

ARCHITECTURAL REVIEW BOARD CERTIFICATE OF APPROPRIATNESS

COA #	
Zoning #	
Assoc. Permit #	
Phone: 540-347-2405	
Email: planning@warrentonva.gov	

COMMUNITY DEVELOPMENT DEPARTMENT 18 Court Street, Lower Level Warrenton, VA 20186

Facsimile: 540-349-2414

The Architectural Review Board (ARB) meets every 4th Thursday at 7:00pm in Town Hall (18 Court Street). Applications requiring ARB are due by the 1st 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.

additional information Historic District requ		
The following materials are required in addi-	tion to a complete, signed	l application (check if submitted):
Photographs of the area of work.		
Plans, drawings, product information	on sheets, and/or samples	(Two hard/one digital copy).
Accompanying permit applications	(if required; this applicat	ion also serves as a zoning permit).
Project Owner		
Address/Location: 92 Main St Suite The	Painted Fox Tattoos	s ar GPIN:
Name: Vanessa Murphy	Email: thepaintedfox.tats@gmail.com	
Address: 92 Main St Suite 104 Warrer	nton VA 20186	Phone: 5719915522
Applicant (If different then above)		
Name:	Email:	
Address:		Phone:
Applicant's Representative (If different ther changes that may be suggested or required by	a above. Must have authory the ARB)	rity to commit the applicant to make
Name: Paige Pilkington	Email: paige	elexi42@gmail.com
Address:		
Complete description of each modification	or improvement	
Window Decal of our store name or	n outside window vint	age look, hanging sign of store
42" × 30" Gold Leaf	& white on	Matte Black viny
will only take up	25% of w	indow
Is there an application relevant to this prope	erty pending or contempl	ated hefore anther Town Board?
Yes No If so, specify:	city pending or contemp.	
	V	nessa Muephy
Signature of Property Owner		gnature of Applicant/Agent
John Capetanakis	Va	nessa Murphy
Name (Print or Type)	Na	me (Print or Type)



TOWN OF WARRENTON

ARCHITECTURAL REVIEW BOARD

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

COA #_____

CERTIFICATE OF APPROPRIATNESS (540) 347-2405

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