

ZONING PERMIT APPLICATION

ZONING PERMIT #: 2025-0202

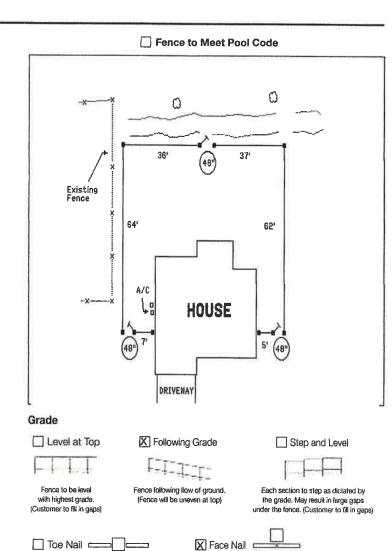
NOTE: This application must be filled out completely and all components of submission requirements must be met before the application can be accepted and scheduled for review/hearing.

ZONING ACTIVITY: ☑New Construction ☐Alterat	tion/Repair
(Check all that apply) New Tenant/Use Change	
NAME OF BUSINESS/APPLICANT: Walt and	
	Size (Sq. Ft./Length) of Construction: 223 ft. total
SITE ADDRESS: 6758 Jefferson St.	
Subdivision Name:	Lot Size:
ZONING DISTRICT: \square R-1 \square R-2 \square B-1 \square B-2	. □ I-1 □ C-1
Special Use Permit Required: ☐ Yes ☑ No	Site Plan Required: 🔲 Yes 🗀 No
Off-street Parking: Spaces Required:	Spaces Provided:
BRIEF DESCRIPTION OF ACTIVITY: (i.e. previous use, 4.5 ft. fence, Southern Yellov 3" 8 pacing, 3 gates, black caps	v pine, pointed pickets with
Supporting Documentation (attached): Narrative	☐ Plan/Plat ☐ Specification Sheet
FEE: ☑ \$25.00 Reside	ential \$50.00 Commercial
CERTIFICATE OF	APPROPRIATENESS
	ial, font style, etc. See Sign Spec Sheet for Signage detail) d 6x6 posts. All posts set in dy- Carth
Supporting Documentation (attached): Specification	on Sheet ☑ Photograph(s)
PERMIT HOLDER INFORMATION	PROPERTY OWNER INFORMATION Walt Joung + Michelle Joung
Name	6758 Jefferson St.
Address	Address Haymarket VA 20169
City State Zip	985-445-4825 Waltyoung@hotmail.com
Phone# Email	Phone# 985-290-3318 michelle young 124@ama
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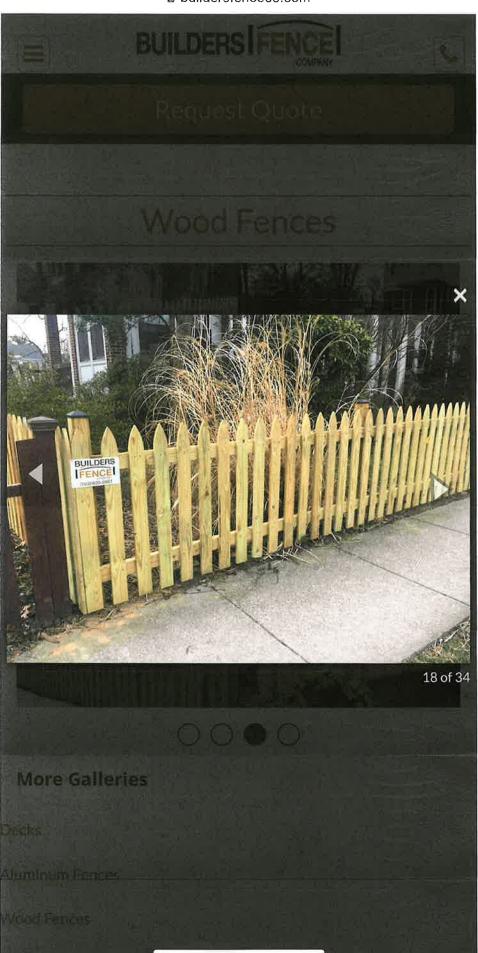
APPLICANT / PROPERTY OWNER SIGNATURE		R SIGNATURE	*****REQUIRED*****	
foregoing appl and as shown a and any addi	ication and that the on the attached platitional restrictions or the Town Council a	information provided hei , plan and/or specificatio	arcel, do hereby certify that I have the authority to make the rein is correct. Construction of improvements described herein ins will comply with the ordinances of the Town of Haymarket ribed by the Architectural Review Board (ARB), Planning ws. Property Owner Signature	
		OFFICE U	JSE ONLY	
Date Filed: 2/	/11/2025	Fee Amount: \$25.00	Date Paid: 2/11/2025	
DATE TO ZO	ONING ADMINIS	STRATOR: <u>2/12/2025</u>	5	
□APPROVED	□DISAPPROVED	☐TABLED UNTIL:	DEFERRED UNTIL:	
CONDITIONS:		SIGNATURE	PRINT	
DATE TO AF	RCHITECTURAL	REVIEW BOARD (AR	RB): 2/19/2025	
□APPROVED	DISAPPROVED	☐TABLED UNTIL:	DEFERRED UNTIL:	
CONDITIONS:		SIGNATURE	PRINT	
DATE TO TO	OWN COUNCIL (IF APPLICABLE):	 ;	
□APPROVED	□DISAPPROVED	☐TABLED UNTIL:	DEFERRED UNTIL:	
TOWN COUNCE	IL {where required):	SIGNATURE	PRINT	

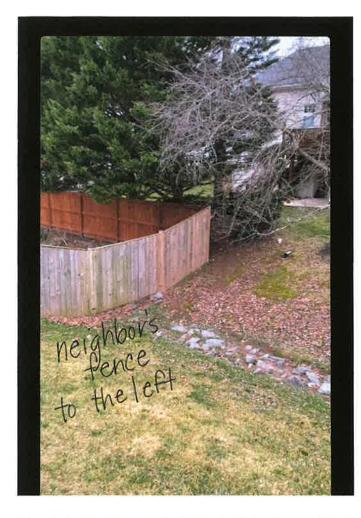


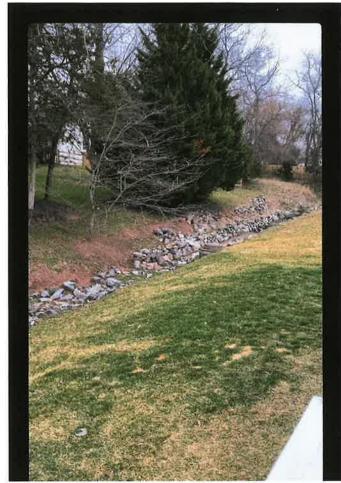
44330 Mercure Circle | Suite 174, Dulles VA 20166 Office (703) 820-0967 Fax (703) 661-8610 CL# 2705078833A | MD Lic.# 127411













in backyard, area/neighbor's to the right