



TOWN OF WARRENTON

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

ARCHITECTURAL REVIEW BOARD CERTIFICATE OF APPROPRIATNESS

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: 63 Main St, Warrenton VA 20186 GPIN: 6984-43-4541-000

Name: Mitchell E White Email: mitch@bewellcompany.com

Address: 7305 Bayfield Lane, Warrenton VA 20187 Phone: 703-625-3821

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

-2 black, iron flower pots to be placed at either side of front entrance (see attached pic)
-1 36" x 20" sandwich board to be placed on sidewalk during store open hours (see attached pic)

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

Yes ☐ No ☒ If so, specify: _____

David Garcia

Signature of Property Owner

David Garcia

Name (Print or Type)

Signature of Applicant/Agent

Mitchell E White

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	
<u>Paid Stamp</u>	
<div style="text-align: right; padding-right: 50px;"> Certificate of Appropriateness: _____ Zoning: _____ </div>	