



Certificate of Appropriateness Application

Historic Landmarks Commission
1500 Chapline Street Room 308
Wheeling, WV 26003
304-234-3701

RECEIVED
MAY 09 2022

CITY OF WHEELING
BUILDING & PLANNING DEPT.

APPLICANT INFORMATION

Name: Megan Campbell
Address: 2239 Market St Wheeling, WV 26003
Phone: 740-310-9074 (cell) email: Studio mc pac@gmail.com

PROJECT CLASSIFICATION

- New Construction
- Exterior Alteration
- Restoration
- Structure Relocation
- Structure Demolition
- Paint (attach sample)

Project Overview: Garage own parking lot that I own needs replaced! Replacing garage and matching it to the studio!

REQUIRED SUBMISSIONS

- Application for Certificate of Zoning Compliance
- Application for Certificate of Appropriateness
- Letter to Commission describing project
- Legal description of property
- Scaled elevation and/or suitable 8" x 10" photograph of the building facades which are visible from a public way
- Rendering or other visual representation of proposed changes (see attached example)
- Specification of materials, colors and construction techniques
- Other information as may be reasonable deemed necessary by the Commission to enable a determination on the application.
- \$15 fee payable to City of Wheeling
- Submitted at least 2 weeks prior to monthly meeting (1st Thursday of the month)

Owner's Signature: Megan Campbell

Date: 5-4-22



APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE FOR THE USE, ERECTION, ALTERATION, OR REPAIR OF A BUILDING OR LAND

The undersigned applies for a Certificate of Zoning Compliance for the following, said certificate is to be issued on the basis of the information contained within the application. *The applicant hereby certifies that all information and attachments are true and correct.*

- 1. Address of Property: 2239 Market St. Wheeling, WV 26003
- 2. Name of Property Owner: Megan Campbell
- 3. Name of Applicant: Megan Campbell
- 4. Address of Applicant: 2239 Market St. Wheeling, WV 26003
- 5. Applicant Phone: 740-310-9074 Owner Phone: 740-310-9074
- 6. Existing Use: Dance Studio
- 7. Proposed Use: Same Other (describe): _____
- 8. Number of off-street parking spaces to be provided: _____
- 9. Number of off-street loading berths to be provided: _____

COMPLETE THIS SECTION BELOW FOR THE ERECTION, ALTERATION, OR ADDITION OF A STRUCTURE

Type of Improvement:

- New Building
- Addition
- Alteration / Repair

Residential:

Number of existing dwelling units: _____

Number of proposed dwelling units: _____

Existing Lot Dimensions: Width: _____ ft. x Depth: _____ ft. = lot area: _____ sq. ft.

Existing Principal Building:

Dimensions: Width: _____ ft. x Depth: _____ ft. = Total first floor area, including covered porches: _____ sq. ft.

Setbacks: Front: _____ ft. Rear: _____ ft. Side: _____ ft. Other Side: _____ ft. Height/Stories: _____

Existing Accessory Building: (garage, carport, shed, pool, etc):

Dimensions: Width: _____ ft. x Depth: _____ ft. = Total first floor area, including covered porches: _____ sq. ft.

Setbacks: Front: _____ ft. Rear: _____ ft. Side: _____ ft. Other Side: _____ ft. Height/Stories: _____

Proposed Construction:

Dimensions: Width: _____ ft. x Depth: _____ ft. = Total first floor area, including covered porches: _____ sq. ft.

Setbacks: Front: _____ ft. Rear: _____ ft. Side: _____ ft. Other Side: _____ ft. Height/Stories: _____

