

BAR CASE# _____
(OFFICE USE ONLY)

ADDRESS OF PROJECT: _____

DISTRICT: ☐ Old & Historic Alexandria ☐ Parker – Gray ☐ 100 Year Old Building

TAX MAP AND PARCEL: _____ ZONING: _____

APPLICATION FOR: *(Please check all that apply)*

☐ CERTIFICATE OF APPROPRIATENESS

☐ PERMIT TO MOVE, REMOVE, ENCAPSULATE OR DEMOLISH
(Required if more than 25 square feet of a structure is to be demolished/impacted)

☐ WAIVER OF VISION CLEARANCE REQUIREMENT and/or YARD REQUIREMENTS IN A VISION
CLEARANCE AREA (Section 7-802, Alexandria 1992 Zoning Ordinance)

☐ WAIVER OF ROOFTOP HVAC SCREENING REQUIREMENT
(Section 6-403(B)(3), Alexandria 1992 Zoning Ordinance)

Applicant: ☐ Property Owner ☐ Business *(Please provide business name & contact person)*

Name: _____

Address: _____

City: _____

Phone: _____ E-mail: _____

Authorized Agent *(if applicable)*: ☐ Attorney ☐ Architect ☐ _____

Name: _____ Phone: _____

E-mail: _____

Legal Property Owner:

Name: _____

Address: _____

City: _____

Phone: _____ E-mail: _____

NATURE OF PROPOSED WORK: *Please check all that apply*

- ☐ NEW CONSTRUCTION
- ☐ EXTERIOR ALTERATION: *Please check all that apply.*
- | | | | |
|--------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> awning | <input type="checkbox"/> fence, gate or garden wall | <input type="checkbox"/> HVAC equipment | <input type="checkbox"/> shutters |
| <input type="checkbox"/> doors | <input type="checkbox"/> windows | <input type="checkbox"/> siding | <input type="checkbox"/> shed |
| <input type="checkbox"/> lighting | <input type="checkbox"/> pergola/trellis | <input type="checkbox"/> painting unpainted masonry | |
| <input type="checkbox"/> other _____ | | | |
- ☐ ADDITION
- ☐ DEMOLITION/ENCAPSULATION
- ☐ SIGNAGE

DESCRIPTION OF PROPOSED WORK: *Please describe the proposed work in detail (Additional pages may be attached).*

SUBMITTAL REQUIREMENTS:

- ☐ Check this box if there is a homeowner's association for this property. If so, you must attach a copy of the letter approving the project.

Items listed below comprise the **minimum supporting materials** for BAR applications. Staff may request additional information during application review. Please refer to the relevant section of the *Design Guidelines* for further information on appropriate treatments.

Applicants must use the checklist below to ensure the application is complete. Include all information and material that are necessary to thoroughly describe the project. Incomplete applications will delay the docketing of the application for review. Pre-application meetings are required for all proposed additions. All applicants are encouraged to meet with staff prior to submission of a completed application.

Demolition/Encapsulation : *All applicants requesting 25 square feet or more of demolition/encapsulation must complete this section. Check N/A if an item in this section does not apply to your project.*

- N/A
- ☐ ☐ Survey plat showing the extent of the proposed demolition/encapsulation.
- ☐ ☐ Existing elevation drawings clearly showing all elements proposed for demolition/encapsulation.
- ☐ ☐ Clear and labeled photographs of all elevations of the building if the entire structure is proposed to be demolished.
- ☐ ☐ Description of the reason for demolition/encapsulation.
- ☐ ☐ Description of the alternatives to demolition/encapsulation and why such alternatives are not considered feasible.

