



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

#1985275

Project Title: Brazilian Wax Honey Pot

Jurisdiction: Town of Vienna

Application Type: Board of Architectural Review: Signs

State: VA

Workflow: 1. Initial Review

County: Fairfax

Project Contacts

Contact Information: Applicant

Amro Rababah
 Brazilian wax honey pot
 405 maple ave e
 Vienna, VA 22180

Contact Information: Owner

Amro Rababah
 Brazilian wax honey pot
 405 maple ave e
 Vienna, VA 22180

Indicate which of the following additional project contacts are to be included on project correspondences.: None of the Above

Project Address

Project Address: 405 MAPLE AVE E

Suite:

Parcel (PIN): Address/Parcel

Town Limits: Address/Parcel

- 405 MAPLE AVE E: 0382 02 0024E

- 405 MAPLE AVE E: IN TOWN OF VIENNA

Current Zoning: Address/Parcel

- 405 MAPLE AVE E: C-2/C-1A

Project Description

Project Description:

We are applying for the business Sign

Project Information

Business/Development Name: Brazilian wax honey pot

Width of Building Frontage/Leased Area: 181

Total Allowable Building Sign Area: 1300

BAR Agenda Item:

None

BAR Meeting Date: 01/12/2026

Project File Number: 0

Project Information

Total Number of Signs Proposed: 1

Sign Type A (please provide all applicable details below) ✕

Proposed Sign Type: Front Facade

Description of Sign:

White acr

Sign Area Width: 181

Sign Depth: 25

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type: None

Kelvins:

Scope of Work: New

Sign Area Height: 181

Total Sign Face Area: 181

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens:

Alternative Measurement:

Sign Type B (please provide all applicable details below) ✕

Proposed Sign Type:

Description of Sign:

Sign Area Width:

Sign Depth:

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type:

Kelvins:

Scope of Work:

Sign Area Height:

Total Sign Face Area:

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens:

Alternative Measurement:

Sign Type C (please provide all applicable details below) ✕

Proposed Sign Type:

Description of Sign:

Sign Area Width:

Sign Depth:

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type:

Kelvins:

Scope of Work:

Sign Area Height:

Total Sign Face Area:

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens:

Alternative Measurement:

Sign Type D (please provide all applicable details below) 

Proposed Sign Type:

Description of Sign:

Sign Area Width:

Sign Depth:

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Scope of Work:

Sign Area Height:

Total Sign Face Area:

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Illumination Type:
Kelvins:

Lumens:
Alternative Measurement:



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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:

at the following address: 405 Maple Ave E, Vienna VA 22180

Applicant Name (fill out if owner is not applicant): Carolina Pariser

Signature of Applicant: Carolina Pariser Date: 01/06/2026

Property Owner's Name: Victoria Orlich

Signature of Property Owner: Victoria Orlich Date: 11/06/2025





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Description of permits or certificates being applied for:

at the following address: 405 Maple Ave E, Vienna VA 22180

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

Signature of Applicant: _____ Date: _____

Property Owner's Name: Victoria Orlich

Signature of Property Owner: [Signature] Date: 11/06/2025

