



**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

#1692502

**Project Title:** Nojan Jafari DDS PLLC  
**Application Type:** Board of Architectural Review: Signs  
**Workflow:** 1. Initial Review

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

## Project Contacts

### Contact Information: Applicant

Nojan Jafari  
 Nojan Jafari DDS PLLC  
 110 Pleasant St Nw Suite A  
 Vienna, VA 22180  
 P:7039914178  
[nojanjafaridds@gmail.com](mailto:nojanjafaridds@gmail.com)

### Contact Information: Owner

Nojan Jafari  
 Nojan Jafari DDS PLLC  
 110 Pleasant St Nw Suite A  
 Vienna, VA 22180  
 P:7039914178  
[nojanjafaridds@gmail.com](mailto:nojanjafaridds@gmail.com)

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

## Project Address

**Project Address:** 110 PLEASANT ST NW  
**Parcel (PIN): Address/Parcel**  
 • 110 PLEASANT ST NW: 0384 69 0001D  
**Current Zoning: Address/Parcel**  
 • 110 PLEASANT ST NW: C-1A

**Suite:** A  
**Town Limits: Address/Parcel**  
 • 110 PLEASANT ST NW: IN TOWN OF VIENNA

## Project Description

**Project Description:**  
 Blue/white Pace Dental sign replacing existing doctor sign (no lighting), with refresh of vinyl lettering on outside window as well with same color as existing vinyl lettering.

**Fairfax County Building Permit Number(s):** 25TMP-047356

## Project Information

**Business/Development Name:** Nojan Jafari DDS PLLC  
**Total Allowable Building Sign Area:** 44  
**Fairfax County Building Permit Number(s):** 25TMP-047356  
**BAR Meeting Date:**

**Width of Building Frontage/Leased Area:** 22  
**Are any Fairfax County Building Permit application numbers associated with this application?:** Yes  
**BAR Agenda Item:**  
**Project File Number:** 0

## Project Information

Total Number of Signs Proposed: 2

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

**Proposed Sign Type:** Window

**Description of Sign:**

Vinyl refresh of existing window vinyl, indicating trade name, doctor name, and phone number.

**Sign Area Width:** 3

**Sign Depth:**

**Window Width:** 3.5

**Awning Depth:**

**Height from Bottom to Sidewalk:**

**Illumination Type:** None

**Kelvins:**

**Scope of Work:** Alter

**Sign Area Height:** 1.7

**Total Sign Face Area:** 5.1

**Window Height:** 3.5

**Total Window Area:** 12.25

**Awning Width:**

**Total Structure Height:**

**Lumens:**

**Alternative Measurement:**

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

**Proposed Sign Type:** Front Facade

**Description of Sign:**

3/8" thick acrylic dimensional letters flush stud mounted to brick. The tooth logo will be one solid piece with printed graphics. Tooth logo with trade name of business underneath.

**Sign Area Width:** 2.3

**Sign Depth:** .031

**Window Width:**

**Awning Depth:**

**Height from Bottom to Sidewalk:**

**Illumination Type:** None

**Kelvins:**

**Scope of Work:** Alter

**Sign Area Height:** 1.9

**Total Sign Face Area:** 4.4

**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:**

**Scope of Work:**

**Description of Sign:**

**Sign Area Width:**

**Sign Depth:**

**Window Width:**

**Awning Depth:**

**Height from Bottom to Sidewalk:**

**Illumination Type:**

**Kelvins:**

**Sign Area Height:**

**Total Sign Face Area:**

**Window Height:**

**Total Window Area:**

**Awning Width:**

**Total Structure Height:**

**Lumens:**

**Alternative Measurement:**



## 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:


Certificate of Occupancy and Business License for general dentist office and condo unit it operates inside.

at the following address: \_\_\_\_\_  
110 Pleasant St NW, Suite A, Vienna VA 22180

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

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

Property Owner's Name: Dr. Nojan Jafari DDS

Signature of Property Owner: \_\_\_\_\_  Date: 2/28/2025