



TOWN OF WARRENTON

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

ARCHITECTURAL REVIEW BOARD CERTIFICATE OF APPROPRIATENESS

COA # _____

Assoc. Permit # _____

The Architectural Review Board (ARB) meets every **4th Thursday at 7:00pm** in Town Hall (21 Main 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: 68 South 5th Street GPIN: 25543

Name: The Drew Corporation Email: walterahitchcock@gmail.com

Address: 127 Culpeper Street Phone: 7034745633

Applicant (If different then above)

Name: Christina Hitchcock Email: christina.hitchcock@gmail.com

Address: 127 Culeper Street Phone: 7034745633

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)

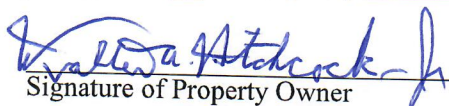
Name: _____ Email: _____

Address: _____ Phone: _____

Complete description of each modification or improvement

see attached: Summary replace exterior windows, doors and deck.

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


Signature of Property Owner

Walter A. Hitchcock
Name (Print or Type)


Signature of Applicant/Agent

Christina Hitchcock
Name (Print or Type)



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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: _____