Applicant Signature: Megan Campbell Date: 5-29-21

Owner Signature: Megan Campbell Date: 5-29-21

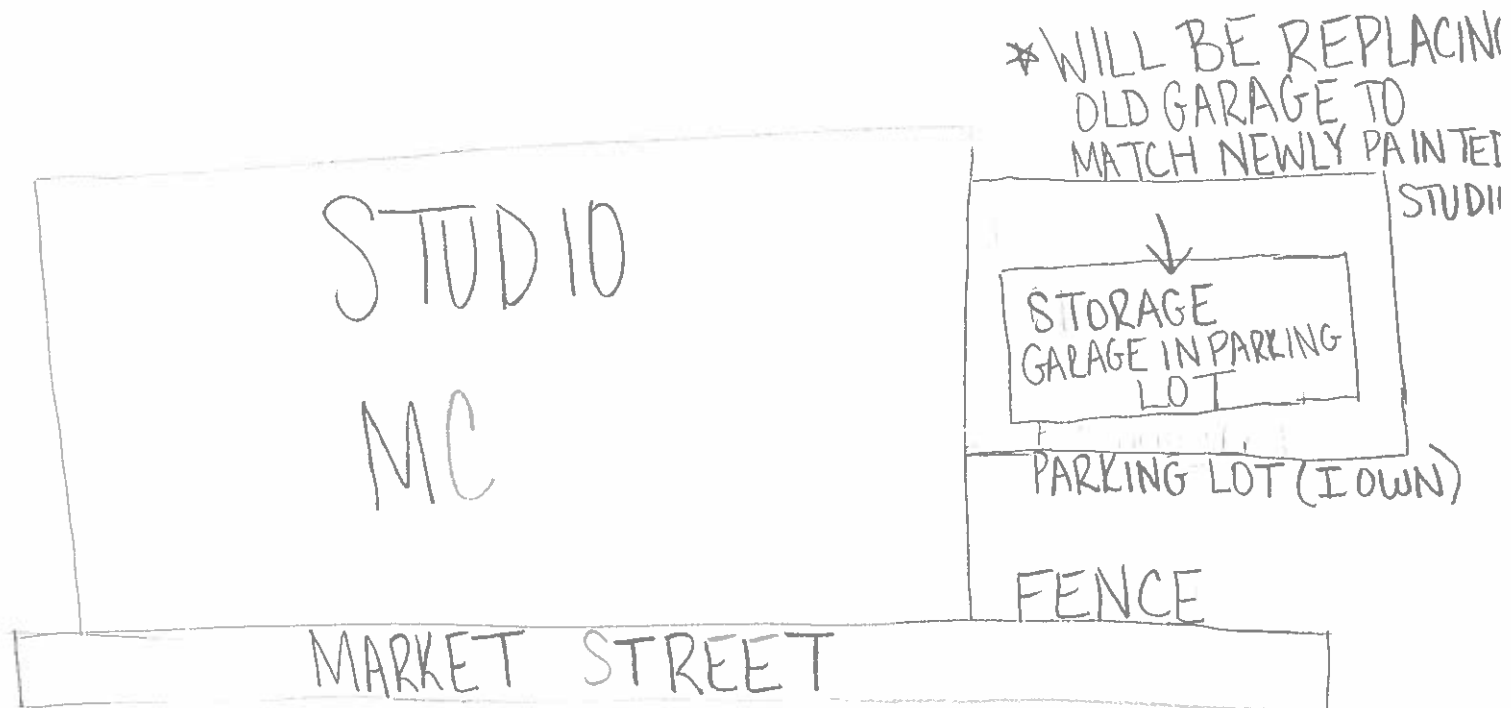
Reset Form

Print Form

**STUDIO MC
2239 MARKET STREET
WHEELING, WV 26003**

**STUDIO MC ADDITION/ REPLACEMENT OF GARAGE ALREADY ON
PROPERTY**

**60 x 56 BUILDING
MATCHING THE STUDIO
NOT ON THE STREET
IN PLACE OF GARAGE THAT IS ALREADY THERE
GARAGE IS DAMAGED & NEEDS REPLACED**





NO WINDOWS

- Signage:**
 - Fabricate a new wood sign and install over the entrance
 - New light pendants installed over each storefront window with sign above the entrance
- Lighting:**
 - Remove existing asphalt shingle awning at the first floor.
 - Install canvas awnings over the window units. Match olive green color from DeNofa's logo.
 - Add text on the front flap of left awning: "Est. 1974 + telephone number"
 - Add text on front flap of right awning: "Homemade Sausage"
- Awnings:**
 - Replace existing windows with new dark brown aluminum framed, energy efficient window units.
 - Apply clear decal of DeNofa's logo onto both windows.

