



Town of Vienna
Board of Architectural Review
Sign Review Application

Application Number: _____-BAR
(Office Use Only)

Name of Project: _____ Acreage: _____
Location: _____ Zoning: _____
Business Owner: _____
Address: _____ Phone: _____
Property Owner: _____
Address: _____ Phone: _____
E-mail Address (for "Contact Person"): _____

The following is to be furnished by the applicant for review in compliance with Chapter 4 of the Code of the Town of Vienna, Virginia. All plans shall include the following applicable items:

1. **Scaled drawings:** Seven (7) copies of drawings of all proposed signs; drawn to scale; include all proposed text and images; show dimensions of sign, letters, and images; all sets are to be in color
2. **Complete Application** on reverse side of this form.
3. **Samples** of proposed colors, materials, and paint chips.
4. **Photographs** with the proposed location of any sign indicated as nearly as possible
5. **Site Plan:** Seven (7) **folded** copies showing the proposed location of any freestanding sign (no larger than 11x17 format)
6. **Electronic Copy** of application, plans, and drawings submitted via email or flash drive.

Plans will not be considered complete and eligible for a placement upon an agenda until all the information listed below has been received at least twenty-one (21) days prior to the next available Board of Architectural Review meeting.

This following must be completed by the applicant and submitted along with all other required information and materials for review by the Board of Architectural Review in accordance with Chapter 4 of the Code of the Town of Vienna, Virginia:

1. Type of sign: Façade Freestanding Monument
Replacement Face Panel Under Canopy
Window Other _____

2. Location of proposed sign(s) on-site (include dimensions as necessary):

3. Dimensions (sign exterior and interior design elements):

4. Colors and materials (include manufacturer, number, thickness, etc.):

5. Illumination details:

6. Other information:

Applicant's Name: _____

Company: _____

Address: _____

Phone: _____

E-mail: _____

Signature: _____

I am the Owner or have received Owner's

Consent for this Application (Please Check)

THE TOWN OF VIENNA IS COMMITTED TO FULL COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT STANDARDS. TRANSLATION SERVICES, ASSISTANCE OR ACCOMMODATION REQUESTS FROM PERSONS WITH DISABILITIES ARE TO BE REQUESTED NOT LESS THAN 3 WORKING DAYS BEFORE THE DAY OF THE EVENT. PLEASE CALL (703) 255-6300 (Voice) OR TTY 711.