Additions & New Construction: *Drawings must be to scale and should not exceed 11" x 17" unless approved by staff. Check N/A if an item in this section does not apply to your project.*

- ☐ ☐ ^{N/A} Scaled survey plat showing dimensions of lot and location of existing building and other structures on the lot, location of proposed structure or addition, dimensions of existing structure(s), proposed addition or new construction, and all exterior, ground and roof mounted equipment.
- ☐ ☐ FAR & Open Space calculation form.
- ☐ ☐ Clear and labeled photographs of the site, surrounding properties and existing structures, if applicable.
- ☐ ☐ Existing elevations must be scaled and include dimensions.
- ☐ ☐ Proposed elevations must be scaled and include dimensions. Include the relationship to adjacent structures in plan and elevations.
- ☐ ☐ Materials and colors to be used must be specified and delineated on the drawings. Actual samples may be provided or required.
- ☐ ☐ Manufacturer's specifications for materials to include, but not limited to: roofing, siding, windows, doors, lighting, fencing, HVAC equipment and walls.
- ☐ ☐ For development site plan projects, a model showing mass relationships to adjacent properties and structures.

Signs & Awnings: *One sign per building under one square foot does not require BAR approval unless illuminated. All other signs including window signs require BAR approval. Check N/A if an item in this section does not apply to your project.*

- ☐ ☐ ^{N/A} Linear feet of building: Front: _____ Secondary front (if corner lot): _____.
- ☐ ☐ Square feet of existing signs to remain: _____.
- ☐ ☐ Photograph of building showing existing conditions.
- ☐ ☐ Dimensioned drawings of proposed sign identifying materials, color, lettering style and text.
- ☐ ☐ Location of sign (show exact location on building including the height above sidewalk).
- ☐ ☐ Means of attachment (drawing or manufacturer's cut sheet of bracket if applicable).
- ☐ ☐ Description of lighting (if applicable). Include manufacturer's cut sheet for any new lighting fixtures and information detailing how it will be attached to the building's facade.

Alterations: *Check N/A if an item in this section does not apply to your project.*

- ☐ ☐ ^{N/A} Clear and labeled photographs of the site, especially the area being impacted by the alterations, all sides of the building and any pertinent details.
- ☐ ☐ Manufacturer's specifications for materials to include, but not limited to: roofing, siding, windows, doors, lighting, fencing, HVAC equipment and walls.
- ☐ ☐ Drawings accurately representing the changes to the proposed structure, including materials and overall dimensions. Drawings must be to scale.
- ☐ ☐ An official survey plat showing the proposed locations of HVAC units, fences, and sheds.
- ☐ ☐ Historic elevations or photographs should accompany any request to return a structure to an earlier appearance.

BAR CASE# _____

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ALL APPLICATIONS: *Please read and check that you have read and understand the following items:*

- ☒ I understand that after reviewing the proposed alterations, BAR staff will invoice the appropriate filing fee in APEX. The application will not be processed until the fee is paid online.
- ☒ I understand the notice requirements and will return a copy of the three respective notice forms to BAR staff at least five days prior to the hearing. If I am unsure to whom I should send notice I will contact Planning and Zoning staff for assistance in identifying adjacent parcels.
- ☒ I, the applicant, or an authorized representative will be present at the public hearing.
- ☒ I understand that any revisions to this initial application submission (including applications deferred for restudy) must be accompanied by the BAR Supplemental form and revised materials.

The undersigned hereby attests that all of the information herein provided including the site plan, building elevations, prospective drawings of the project, and written descriptive information are true, correct and accurate. The undersigned further understands that, should such information be found incorrect, any action taken by the Board based on such information may be invalidated. The undersigned also hereby grants the City of Alexandria permission to post placard notice as required by Article XI, Division A, Section 11-301(B) of the 1992 Alexandria City Zoning Ordinance, on the property which is the subject of this application. The undersigned also hereby authorizes the City staff and members of the BAR to inspect this site as necessary in the course of research and evaluating the application. The applicant, if other than the property owner, also attests that he/she has obtained permission from the property owner to make this application.

