

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**

Street). Applications requiring ARB are du- immediately following) prior to the meeting commit the applicant to changes as recomm	tets every 4 th Thursday at 7:00pm in Town Hall (21 Main to by the 1 st day of each month (or the first business day g. Each applicant or a representative, who has the authority to tended or required by the ARB are required to attend this Please read the Warrenton Historic District Guidelines for airements.	
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, Warre	nton VA 20186 GPIN:6984-43-4541-000	
Name: Mitchell E White	Email: mitch@bewellcompany.com	
Address: 7305 Bayfield Lane, War	renton 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		
-Window sticker of shop logo on glass door and front plate glass window		
-Both stickers are much less than 25% of total sq ft available		
Is there an application relevant to this property pending or contemplated before anther Town Board? Yes No If so, specify:		
DAVID GARCIA		
Signature of Property Owner	Signature of Applicant/Agent	
DAVID 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:	