TOWN OF WASHINGTON, VIRGINIA

Application for Hearing for A Certificate of Appropriateness from the Architectural Review Board

A certificate of Appropriateness becomes null and void if no significant improvement or alteration within one year from the date of issuance

Staff use only:
This application& required submission items to facilitate review was received by the appointed Town Official (initials) _____ Date _____

Subj. Property Name/Physical Address _____ Tax Map ID # _____

_____ DHR ID # _____

Contributing Building? _____ Owner(s) _____

Signature(s) _____ Date _____

Notification Address _____ Tele # _____

Applicant _____

Signature(s) _____ Date _____

Notification Address _____ Tele # _____

Relationship of Applicant to Property (Owner, Agent, Tenant, Contractor, etc.) _____

Who will present this application to the ARB? _____ Tele # _____
(Representative should be well informed to discuss the project and have the authority to commit to ARB recommendations or requirements.)

Please provide a complete description of the proposed modification or improvement _____

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Submission of this application constitutes the owner's(s') consent for the ARB or assigned staff to visit the subject property prior to the scheduled meeting to make an informed decision on the application