APPLICANT OR AUTHORIZED AGENT:

Signature: _____

Printed Name: BONNIE J. SWANSON

Date: 9APR25

OWNERSHIP AND DISCLOSURE STATEMENT

Use additional sheets if necessary

1. **Applicant.** State the name, address and percent of ownership of any person or entity owning an interest in the applicant, unless the entity is a corporation or partnership, in which case identify each owner of more than three percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

Name	Address	Percent of Ownership
1. Bonnie J. Swanson		100%
2.		
3.		

2. **Property.** State the name, address and percent of ownership of any person or entity owning an interest in the property located at 500 Bashford Lane, Unit 3322 (address), unless the entity is a corporation or partnership, in which case identify each owner of more than three percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

Name	Address	Percent of Ownership
1. Bonnie J. Swanson		100%
2.		
3.		

3. **Business or Financial Relationships.** Each person or entity listed above (1 and 2), with an ownership interest in the applicant or in the subject property is required to disclose **any** business or financial relationship, as defined by Section 11-350 of the Zoning Ordinance, existing at the time of this application, or within the 12-month period prior to the submission of this application with any member of the Alexandria City Council, Planning Commission, Board of Zoning Appeals or either Boards of Architectural Review.

Name of person or entity	Relationship as defined by Section 11-350 of the Zoning Ordinance	Member of the Approving Body (i.e. City Council, Planning Commission, etc.)
1. none		
2. none		
3. none		

NOTE: Business or financial relationships of the type described in Sec. 11-350 that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings.

As the applicant or the applicant's authorized agent, I hereby attest to the best of my ability that the information provided above is true and correct.

28 Apr 25
Date

BONNIE J. SWANSON
Printed Name

BONNIE J. SWANSON
Signature

5 April 2025

Dear Board of Architectural Review (BAR),

The last few years over your BAR tenure, the Riverton Condominium Association (Riverton), has been diligent in working toward a full association window replacement. Twenty (of 81) of our owners have replaced their windows with the Marvin Infinity brand equating to over 120 windows replaced according to the BAR standards and requirements.

Recently the BAR staff has denied an administrative approval that the Riverton has been granted over the past several years. This change will negatively impact three buildings and five units who have already procured the Marvin Infinity windows in accordance with the standards and requirements of the BAR as known at the time.

The Riverton respectfully requests that the BAR reconsiders an administrative approval for the Riverton and the Marvin windows specifically.

Riverton understands the standards required and has followed a rigorous vetting process of selecting a vendor, adhering to the administrative review process and ensuring that only the highest quality windows that meet those standards were procured. *We would like to retain this aesthetically consistent appearance for our community.*

Your attention to this matter is greatly appreciated. Please contact the Riverton association representative, Ms. Tersha Currier at tirtia@gmail.com or by phone at 202-386-0943.

Sincerely,

//Signed//

Tersha Currier

On behalf of the Riverton Condominium Association



ARCHITECTURAL CHANGE APPROVAL NOTIFICATION

April 03, 2025

Bonnie J Swanson
500 Bashford Lane
#3312
Alexandria, VA 22314

Ref: Riverton, A Condominium Architectural Modification Application
500 Bashford Lane # 3322

Dear Owner(s),

Thank you for adhering to the Riverton, A Condominium architectural guidelines by submitting an application for improvement (ARC request). The following requested improvement has been **approved as submitted**:

Windows - Window replacement

This item has been moved to Approved Letter.

Any changes to the plan that alter the design, material, location, size, etc. of the indicated improvements must be approved by the Architectural Review Board and/or Board of Directors prior to installation/construction. Additionally, it is requested that all improvements are completed within three months of date of approval and you are reminded to ensure compliance with the Association's guidelines regarding construction (approved work hours, conditions for equipment/materials storage, etc.), if any.

Please note, this approval from Riverton, A Condominium does not replace the need for permits or approvals that may be required by your local municipality or governmental jurisdiction. It is the owner's responsibility to obtain all necessary permits and approvals and comply with such guidelines.

Please keep a copy of this approval letter for your records. This letter is proof that you have sought and received the necessary approvals for improvements to your home and may be required documentation if you chose to sell your home.

