



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 **#1610872**

Project Title: 205 Berry St SE
Application Type: Variance
Workflow: 1. Variance Review

Jurisdiction: Town of Vienna
State: VA
County: Fairfax

Project Contacts

Contact Information: Applicant
Sean Sharifi

Contact Information: Owner
Sean Sharifi

205 Berry St SE
Vienna, VA 22180
P:7038198349
SHARIFISEAN@GMAIL.COM

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Vienna, VA 22180
P:7038198349
SHARIFISEAN@GMAIL.COM

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

Project Description

Project Description:
Please see attached letter with explanation of hardship and request a variance for lot coverage.

Fairfax County Building Permit Number(s): N/A

Project Address

Project Address: 205 BERRY ST SE
Parcel (PIN): Address/Parcel
• 205 BERRY ST SE: 0382 09 0210B

Suite:
Town Limits: Address/Parcel
• 205 BERRY ST SE: IN TOWN OF VIENNA

Current Zoning: Address/Parcel
• 205 BERRY ST SE: RS-16

Proposed Improvements: Additional brick paver driveway

Requested variance(s) from the Town Code: Additional 5% lot coverage

Describe how zoning ordinance unreasonably restricts use of the property:
Please see attached letter

Describe any hardships related to physical conditions of the property:
Please see attached letter

Describe how condition or situation is unique to your property:
Please see attached letter



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

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, SEAN SHARIFI, the owner of the property listed below, certify that I have granted SEAN SHARIFI as my duly authorized agent and give permission to obtain the permits or certificates necessary for:

at the following address: 205 BERRY ST SE 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: SEAN SHARIFI

Signature of Applicant: *Sean Sharifi* Date: 01-30-2025

Property Owner's Name: SEAN SHARIFI

Signature of Property Owner: *Sean Sharifi* Date: 01-30-2025