimensions: Height: Width: Diameter:	Proposed Dimensions: Height: Width: Diameter:
Existing Style / Design:	Proposed Style / Design:
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 checked="" 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 wood painted shed located in the back yard			
Existing Siding		Proposed Siding	
Original to the home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			
Existing Material:		Proposed Material:	
Dimensions: Thickness:	Width:	Dimensions: Thickness:	Width:
Indicate the reason for change, e.g., underlying material condition, rot: Current shed is painted. Want to preserve shed by adding white siding to the current painted wood.			
H. TRIM WORK <input type="checkbox"/> Not applicable SEE SECTION 4.4, 5.4, or 5.10 OF THE HISTORIC DISTRICT DESIGN GUIDELINES			
Type of work: <input checked="" type="checkbox"/> Minor Repair <input type="checkbox"/> Alteration			
Location (Attach diagram & pictures): White wood trim around the house			
Existing Trim		Proposed Trim	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure			
Existing Material:		Proposed Material:	
Dimensions: Width:	Height:	Depth:	Dimensions: Width: Height: Depth:
Style / Design:		Style / Design:	
Reason for repair or alteration (change of material or design): Current wood trim is painted white. Want to cover with white aluminum metal to protect the wood.			
I. MASONRY <input checked="" type="checkbox"/> Not applicable SEE SECTION 4.3 or 5.3 OF THE HISTORIC DISTRICT DESIGN GUIDELINES			
Type of work: <input type="checkbox"/> New foundation <input type="checkbox"/> Substantial Reconstruction <input type="checkbox"/> Minor Repair <input type="checkbox"/> Repointing			
Location (Attach diagram & pictures):			
Existing Masonry		Proposed Masonry	
Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure			
Existing Material:		Proposed Materials:	
Existing mortar:	Joints:	Mortar to be used:	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:			
J. HARDCAPING <input checked="" type="checkbox"/> Not applicable SEE SECTION 9.1 OF THE HISTORIC DISTRICT DESIGN GUIDELINES			
Location (Attach Site Plan/Survey & pictures):			
<input type="checkbox"/> Driveway:	Length:	Width:	Materials:
<input type="checkbox"/> Walkway:	Length:	Width:	Materials:
<input type="checkbox"/> Other Paving:	Length:	Width:	Materials:

K. FENCE OR WALL Not applicable SEE SECTION 9.2 OF THE HISTORIC DISTRICT DESIGN GUIDELINES

Type of work: New Repair % of structure _____ Replace In kind _____ Different in style or material _____

Location (include survey showing location, setbacks, and height)

Existing Material:	Proposed Material
Height:	Height:
Describe the style:	Describe the style:

L. DECKS & PATIOS Not applicable SEE SECTION 9.3 OF THE HISTORIC DISTRICT DESIGN GUIDELINES

Location (Attach Site Plan/Survey & pictures):

<input type="checkbox"/> Deck: Length: _____ Width: _____ Materials: _____
<input type="checkbox"/> Patio: Length: _____ Width: _____ Materials: _____

M. APPURTENCES Not applicable SEE SECTION 9.4 OF THE HISTORIC DISTRICT DESIGN GUIDELINES

Location (Attach Site Plan/Survey & pictures):

New Repair Replacing Other:

Outdoor Shower: Enclosed Length: _____ Width: _____

Material: _____ Foot Pad Material: _____

Other, describe: _____

Dimensions: _____ Material _____

Other: _____

Dimensions: _____ Material _____

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: *Aldiana Henao* Date: 19 FEB 2026

Zoning Administrator's signature: _____ Date: _____

Town Code Chapter 32, Article VIII, Section: _____







300 Strawberry Street

