



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

#1810451

Project Title: Blooming Nail & Spa
Application Type: Board of Architectural Review: Signs
Workflow: 1. Initial Review

Jurisdiction: Town of Vienna
State: VA
County: Fairfax

Project Contacts

Contact Information: Applicant

Long Chen
 New Color Sign
 1603 Rhode Island Ave. NE
 Washington, DC 20018
 P:2025529658
newcolorsign@yahoo.com

Contact Information: Owner

Long Chen
 New Color Sign
 1603 Rhode Island Ave. NE
 Washington, DC 20018
 P:2025529658
newcolorsign@yahoo.com

Indicate which of the following additional project contacts are to be included on project correspondences.: Contractor

Project Address

Project Address: 155 GLYNDON ST SE
Parcel (PIN): Address/Parcel
 • 155 GLYNDON ST SE: 0382 02 0082

Suite:
Town Limits: Address/Parcel
 • 155 GLYNDON ST SE: IN TOWN OF VIENNA

Current Zoning: Address/Parcel
 • 155 GLYNDON ST SE: C-2

Project Description

Project Description:
 Wall mounted Channel Letter and Reface Freestanding Sign

Project Information

Business/Development Name: Blooming Nail & Spa
Total Allowable Building Sign Area: 27
BAR Meeting Date:

Width of Building Frontage/Leased Area: 18
BAR Agenda Item:
Project File Number: .

Project Information

Total Number of Signs Proposed: 2

Sign Type A (please provide all applicable details below) ✕**Proposed Sign Type:** Front Facade**Description of Sign:**

Wall Mounted Channel Letters

Sign Area Width: 9.75**Sign Depth:** 10**Window Width:****Awning Depth:****Height from Bottom to Sidewalk:****Illumination Type:** LED**Kelvins:** 3500**Scope of Work:** New**Sign Area Height:** 2.75**Total Sign Face Area:** 26.81**Window Height:****Total Window Area:****Awning Width:****Total Structure Height:****Lumens:** 130**Alternative Measurement:****Sign Type B** (please provide all applicable details below) ✕**Proposed Sign Type:** Monument**Description of Sign:**

Reface

Sign Area Width: 5.5**Sign Depth:** 1**Window Width:****Awning Depth:****Height from Bottom to Sidewalk:****Illumination Type:** None**Kelvins:****Scope of Work:** Reface**Sign Area Height:** 0.83**Total Sign Face Area:** 4.57**Window Height:****Total Window Area:****Awning Width:****Total Structure Height:** 20**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:



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:

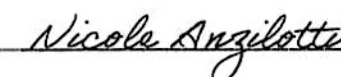
Sign

at the following address: 155 Glyndon Street SE; Vienna, VA 22180

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

Signature of Applicant:  Date: 07/25/2025

Property Owner's Name: Alec Jacoboson at Glyndon Shopping Center

Signature of Property Owner:  Date: _____