Thank you for your patience during the review process. If you have any questions or concerns, please feel free to contact NRP via your owner portal, <https://Portal.NRPartnersLLC.com>. Click 'Requests' on the left-hand navigation panel and then click 'My Items' at the top of the page. Click the underlined subject line to open the action item, view correspondence, and send replies.

Sincerely,

National Realty Partners
Managing Agent for Riverton, A Condominium

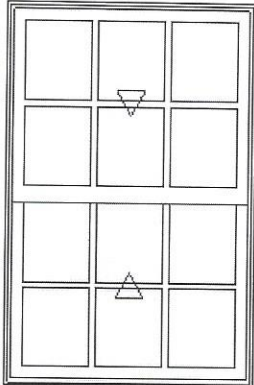
LINE ITEM QUOTES

The following is a schedule of the windows and doors for this project. For additional unit details, please see Line Item Quotes. Additional charges, tax or Terms and Conditions may apply. Detail pricing is per unit.

Line #1	Mark Unit: Kitchen rear			
Qty: 1				

INFINITY[®]

from MARVIN
REPLACEMENT WINDOWS



As Viewed From The Exterior

FS 35 5/8" X 54"

IO 36" X 54"

Egress Information

Width: 32 15/16" Height: 21 9/32"

Net Clear Opening: 4.87 SqFt

Stone White Exterior
Stone White Interior
Infinity Insert Double Hung
Inside Opening 36" X 54"
Top Sash
IG
STC/OITC Low E2 w/Argon
Stainless Perimeter and Spacer Bar
7/8" SDL - With Spacer Bar
Rectangular 3W2H
Stone White Ext - Stone White Int
Bottom Sash
IG
STC/OITC Low E2 w/Argon
Stainless Perimeter and Spacer Bar
7/8" SDL - With Spacer Bar
Rectangular 3W2H
Stone White Ext - Stone White Int
White Weather Strip Package
White Sash Lock
White Sash Lift
No Screen

Existing Sill Angle 4

3 1/4" Jambs

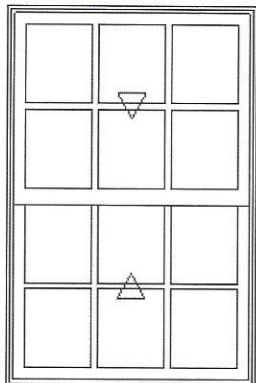
***Note: Divided lite cut alignment may not be accurately represented in the OMS drawing. Please consult your local representative for exact specifications.

***Note: Unit Availability and Price is Subject to Change

Line #2	Mark Unit: bedroom, left 1st flr			
Qty: 2				

INFINITY[®]

from MARVIN
REPLACEMENT WINDOWS



As Viewed From The Exterior

FS 35 5/8" X 54"

IO 36" X 54"

Egress Information

Width: 32 15/16" Height: 21 9/32"

Net Clear Opening: 4.87 SqFt

Stone White Exterior
Stone White Interior
Infinity Insert Double Hung
Inside Opening 36" X 54"
Top Sash
IG
STC/OITC Low E2 Obscure w/Argon
Stainless Perimeter and Spacer Bar
7/8" SDL - With Spacer Bar
Rectangular 3W2H
Stone White Ext - Stone White Int
Bottom Sash
IG
STC/OITC Low E2 Obscure w/Argon
Stainless Perimeter and Spacer Bar
7/8" SDL - With Spacer Bar
Rectangular 3W2H
Stone White Ext - Stone White Int
White Weather Strip Package
White Sash Lock
White Sash Lift
No Screen

Existing Sill Angle 4

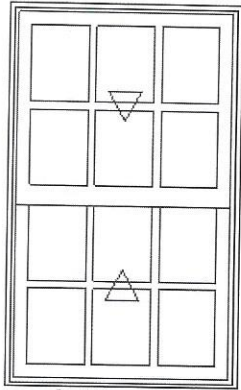
3 1/4" Jambs

***Note: Divided lite cut alignment may not be accurately represented in the OMS drawing. Please consult your local representative for exact specifications.

