



Department of Planning and Zoning  
Town of Vienna, Virginia  
127 Center Street South  
Vienna, VA 22180  
Phone: (703) 255-6341  
Email: DPZ@viennava.gov

## Project Overview

#1389422

**Project Title:** 514 Spring St SE - Variance - Pool

**Jurisdiction:** Town of Vienna

**Application Type:** Variance

**State:** VA

**Workflow:** 1. Variance Review

**County:** Fairfax

## Project Contacts

### Contact Information: Applicant

Sean Finn

514 Spring Street SE

Vienna, VA 22180

P:703-929-6113

[fynman@aol.com](mailto:fynman@aol.com)

**Indicate which of the following additional project contacts are to be included on project correspondences.:**

Contractor,Architect,Engineer

### Contact Information: Owner

Sean Finn

514 Spring Street SE

Vienna, VA 22180

P:703-929-6113

[fynman@aol.com](mailto:fynman@aol.com)

### Contact Information: Architect

Sean Finn

514 Spring Street SE

Vienna, VA 22180

P:703-929-6113

[fynman@aol.com](mailto:fynman@aol.com)

### Contact Information: Contractor

Sean Finn

514 Spring Street SE

Vienna, VA 22180

P:703-929-6113

[fynman@aol.com](mailto:fynman@aol.com)

### Contact Information: Engineer

Greg Budnik

P.O. Box 1214

Newington, VA 22122

P:703-541-2000

[greg.budnik@gjbinc.com](mailto:greg.budnik@gjbinc.com)

## Project Description

### Project Description:

BUILD RESIDENTIAL SWIMMING POOL

## Project Address

**Project Address:** 514 SPRING ST SE

**Parcel (PIN): Address/Parcel**

- 514 SPRING ST SE: 0384 22 D

**Current Zoning: Address/Parcel**

- 514 SPRING ST SE: RS-10

**Proposed Improvements:** SWIMMING POOL

**Describe how zoning ordinance unreasonably restricts use of the property:**

- **PUSHES POOL INTO SWAILE**
- **DOES NOT ALLOW EASY FOR FAMILY MEMBER WITH PARKINSONS**

**Describe how condition or situation is unique to your property:**

THE CODE HAS ME PUSHED SO FAR BACK ON PROPERTY THAT IT PUSHES ME INTO A FLOODED AREA

**Suite:**

**Town Limits: Address/Parcel**

- 514 SPRING ST SE: IN TOWN OF VIENNA

**Requested variance(s) from the Town Code:** 18-843

**Describe any hardships related to physical conditions of the property:**

FLOOD PLAIN RUNS WHERE TOWN WANTS POOL LOCATED



## Department of Planning and Zoning

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Hours: Monday – Friday, 8:00 am - 4:30 pm

## APPLICANT AUTHORIZATION FORM

I hereby certify that I am the property owner or I have authority of the property owner to make this application, that the information is complete, and that if a permit or certificate is issued, the construction and/or use will conform to the zoning ordinance and other applicable laws and regulations including private building restrictions, if any, which relate to the property. This form must be submitted prior to issuance of any permit or certificate.

I understand that the permits or certificates obtained pursuant to this permit authorization form will be in my name. I accept full responsibility for the work performed.

Check one box below:

I am the property owner

I am an applicant who has the authority of the property owner (owner will still need to sign)

Description of permits or certificates being applied for:

SWIMMING POOL PERMIT, *variance for pool location*

at the following address: 514 SPRING STREET

Applicant Name (fill out if owner is not applicant): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner's Name: SEAN K FINN

Signature of Property Owner: \_\_\_\_\_

Date: 6-29-24