NO LARGE SIGNS

NO LIGHTING

METAL ROOF SIDES (JUST LIKE STUDIO)
METAL SIDES

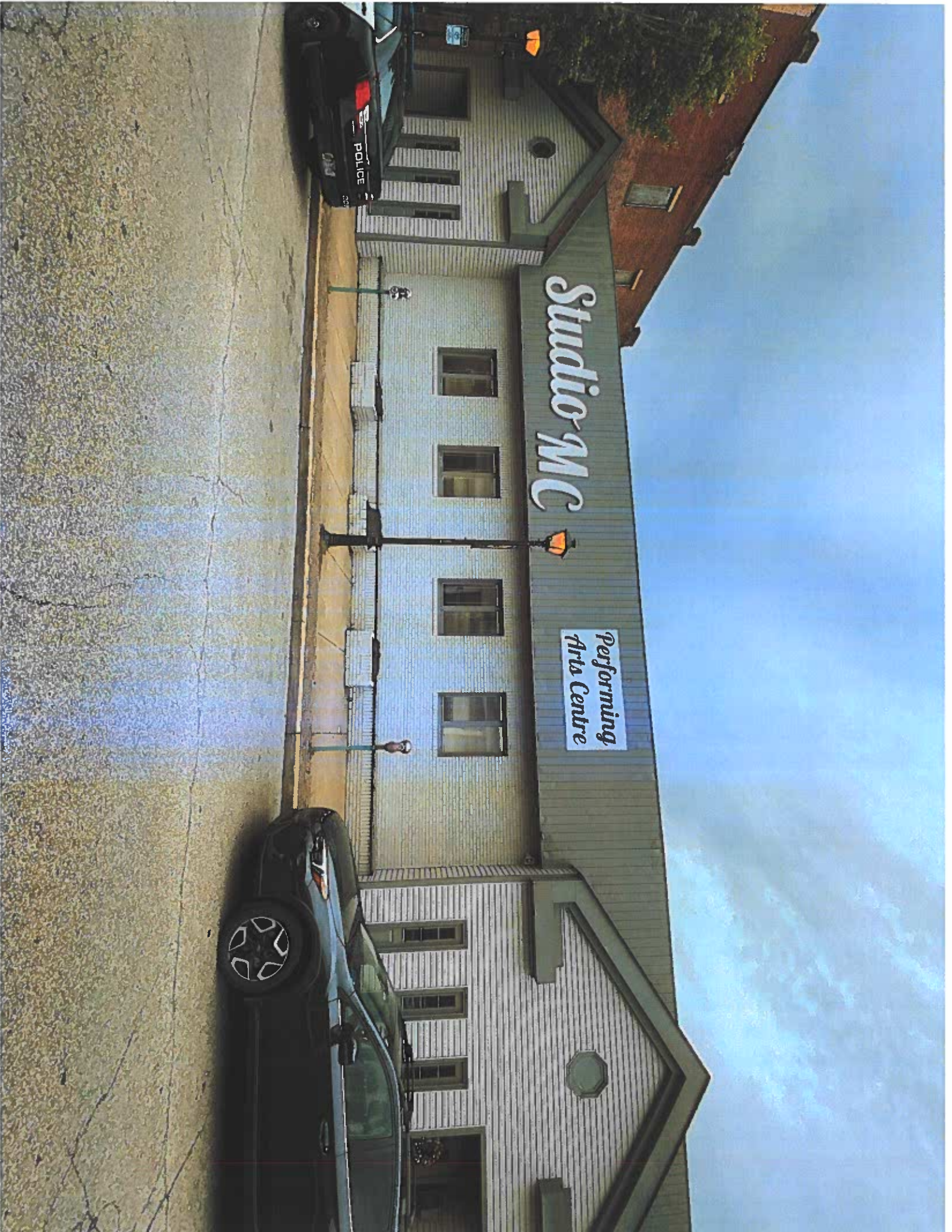


- Facade, Cornice and Bays:**
 - Remove existing vinyl siding from facades and bay.
 - Apply a Beccol stucco finish (in a light beige color) from grade to the start of the brick line at the second floor.
 - Add a metal covered wood banding with a "deep, decorative profile and from the plane of the facade. Paint dark brown.
 - Replace cornice with new metal formed to match the details of the neighboring buildings.
 - Paint dark brown.
 - Replace bay trim and panels with new metal and wood. Paint dark brown to match cornice. Paint inset panels olive green to match the olive color in DeNofa's logo.
- Entrance:**
 - Replace existing storefront with a new double door. Retain the existing opening as needed.
 - Remove security gate and install open grill gate on inside of the store (if possible).
- Apartment Unit Entrance Doors:**
 - Remove vinyl trim around existing doors. Salvage doors and frames if possible. Paint to match DeNofa's logo.

