



**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: 318 Falmouth Street GPIN: _____
Name: David A. Norden, AIA Email: David@hsnaia.com
Address: P. O. Box 993, Warrenton, Virginia 20188 Phone: 540-347-4232

Applicant (If different then above)

Name: _____ Email: _____
Address: _____ Phone: _____

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

An addition on the rear of the house to bump out an existing sitting room and add a screened porch.
The screened porch will extend beyond the rear of the house by twelve feet on the North side.

Is there an application relevant to this property pending or contemplated before another Town Board?

Yes No If so, specify: _____

David A. Norden, AIA
Signature of Property Owner

David A. Norden, AIA
Name (Print or Type)

Signature of Applicant/Agent

Name (Print or Type)

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:

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Approvals

Certificate of Appropriateness: _____ Date: _____
Zoning Permit: _____ Date: _____

Fees

Paid Stamp

Certificate of Appropriateness: _____
Zoning: _____