***Note: Unit Availability and Price is Subject to Change

Line #3	Mark Unit: bathroom rear			
Qty: 1				

INFINITY
from **MARVIN**
REPLACEMENT WINDOWS



As Viewed From The Exterior

FS 27 5/8" X 45"

IO 28" X 45"

Egress Information

Width: 24 15/16" Height: 16 25/32"

Net Clear Opening: 2.90 SqFt

Stone White Exterior
Stone White Interior
Infinity Insert Double Hung
Inside Opening 28" X 45"
Top Sash
IG
STC/OITC Tempered Low E2 Obscure w/Argon
Stainless Perimeter and Spacer Bar
7/8" SDL - With Spacer Bar
Rectangular 3W2H
Stone White Ext - Stone White Int
Bottom Sash
IG
STC/OITC Tempered Low E2 Obscure w/Argon
Stainless Perimeter and Spacer Bar
7/8" SDL - With Spacer Bar
Rectangular 3W2H
Stone White Ext - Stone White Int
White Weather Strip Package
White Sash Lock
White Sash Lift
No Screen

Existing Sill Angle 4

3 1/4" Jambs

***Note: Divided lite cut alignment may not be accurately represented in the OMS drawing. Please consult your local representative for exact specifications.

***Note: Unit Availability and Price is Subject to Change



The Window Man
3853-A Pickett Road
Fairfax, VA 22031
Phone: 7039789888 | Fax: (703)
978-1012

Budget Proposal

Name: Bonnie J. Swanson
Date: 12/20/2024 3:19 PM
Written by: Nick Commercial

Product	Qty	Unit of Measure	Description	Unit Price	Total
Infinity Insert Double Hung Replacement Windows	1.0	6	(6) Infinity Insert Double Hung Replacement Windows Stone White Exterior Stone White Interior Low E2 w/Argon Gas 7/8" Simulated Divided Lites White Sash Lock White Sash Lift Extruded Full Screen Stone White Surround Bright View Mesh (Bathroom window to have tempered/obscured glass)	\$ 16,101.00	\$ 16,101.00
Window-Wood Pocket Install	6.0	each	Remove and replace each window and haul away any and all debris. Caulk as required. Minimal Capping	\$ 250.00	\$ 1,500.00
Misc.-EPA Lead Renovation Charge per opening	6.0	each	EPA Certified Lead Renovation using EPA Lead safe practices.	\$ 200.00	\$ 1,200.00
TP Approved Discount	1.0	1		\$ -8,292.00	\$ -8,292.00
Subtotal					\$ 10,509.00
Sales Tax					\$ 0.00
Total					\$ 10,509.00

Proposal Includes:

☒ Sale ☒ Installation ☒ Installation Materials ☒ Capping ☒ Removal/Disposal of Debris ☒ Field Measuring

This Budget Proposal does NOT include removal of bars or security systems, moving of electrical or phone wires, or any other product/services not specified

General Scope of Work: (6) Infinity Insert Double Hung Replacement Windows and installation

Customer Acceptance: X Date: _____
Sales Representative: Nick Kalivota Date: 12/20/24
Final Approval: _____ Date: _____

Project includes certified paint renovation: YES NO

Valid Until: 12/31/24

Please note: Budget Proposal is subject to final approval

ATTACHMENT "M"

MARVIN INFINITY WINDOWS

PAGE 1 OF 1
Date: 12/20/24

Customer: Bonnie J Swanson

Brand: Infinity from Marvin

Series:	Insert	Full	Qty:
Double Hung	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6</u>
Glider	<input type="checkbox"/>	<input type="checkbox"/>	_____
Triple Glider*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Picture	<input type="checkbox"/>	<input type="checkbox"/>	_____
L Single Casement	<input type="checkbox"/>	<input type="checkbox"/>	_____
R Single Casement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Twin Casement Combo	<input type="checkbox"/>	<input type="checkbox"/>	_____
Awning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

