

ARCHITECTURAL REVIEW BOARD CERTIFICATE OF APPROPRIATNESS

COA#	
Zoning #	
Assoc. Permit #	
· 540-347-2405	

COMMUNITY DEVELOPMENT DEPARTMENT 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 Warrenton Historic District Guidelines for

additional information Historic District requirement	nts.	
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:		
Name: Town of Warrenton	Email: mwharton@warrentonva.gov	
Address: 21 Main Street Warrenton V	/A 20186 Phone: (540)347-1101	
Applicant (If different then above)		
Name:	Email:	
Address:	Phone:	
Applicant's Representative (If different then above changes that may be suggested or required by the	e. Must have authority to commit the applicant to make ARB)	
Name:	Email:	
Address:	Phone:	
Complete description of each modification or improvement		
The Town would required to remove two tree	along Main Street. The first tree is located in front	
of 45 Main Street and 2nd location is at 81A Main Street. The current root system to creating a		
trip hazard due to the uneven brick. The Town would request the existing trees be removed and		
replaced with a more suitable tree.		
Is there an application relevant to this property pending or contemplated before anther Town Board? Yes No If so, specify:		
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Signature of Property Owner	Signature of Applicant/Agent	
Name (Print or Type)	Name (Print or Type)	

COA #	‡
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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:	
Tvotes/Conditions of Approval.		
Approvals		
Approvais		
Certificate of Appropriateness:	Date:	
Zoning Permit:	Date:	
Fees Paid Stamp		
	Certificate of Appropriateness:	
	Zoning:	
	Zoning.	