TOWN OF VIENNA since 1890

Conditional Use Permit

GeoCivix, LLC
9420 E. Golf Links Rd. Suite 108, #296 | Tucson, AZ 85730
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Project Overview #1377403

Project Title: 160 Maple Avenue W - Seray Restaurant
Application Type: Conditional Use Permit
Workflow: 1. Application Completeness Review
Jurisdiction: Town of Vienna
State: VA
County: Fairfax

Project Contacts

Contact Information: Applicant
Stephen Kenney
RV Architects
467A N Washington Street, Falls Church, VA 22046
Falls Church, VA 22046
P:7035333577
skenney@rvarchitects.com

Contact Information: Owner
David Lynch

8405 Greensboro Drive, 8th floor
McLean, VA 22102
P:571-382-1239
dlynch@rappaportco.com

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

Project Address

Project Address: 160 MAPLE AVE W
Suite:

Parcel (PIN): Address/Parcel
- 160 MAPLE AVE W: 0384 02 0076

Town Limits: Address/Parcel
- 160 MAPLE AVE W: IN TOWN OF VIENNA

Current Zoning: Address/Parcel
- 160 MAPLE AVE W: C-2

Project Description

Project Description:
Request for approval to increase outdoor seating area from 12 seats (by right) to 18 seats. We have applied for approval of the furniture via BAR. We also have allocated seating capacity to match parking spaces in the attached spreadsheet.

Trade Name of Business (DBA): Seray
Type of Conditional Use Requested: Outdoor dining
Project Narrative:
Request to increase the outdoor seating area from 12 seats (by right) to 18 seats.

Business Hours: Noon to 10pm
Number of Proposed Employees: 14
Are you amending an existing conditional use permit?: No

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

Outdoor seating furniture.

at the following address: 136A Maple Ave W

Applicant Name (fill out if owner is not applicant): Stephen Kenney, RV Architects

Signature of Applicant: _____ Date: 5-30-24

Property Owner's Name: Dave Lynch, Director of Construction - Rappaport

Signature of Property Owner: Dave Lynch Digitally signed by Dave Lynch DN: C=US, E=dlynch@rappaportco.com, O=Rappaport Company, OU=Rappaport Development and Construction, CN=Dave Lynch Date: 2024.05.31 05:38:19-04'00' Date: 5/31/24