TOTAL Qty: 6
(Note: Casement handing is hinge side as viewed from inside)

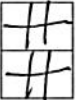





EXTENSION JAMBS: YES ☐ NO ☒

Everwood: ☐ Qty: _____
Primed: ☐ Qty: _____
Other: ☐ Qty: _____

EXTERIOR FINISH:	INTERIOR FINISH:
Stone White <input checked="" type="checkbox"/>	Stone White <input checked="" type="checkbox"/>
Sierra <input type="checkbox"/>	Sierra <input type="checkbox"/>
Cashmere <input type="checkbox"/>	EverWood <input type="checkbox"/>
Pebble Grey <input type="checkbox"/>	Bronze <input type="checkbox"/>
Bahama Brown <input type="checkbox"/>	
Bronze <input type="checkbox"/>	

GRIDS/MUTTINS:

None: ☐ Airspace Profile: ☐ SDL: ☒ 7/8"

					
Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____

GRID/MUTTIN PATTERN: _____ V _____ H

Notes: _____

GLASS: Double Pane
Clear: _____ Low E/Argon: ☒ LowE 366: _____
Tempered: Bathroom window only
Laminated: _____ Ohscure: Bathroom window only
Notes: _____

HARDWARE:

White <input checked="" type="checkbox"/>	Sierra <input type="checkbox"/>
Satin Taupe <input type="checkbox"/>	Brass <input type="checkbox"/>
Satin Nickel <input type="checkbox"/>	Oil Rubbed Bronze <input type="checkbox"/>

Notes: _____

BOTTOM SASH LIFT RAIL: Yes ☒ No ☐

SCREENS: None ☐ Half ☐ Full ☒
High Transparency ☐ Standard ☒

REMOVING:

Wood <input checked="" type="checkbox"/>	Qty: <u>6</u>
Aluminum <input type="checkbox"/>	Qty: _____
Vinyl <input type="checkbox"/>	Qty: _____
Steel (No Pan) <input type="checkbox"/>	Qty: _____
Steel (w/ Pan) <input type="checkbox"/>	Qty: _____
Storms <input type="checkbox"/>	Qty: _____

INSTALLATION METHOD:

Wood Pocket <input checked="" type="checkbox"/>	Qty: <u>6</u>
Drywall/Wood Return <input type="checkbox"/>	Qty: _____
Full Tear Out: <input type="checkbox"/>	Qty: _____
Other: <input type="checkbox"/>	Qty: _____

CAPPING: Yes ☐ No ☒

Color: # _____ Name: _____
PVC ☐ Smooth ☐ No-Mar ☐

Please note: Installation does not include capping of steel lentsils, arch tops, or window bay/bow boxes unless otherwise specified.

CAULK COLOR: White

CASING: None ☐

2 1/4" ☐ 3 1/4" ☐ Other ☐ _____
Colonial ☐ Ranch ☐ Other ☐ _____

Please Note: All interior casing, molding, etc. will be paint grade unless otherwise specified. Installation does not include replacing or adding window stools unless otherwise specified.

LEAD PAMPHLET GIVEN: YES ☒ NO ☐

CERTIFIED LEAD SAFE RENOVATION:

YES ☒ NO ☐ YEAR BUILD: 1940

SPECIAL INSTRUCTIONS:

*Triple Glider: ☐ 1/4-1/2-1/4 ☐ 1/3-1/3-1/3
Operation: _____

Please Note: Seller can not guarantee that visible glass opening will match that of existing sight lines. Seller can not guarantee that existing window treatments will be able to be reinstalled in the same location or that existing window treatments will fit once replacement window has been installed (I.E. blinds, shutters, etc.). Some replacement window glass packages may have a different "visible light transmittance" than existing windows.

Mike Kuhn 12/20/24
Sales Representative/ Date

X
Customer/Date

500 Bashford, 3322
BAR request
Photo 4Apr25



Marvin
Inserts

BAR
request for
inserts

Marvin
Inserts