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ZONING PERMIT APPLICATION

ZONING PERMIT #: 2025-0703

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: ARIE WATTS

PROPOSED USE: Fine Art Studio Size (Sq. Ft./Length) of Construction: _____

SITE ADDRESS: 14841 Washington St Parcel ID #: 7297-99-7943

Subdivision Name: Village & Town of Haymarket Lot Size: 5 Acre

ZONING DISTRICT: ☐ R-1 ☐ R-2 ☐ B-1 ☐ B-2 ☐ I-1 ☒ transitional commercial

C-1 Special Use Permit Required: ☐ Yes ☐ No Site Plan Required: ☒ Yes ☐ No

Off-Street Parking: Spaces Required: 1 per 300 SF of GFA Spaces Provided: 16

BRIEF DESCRIPTION OF ACTIVITY: (i.e. previous use, height/length of fencing, deck specs, etc.)

SEE ATTACHMENT (1)

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)

SEE ATTACHMENT OF FRONT ELEVATION AND FLOOR PLANS

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

PERMIT/HOLDER INFORMATION

Name: ARIE M. WATTS
Address: 14841 Washington St
Haymarket VA 20169
City: _____ State: _____ Zip: _____
Phone#: _____ Email: _____

PROPERTY OWNER INFORMATION

Name: ARIE M. WATTS 7/10/25
Address: 14841 Washington St
Haymarket VA 20169
City: _____ State: _____ Zip: _____
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.

Alicia M. Watts
Applicant Signature

Alicia M. Watts 7/10/25
Property Owner Signature

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

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

DATE TO ZONING ADMINISTRATOR: _____

☐ APPROVED ☐ DISAPPROVED ☐ TABLED UNTIL: _____ ☐ DEFERRED UNTIL: _____

CONDITIONS:

SIGNATURE _____

PRINT _____

DATE TO ARCHITECTURAL REVIEW BOARD (ARB): _____

☐ APPROVED ☐ DISAPPROVED ☐ TABLED UNTIL: _____ ☐ DEFERRED UNTIL: _____

CONDITIONS:

SIGNATURE _____

PRINT _____

DATE TO TOWN COUNCIL (IF APPLICABLE): _____

☐ APPROVED ☐ DISAPPROVED ☐ TABLED UNTIL: _____ ☐ DEFERRED UNTIL: _____

TOWN COUNCIL (where required):

CONDITIONS:

SIGNATURE _____

PRINT _____