

ARCHITECTURAL REVIEW BOARD CERTIFICATE OF APPROPRIATNESS

COA #	
Zoning #	
Assoc. Permit #	

COMMUNITY DEVELOPMENT DEPARTMENT	Phone: 540-347-2405
18 Court Street, Lower Level	Email: planning@warrentonva.gov
Warrenton, VA 20186	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 <u>Warrenton Historic District Guidelines</u> 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).

Forthcoming Accompanying permit applications (if required; this application also serves as a zoning permit).

Project Owner			
Address/Location: 206 Culpeper St		GPIN: 6984-22-7153-000	
Name: Irvin, Joseph; Irvin Stacey Lov	we Email: stacey.	irvin@saintjamesepiscopalschool.org	
Address: 206 Culpeper St Warrenton	VA 20186	6 Phone: (540) 270-6940	
Applicant (If different then above)			
Name: see above	Email:		
Address:			
		A REAL PROPERTY AND A REAL	
Applicant's Representative (If different the changes that may be suggested or required	en above. Must have author by the ARB)	rity to commit th e app licant to make	
Applicant's Representative (If different the changes that may be suggested or required	by the ARB)		
Applicant's Representative (If different the changes that may be suggested or required Name: <u>see above</u>	by the ARB) Email:		
Applicant's Representative (If different the changes that may be suggested or required Name: <u>see above</u> Address:	by the ARB) Email:		
Applicant's Representative (If different the changes that may be suggested or required Name: <u>see above</u> Address:	by the ARB) Email: or improvement	Phone:	
Applicant's Representative (If different the changes that may be suggested or required Name: <u>see above</u> Address:Complete description of each modification	by the ARB) Email: or improvement s/basement level of addition. Exercise	Phone: e room and Laundry area	
Applicant's Representative (If different the changes that may be suggested or required Name: <u>see above</u> Address: Complete description of each modification Modify original addition approved by ARB. Remove Garage	by the ARB) Email: or improvement o/basement level of addition. Exercise washed brick facade. Breezeway	Phone: e room and Laundry area y on rear elevation reworked	

Signature of Property Owner STALEVIRVIN

Name (Print or Type)

Signature of Applicant/Agent Property Duner Joseph Irvin

Name (Print or Type)

COA # ___

OFFICIAL USE ONLY		
Approvals Required (Circle Y or N)		
 Y / N Administrative Approval Y / N Architectural Review Board App 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:	