



Payment Received October 3 2024

ZONING PERMIT APPLICATION

ZONING PERMIT #: 2024-1002

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 Alteration/Repair Addition Sign (See Spec sheet)
(Check all that apply) New Tenant/Use Change of Use Relocation

NAME OF BUSINESS/APPLICANT: Lifetime Smiles PLLC

PROPOSED USE: Identify Business Size (Sq. Ft./Length) of Construction: 86

SITE ADDRESS: 15234 Washington St Haymarket VA 20169 Parcel ID #: _____

Subdivision Name: Quarles Lot Size: _____

ZONING DISTRICT: R-1 R-2 B-1 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, height/length of fencing, deck specs, etc.)

Black acrylic sign to identify Lifetime Smiles. 1 inch thick acrylic dimensional letters. Flush stud mounted. 24 inch and 10 inch letters.

Supporting Documentation (attached): Narrative Plan/Plat Specification Sheet

FEE: \$25.00 Residential \$50.00 Commercial

CERTIFICATE OF APPROPRIATENESS

ADDITIONAL DESCRIPTION: (i.e. color, type of material, font style, etc. See Sign Spec Sheet for Signage detail)

Supporting Documentation (attached): Specification Sheet Photograph(s)

PERMIT HOLDER INFORMATION

Lifetime Smiles PLLC

Name

Mansur Rahim

Address

15234 Washington St Haymarket VA 20169

City

State

Zip

7039651977 rahim.mansur@gmail.com

Phone#

Email

PROPERTY OWNER INFORMATION

Washington Street Real Estate Holding LLC

Name

Mansur Rahim

Address

15234 Washington St Haymarket VA 20169

City

State

Zip

7039651977 rahim.mansur@gmail.com

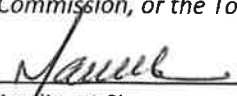
Phone#

Email

APPLICANT / PROPERTY OWNER SIGNATURE

*******REQUIRED*******

I, as owner or authorized agent for the above-referenced parcel, do hereby certify that I have the authority to make the foregoing application and that the information provided herein is correct. Construction of improvements described herein and as shown on the attached plat, plan and/or specifications will comply with the ordinances of the Town of Haymarket and any additional restrictions and/or conditions prescribed by the Architectural Review Board (ARB), Planning Commission, or the Town Council and all other applicable laws.



Applicant Signature



Property Owner Signature

*****OFFICE USE ONLY*****

Date Filed: _____ Fee Amount: _____ Date Paid: _____

DATE TO ZONING ADMINISTRATOR: _____

APPROVED DISAPPROVED TABLED UNTIL: _____ DEFERRED UNTIL: _____

SIGNATURE

PRINT

CONDITIONS:

DATE TO ARCHITECTURAL REVIEW BOARD (ARB): _____

APPROVED DISAPPROVED TABLED UNTIL: _____ DEFERRED UNTIL: _____

SIGNATURE

PRINT

CONDITIONS:

DATE TO TOWN COUNCIL (IF APPLICABLE): _____

APPROVED DISAPPROVED TABLED UNTIL: _____ DEFERRED UNTIL: _____

TOWN COUNCIL (where required):

SIGNATURE

PRINT

CONDITIONS:

