



**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

#1918945

**Project Title:** 105 Park St SE\_Astrology\_BAR SIGN  
**Application Type:** Board of Architectural Review: Signs  
**Workflow:** 1. Initial Review

**Jurisdiction:** Town of Vienna  
**State:** VA  
**County:** Fairfax

## Project Contacts

### Contact Information: Applicant

Marcillo Mitchell  
 Astrology  
 165 e maple ave  
 Vienna , VA 22180

### Contact Information: Owner

Marcillo Mitchell  
 Astrology  
 165 e maple ave  
 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:** 105 PARK ST SE  
**Parcel (PIN): Address/Parcel**  
 • 105 PARK ST SE: 0382 02 0096  
**Current Zoning: Address/Parcel**  
 • 105 PARK ST SE: C-2

**Suite:**  
**Town Limits: Address/Parcel**  
 • 105 PARK ST SE: IN TOWN OF VIENNA

## Project Description

**Project Description:**  
 Replace/ reface with new signface interior illuminated awning.

## Project Information

**Business/Development Name:** PSYCHIC READINGS  
**Total Allowable Building Sign Area:** 0

**Width of Building Frontage/Leased Area:** 0  
**BAR Agenda Item:**  
 Not sure the bar

**BAR Meeting Date:** 10/29/2025

**Project File Number:** 0

## Project Information

Total Number of Signs Proposed: 1

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

**Proposed Sign Type:** Awning

**Description of Sign:**

Replacing signface of illuminated awning

**Sign Area Width:** 197.5

**Sign Depth:**

**Window Width:**

**Awning Depth:** 0

**Height from Bottom to Sidewalk:** 0

**Illumination Type:** LED

**Kelvins:** 0

**Scope of Work:** Reface

**Sign Area Height:** 11.75

**Total Sign Face Area:** 111

**Window Height:**

**Total Window Area:**

**Awning Width:** 0

**Total Structure Height:**

**Lumens:** 0

**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:**

## APPLICANT AUTHORIZATION FORM

I hereby certify that I am the owner or I have authority of the 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, x Michel Rene [Signature], the owner of the property listed below, certify that I have granted Marcillo Mitchell as my duly authorized agent and give permission to obtain the permits or certificates necessary for:

at the following address: 105 PARK ST VIENNA VA 22180

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.

Applicant Name: Marcillo Mitchell

Signature of Applicant: [Signature] Date: OCT-31-25

Property Owner's Name: x

Signature of Property Owner: x [Signature] Date: OCT-31-25