

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	Ath Thursday at 7:00nm in Town Hall (21 Main
Street). Applications requiring ARB are due by the 1 immediately following) prior to the meeting. Each a commit the applicant to changes as recommended or	st day of each month (or the first business day pplicant or a representative, who has the authority to required by the ARB are required to attend this
meeting or the application will be deferred. Please readditional 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.	
_	s, and/or samples (Two hard/one digital copy).
Accompanying permit applications (if requ	ired; this application also serves as a zoning permit).
Project Owner	
Address/Location: 17 North 5th Street Warrenton V	
Name: Charity Lodge No. 27	Email: Charitylodge27@gmail.com
Address: 3 North 5th Street Warrenton VA 20186	Phone: 5409059423
Applicant (If different then above)	
Name: Christopher O'Halloran	Email: christopher.p.ohalloran@gmail.com
Address: PO Box 526 Warrenton VA 20288	Phone: 5409059423
Applicant's Representative (If different then above. changes that may be suggested or required by the A	Must have authority to commit the applicant to make RB)
Name:	- "
Address:	Phone:
Complete description of each modification or impro	vement
Projecting Sign for OddFellows Plaza to be	
building. The bracket and sign will be 6 So	ft per code. See attached photos
Is there an application relevant to this property pend	ing or contemplated before anther Town Board?
Yes No If so, specify:	
	Ot Danne
Signature of Property Owner	Signature of Applicant/Agent
	Christopher O'Halloran
Name (Print or Type)	Name (Print or Type)



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OFFICIAL USE ONLY	
Approvals Required (Circle Y or N)	GES OF THE STATE O
Y / N Administrative Approval Y / N Architectural Review Board Approval Y / N Other Permits Required, If yes list:	Trippfice 1037-N423
Notes	
Zoning District:	Use:
Notes/Conditions of Approval:	
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Approvals	
Certificate of Appropriateness:	Date:
Zoning Permit:	
Fees The second of the second	
Paid Stamp	Certificate of Appropriateness:
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