

COA#____

TOWN OF WARRENTON

Assoc. Permit #

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

ARCHITECTURAL REVIEW BOARD CERTIFICATE OF APPROPRIATNESS

The Architectural Review Board (ARB) meets every 4 Street). Applications requiring ARB are due by the 1 st immediately following) prior to the meeting. Each app commit the applicant to changes as recommended or remeeting or the application will be deferred. Please read additional information Historic District requirements. The following materials are required in addition to a contract of the street and the street and the street are required in addition to a contract of the street and the street are required in addition to a contract of the street and the street are required in addition to a contract of the	day of each month (or the first business day licant or a representative, who has the authority to equired by the ARB are required to attend this d the Warrenton Historic District Guidelines for
_	ompice, signed application (check if submitted).
Photographs of the area of work. Plans, drawings, product information sheets, a	and/or samples (Two hard/one digital conv)
	ed; this application also serves as a zoning permit).
	d, this application also serves as a zonning permity.
Project Owner Address/Location: 16 Courthouse Square	CDDI
Name: Fauquier County Government Address: 98 Manor Court	
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 improve	ment
We would like to remove the tall trees at the rea	r of the John Barton Payne Bldg and along the side
of 16 Courthouse Square. The trees simply towe	r over these two buildings and they are causing
severe rotting and decay and decay of the buildir	ngs soffits fascia and freeze boards.
Is there an application relevant to this property pending Yes No K If so, specify:	
Signature of Property Owner	Signature of Applicant/Agent
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:	