

COA#____

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

Assoc. Permit #

ARCHITECTURAL REVIEW BOARD **CERTIFICATE OF APPROPRIATNESS**

The Architectural Review Board (ARB) meets every a Street). Applications requiring ARB are due by the 1st immediately following) prior to the meeting. Each approximate the applicant to changes as recommended or meeting or the application will be deferred. Please real additional information Historic District requirements.	t day of each month (or the first business day plicant or a representative, who has the authority required by the ARB are required to attend this ad the Warrenton Historic District Guidelines for	y to	
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	<u> 20186 </u>	00	
Name: Mitchell E White	Email: mitch@bewellcompany.com		
Address: 7305 Bayfield Lane, Warrenton \	/A 20187 Phone: 703-625-382	21	
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			
Clear out and add new plantings, add 2 low (12" in front and 12"-18" in back) stone walls to outline the current stone patio, add mulch and add pea gravel to walkway from gate to patio.			
Is there an application relevant to this property pending or contemplated before anther Town Board? Yes No If so, specify:			
David Garcia Digitally signed by David Garcia Date: 2023.05.13 02:52:52 -04'00'	and the same of th		
Signature of Property Owner	Signature of Applicant/Agent		
David A. Garcia	Mitchell E White		
Name (Print or Type)	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:	