



Certificate of Appropriateness Application Renovation

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

planningtech@capecharles.org

Revised 12/2024	
Taxes	✓ PARS
Violations	NA
paid check # Fee 6118	\$500
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: 552 Monroe Ave

Tax Map #: 83A31-351

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

Zoning District: R-1

PART 3: PROPERTY OWNER INFORMATION

Name and/or Company: Edmund Pickup

Mailing Address: 2314 Beverly Dr Charlotte, NC 28207

Phone Number: (757) 650-0982

Email: edmundpickup@gmail.com

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: Jesse Philpot - Philpot Construction LLC

Mailing Address: Po Box # 21 Eastville, VA 23347

Phone Number: (757) 678 2887

Email: Jessephilpot@gmail.com

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

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

Re-roof front porch with architectural shingles and repair rotten wood as necessary. Re-roof back porch with membrane and repair

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: _____

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 checked="" type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed Work: Re-roof, add 1/2" ply wood
Existing Material: Flat lock tin	Proposed Material: Architectural Shingles
Pitch: 3:12	Pitch: 3:12
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 checked="" type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material: <i>1" x 4" T & G</i>	Proposed Material:
Dimensions: Length: _____ Width: _____ Depth: _____	Dimensions: Length: _____ Width: _____ Depth: _____
CEILING	
Existing Condition: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material: <i>Beaded T & G</i>	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 checked="" type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	Proposed
Existing Material: <i>Square</i>	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 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 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		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:			
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 type="checkbox"/> Minor Repair <input type="checkbox"/> Alteration			
Location (Attach diagram & pictures):			
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:	
Style / Design:	Style / Design:		
Reason for repair or alteration (change of material or design):			
I. MASONRY <input 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. HARDSCAPING <input 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:



Owner Affidavit for Permission to Represent

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Revised 03/2023	
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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: 552 Monroe Ave, Cape Charles Tax Map #:

PART 3: PROPERTY OWNER INFORMATION
Name and/or Company: Edmund Pickup Jr.
Mailing Address: 2314 Beverly Drive Charlotte, NC 28207
Phone Number: 757-650-0982 Email: Edmundpickup@gmail.com
I hereby give authority to the following representative to act on my behalf on the following matter:

PART 4: REPRESENTATIVE INFORMATION
Name and/or Company: Phillip Construction LLC
Mailing Address: PO Box 21, Estville VA 23347
Phone Number: 757-678-2887 Email: jessuphillpot@gmail.com
 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: Edmund Pickup Jr. Date: 7/14/25
State of VA, County of Northampton The foregoing instrument was acknowledged before me this
14th day of July, 2025, by Edmund Pickup (name of person acknowledged)

Signature of Notarial Officer: Michelle Walsh
Notary Registration number: 7103076
My commission expires: 06/30/2028

