



**ARCHITECTURAL REVIEW BOARD
CERTIFICATE OF APPROPRIATNESS**

COA # _____

Zoning # _____

Assoc. Permit # _____

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

Phone: 540-347-2405
Email: planning@warrentonva.gov
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.

The following materials are required in addition to a complete, signed application (check if submitted):

- Photographs of the area of work.
- Plans, drawings, product information sheets, and/or samples (Two hard/one digital copy).
- Accompanying permit applications (if required; this application also serves as a zoning permit).

Project Owner

Address/Location: 30 John Marshall St. GPIN: _____
Name: DFREM Email: _____
Address: _____ Phone: _____

Applicant (If different then above)

Name: Fauquier County Government Email: john.swain@fauquiercounty.gov
Address: 98 Manor Court Phone: 540-422-8488

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: John Swain Email: john.swain@fauquiercounty.gov
Address: 98 Manor Court Phone: 540-905-0665

Complete description of each modification or improvement

Installation of an ADA ramp to the entrance of the existing building along with a retaining wall due to the condition of the existing failing wall running along John Marshall Street.

Is there an application relevant to this property pending or contemplated before another Town Board?
Yes No If so, specify: _____

Signature of Property Owner
John Swain
Name (Print or Type)

John Swain
Signature of Applicant/Agent
John Swain
Name (Print or Type)

OFFICIAL USE ONLY
Approvals Required (Circle Y or N)
<p>Y / N Administrative Approval</p> <p>Y / N Architectural Review Board Approval</p> <p>Y / N Other Permits Required, If yes list: _____</p>
Notes
<p>Zoning District: _____ Use: _____</p> <p>Notes/Conditions of Approval:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Approvals
<p>Certificate of Appropriateness: _____ Date: _____</p> <p>Zoning Permit: _____ Date: _____</p>
Fees
<p><u>Paid Stamp</u></p> <p style="text-align: right;">Certificate of Appropriateness: _____</p> <p style="text-align: right;">Zoning: _____</p>