ENTERING THROUGH EXISTING STUDIO

Project Name
Drawing Title

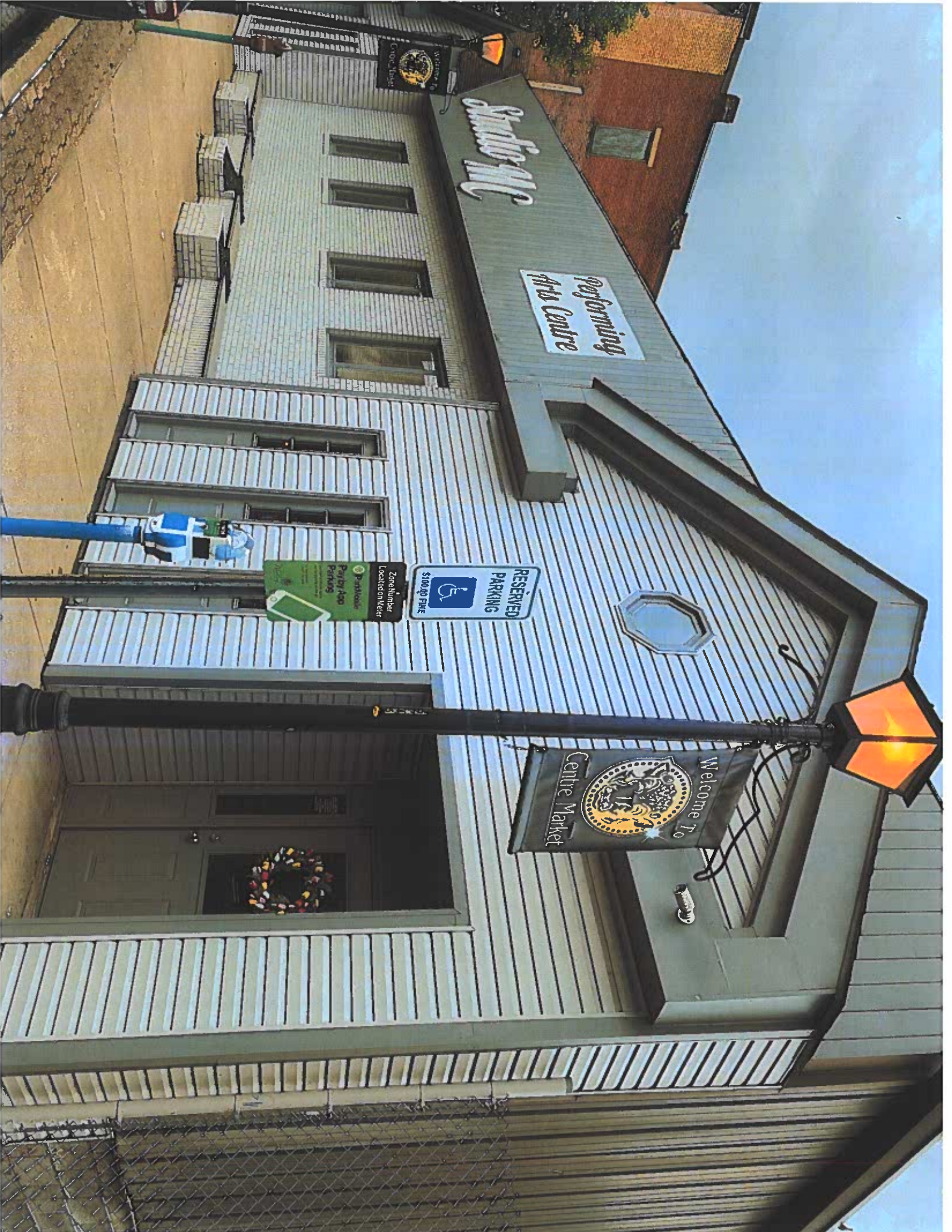
Studio MC Addition / Garage Repair + Replacement



