

PO BOX 341 TOWN OF WARRENTON WARRENTON, VIRGINIA 20188 http://www.warrentonva.gov planning@warrentonva.gov (540) 347-2405

Assoc. Permit #

## ARCHITECTURAL REVIEW BOARD **CERTIFICATE OF APPROPRIATNESS**

The Architectural Review Board (ARB) meets every 4 <sup>th</sup> Thursday at 7:00pm in Town Hall (21 Main Street). Applications requiring ARB are due by the 1 <sup>st</sup> day of each month (or the first business day immediately following) prior to the meeting. Each applicant or a representative, who has the authority to commit the applicant to changes as recommended or required by the ARB are required to attend this meeting or the application will be deferred. Please read the Warrenton Historic District Guidelines for additional information Historic District requirements.		
The following materials are required in addition to a complete, signed application (check if submitted):		
<ul> <li>Photographs of the area of work.</li> <li>Plans, drawings, product information sheets, and/or samples (Two hard/one digital copy).</li> <li>Accompanying permit applications (if required; this application also serves as a zoning permit).</li> </ul>		
Project Owner		
Address/Location: 20 N 5th street Warrenton VA	GPIN:	
Name: Chantal Campbell Email: office@res-corp.com		
Address: 60 Long Mountain Rd Washington VA	A 22747 Phone: 540-219-2256	
Applicant (If different then above)		
Name:Malayna Campbell	Email:malayna97@icloud.com	
Address:60 Long Mountain Rd Washington, V		
Applicant's Representative (If different then above. Must have authority to commit the applicant to make changes that may be suggested or required by the ARB)		
Name:	Email:	
Address:	Phone:	
Complete description of each modification or improve	ement	
We are looking to put a 6' door in (it will be a double door, each door 3') on the back right hand side of our building for deliveries to be able to be dropped off at.		
Is there an application relevant to this property pending or contemplated before anther Town Board?  Yes No If so, specify:		
Signature of Property Owner	Signature of Applicant/Agent	
Chantal Campbell	Malayna Campbell	
Name (Print or Type)	Name (Print or Type)	



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COA # \_\_\_\_\_

OFFICIAL USE ONLY		
Approvals Required (Circle Y or N)		
Y / N Administrative Approval Y / N Architectural Review Board Approval Y / N Other Permits Required, If yes list:		
Notes		
Zoning District:	Use:	
Notes/Conditions of Approval:		
	_	
Approvals		
Certificate of Appropriateness:	Date:	
Zoning Permit:	Date:	
Fees		
Paid Stamp	Certificate of Appropriateness:	
	Zoning:	