



ARCHITECTURAL REVIEW BOARD CERTIFICATE OF APPROPRIATNESS

COA # _____

Zoning # _____

Assoc. Permit # _____

COMMUNITY DEVELOPMENT DEPARTMENT
18 Court Street, Lower Level
Warrenton, VA 20186

Phone: 540-347-2405
Email: planning@warrentonva.gov
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 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).
- ☐ Accompanying permit applications (if required; this application also serves as a zoning permit).

Project Owner

Address/Location: 28, 30, & 32 Ashby Street GPIN: _____Name: Faye Richardson Email: richardsonproperties@yahoo.comAddress: PO Box 3600 Warrenton VA 20188 Phone: (540) 347-5555

Applicant (If different then above)

(540) 219-2007 cell

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

- Replace all 18 windows on front of building
- Replace with either single hung or picture windows.
- Replace with aluminum exterior window
- Same beige color or black or dark green, if approved

Is there an application relevant to this property pending or contemplated before another Town Board?
Yes ☐ No ☒ If so, specify: _____

C. Faye Richardson
Signature of Property Owner

Faye Richardson
Name (Print or Type)

Signature of Applicant/Agent

Name (Print or Type)