Studio MC

Performing
Arts Centre

POLICE



Studio M

performing
Arts Centre

Welcome To
Centre Market

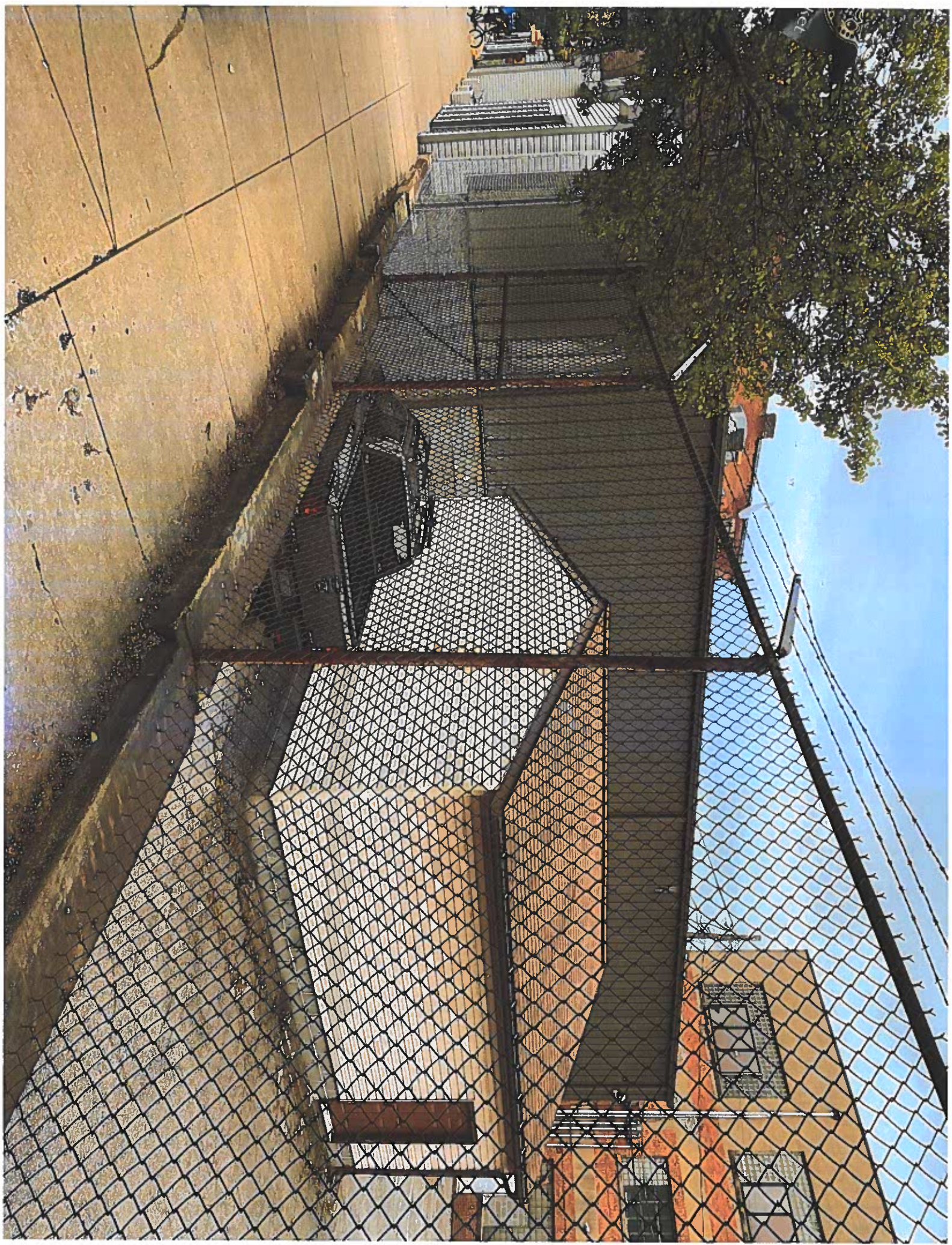
RESERVED
PARKING
\$100.00 FINE

Zone Number
Located on 1st

ParkMobile
Park by App
Parking







THIS DEED, Made this 7th day of June, 2016, by and between TONI Z. COPELAND and SUSAN ZEAKES RUCKI, parties of the first part, and MC Properties, LLC, a West Virginia limited liability company, party of the second part.

