



RECEIVED OCT 01 2024

ZONING PERMIT APPLICATION

ZONING PERMIT #: 2024-1001

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: Monroe Bay Oyster Co

PROPOSED USE: sg Size (Sq. Ft./Length) of Construction: _____

SITE ADDRESS: 15111 Washington St suite 113 Parcel ID #: _____

Subdivision Name: _____ 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.)

Business sign

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			PROPERTY OWNER INFORMATION		
<u>Jason Hardy</u>			<u>Winterham II LLC</u>		
Name			Name		
<u>15111 Washington Street Suite 113</u>			<u>4919 BETHESDA AVE STE 200</u>		
Address			Address		
<u>Haymarket</u>	<u>VA</u>	<u>20169</u>	<u>Bethesda</u>	<u>MD</u>	<u>20814</u>
City	State	Zip	City	State	Zip
<u>jason@konatsuco.com</u>					
Email					
Phone#			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*****

CK 0534

Date Filed: 10/11 Fee Amount: \$50 - Date Paid: 10/11/24

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:

