



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: 33 Calhoun Street GPIN: 6984-53-4158Name: Fauquier County Government Email: john.swain@fauquiercounty.gov

Address: _____ Phone: _____

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 improvement

The removal of the cistern in front of the old Warrenton Visitors Center. In the current state, the well, and its railing and surround, present a safety concern and are an obstacle to providing appropriate access consistent with ADA guidelines. This will be abandoned in accordance with applicable regulations of the Va. Dept of Health & the Va Dept of Environmental Quality.

Is there an application relevant to this property pending or contemplated before another Town Board?
Yes ☒ No ☐ If so, specify: Building permit for remodeling the existing building to open up a Wellness Center

Signature of Property Owner _____

Name (Print or Type) _____

Signature of Applicant/Agent _____

John Swain

Name (Print or Type) _____

COA # _____

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	
<u>Paid Stamp</u>	
<div style="text-align: right; padding-right: 50px;"> Certificate of Appropriateness: _____ Zoning: _____ </div>	