WITNESSETH: That in and for the consideration of the sum of Ten (\$10.00) Dollars and other good and valuable considerations, the receipt of which is hereby acknowledged, the parties of the first part, do hereby grant and convey, with covenant of GENERAL WARRANTY, to the party of the second part, the following described parcels, that is to say:

PARCEL 1: The southerly twenty-two (22) feet of Lot Numbered One Hundred and Five (105) and the northerly twenty-two (22) feet of Lot Numbered One Hundred and Four (104) as shown on the Plat of Chapline and Eoff's Addition, recorded in the Office of the Clerk of the County Commission of Ohio County, West Virginia, in Deed Book 15, at page 138, situated on the west side of Market Street between 22nd and 23rd Street and extending westwardly of even width a distance of approximately ninety (90) feet to an alley in the rear thereof and subject to the provisions relating to party walls set forth in a Deed from James W. Bodley and others, to H. F. Behrens, dated October 14, 1872, and recorded in said Clerk's Office, in Deed Book 60, at page 63, and in an agreement between Joshua Bodley and William H. Harrison, as Trustee for Mary Jane Wims, dated September 24, 1869, and recorded in said County Clerk's Office, in Deed Book 60, at page 57.

PARCEL 2: The middle one-third part of Lot Numbered One Hundred and Four (104) in Chapline and Eoff's Addition to the said City of Wheeling, Ohio County, West Virginia, being situated and bounding on the west side of Market Street, between Twenty-second and Twenty-third Streets in said City, and bounding and fronting Twenty-two (22) feet on said Market Street, and extending westwardly the same width to Alley "B" being the first alley west of said Market Street.

PARCEL 3: The south one-third (1/3) of Lot Numbered One Hundred Four (104), shown by the Chapline and Eoff Addition to the City of Wheeling, a plat of which Addition is now of record in the Office of the Clerk of the County Commission of Ohio County, West Virginia, in Deed Book No. 15, at page 138.

PARCEL 4: The following real estate fronting on the west side of Market Street Square, between 22nd and 23rd Streets, in the City of Wheeling, Ohio County, West Virginia, that is to say: Lot Numbered One Hundred Three (103) in Chapline and Eoff's Addition to the City of Wheeling, bounded as follows, to-wit:

Beginning at the intersection of the west line of Market Street (or Market Square) and the north line of Alley 19, which point of intersection is the northwest corner of said Alley 19 and Market Street; thence northwardly along the west line of Market Street, 66 feet more or less to a point opposite the center of partition wall of the double brick building erected on the north one-third of said Lot Numbered One Hundred and Three (#103) and the south one-third of Lot Numbered One Hundred and Four (#104) in said Addition; thence westwardly through the center of said partition wall and parallel to the south line of said Lot Numbered One Hundred and Three (#103) to the east line of Alley B; thence southwardly along the last named east line 66 feet more or less to the southwest corner of said Lot Numbered One Hundred and Three (#103) thence eastwardly along the south line of said lot to the place of beginning.

This conveyance is made subject to all exceptions, reservations, restrictions, covenants, easements and rights-of-way referred to or contained in this Deed, any aforementioned Deeds and all prior conveyances of record.

Grantors have no actual knowledge or reason to believe that the property, the substrata or subsurface of the property has been used for storage, treatment or disposal of hazardous waste or contains an underground storage tank or tanks.

BEING the same real property that was conveyed to Gary R. Copeland and Toni Z. Copeland and Susan Zeakes Rucki, as joint tenants with right of survivorship and not as tenants in common, from Gary R. Copeland and Toni Z. Copeland, husband and wife, by Deed dated January 9, 2006, and recorded in the Office of the Clerk of the County Commission of Ohio County, West Virginia, in Deed Book No. 766, at page 188. The said Gary R. Copeland died on March 14, 2011, (Death Certificate attached hereto and incorporated herein by reference) leaving as his survivors, his wife, Toni Z. Copeland, and his daughter, Susan Zeakes Rucki, the grantors herein.

DECLARATION OF CONSIDERATION

Grantors hereby represents that the total consideration paid for the real property conveyed by this document is \$650,000.00.

WITNESS the following signatures:


TONI Z. COPELAND

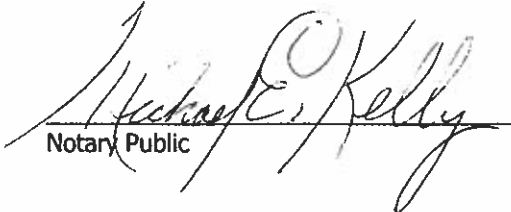

SUSAN ZEAKES RUCKI

BOOK 906 PAGE 254

STATE OF WEST VIRGINIA:
COUNTY OF OHIO : To-wit:

I, Michael E. Kelly, a Notary Public in and for the said State and County, do certify that TONI Z. COPELAND and SUSAN ZEKES RUCKI, whose names are signed to the writing above bearing the date of June 7, 2016, have this day acknowledged the same before me.

Given under my hand this 8th day of June, 2016.


Notary Public

My Commission Expires:

April 14, 2020



This Instrument was prepared by: Michael E. Kelly, Attorney-at-Law, 60 – Fourteenth Street, Wheeling, West Virginia 26003; (304-907-1697).

Registrar's No. 2011000146

Type or print in permanent blue or black ink

470887

170887

DECEDENT

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. Decedent's Legal Name (include AKA's if any) (First Middle, LAST, suffix) GARY ROBERT COPELAND		2. Sex Male	3. Date of Death (Mo/Day/Year) March 14, 2011
4. Social Security Number 279-40-4762	5a. Age (Years) 67	5b. Under 1 Year Months 	5c. Under 1 day Hours Minutes
6. Date of Birth (Mo/Day/Year) April 16, 1943		7. Birthplace (City and State or Foreign Country) PITTSBURGH, PENNSYLVANIA	
8a. Residence State OHIO		8b. County BELMONT	
8c. City or Town MARTINS FERRY		8d. Apt. No. 	8e. Zip Code 43935
8f. Street and Number 723 Elm St.		8g. Inside City Limits? Yes	
9. Ever in US Armed Forces? Yes		10. Marital Status at Time of Death Married	
11. Spouse's (spouse's name (if you give name prior to first marriage) ANTOINETTE M ZEAKES		12. Decedent's Education BACHELORS DEGREE (E.G., BA, AB, BS)	
13. Decedent of Hispanic Origin No		14. Decedent's Race White	
15. Father's Name ROBERT E COPELAND		16. Mother's Name (prior to first marriage) BETTY J PACIFICO	
17a. Informant's Name ANTOINETTE M COPELAND		17b. Relationship to Decedent Wife	17c. Mailing Address (Street and Number, City, State, Zip Code) 723 Elm St.
18a. Place of Death Hospital - Inpatient		18b. Facility Name (if not institution, give street & number) Acuity Specialty Hospital-Ohio Valley at Belmont	
18c. City or Town, State and Zip Code BELLAIRE, OH 43906		18d. County of Death BELMONT	
19. Signature of Funeral Service Licensee or Other Agent <i>R. Gregory Healy</i>		20. License Number (of licensee) 006947	21. Name and Complete Address of Funeral Facility HESLOP FUNERAL HOME
22a. Method of Disposition Entombment		22b. Date of Disposition March 17, 2011	
22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Mt. Calvary Mausoleum		22d. Location (City/Town and State) WHEELING, WV	
23. Registrar's Signature <i>Eileen Jewett</i>		24. Date Filed March 16, 2011	
25a. Name of Person Issuing Burial Permit HESLOP, R. GREGORY		25b. District No. 0700	25c. Date Burial Permit Issued March 15, 2011
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner On the basis of an examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		26b. Time of Death 5:20 PM	
26c. Date Pronounced Dead (Mo/Day/Year) 03-14-2011		26d. Was case referred to coroner? No	
26e. Signature and Title of Certifier <i>Eileen Jewett</i> MD		26f. License number 35.07381	26g. Date Signed 03-16-2011
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death KUREISHY, ZAVEEN AHMAD, 426 8th St. Glendale, WV 26038			
28. Part I. Enter the disease, infection, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. a. Type or print in permanent blue or black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) RESPIRATORY FAILURE			1 DAY
Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) PNEUMONIA			3 DAY
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) c. Due to (or as Consequence of) CHRONIC OBSTRUCTIVE LUNG DISEASE			5 YEAR
d. Due to (or as Consequence of)			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. NONE.			
29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
30. Did Tobacco Use Contribute to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably		31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		33a. Date of Injury (Mo/Day/Year)	
33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
33d. Location of Injury (Street and Number or Rural Route Number, City or Town, State)		33e. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33f. Describe How Injury Occurred:		33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:	

JEA 2724 Rev. 01/07

Patricia A Fahney
OHIO County 10:07:28 AM
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Additional \$25.00

RECORDED
INDEXED
OFFICE OF THE CLERK
COUNTY OF OHIO
MAR 16 2011 2444
Eileen Jewett
CLERK
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