

**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 #2142888

Project Title: 421 Maple Ave E - Bakeshop Vienna- BAR Signs
Application Type: Board of Architectural Review: Signs
Workflow: 2. BAR Meeting

Jurisdiction: Town of Vienna
State: VA
County: Fairfax

Project Contacts

Contact Information: Applicant

Justin Stegall
Bakeshop Vienna
421 Maple Ave E
Vienna , VA 22180

██████████
████████████████████

Contact Information: Owner

Justin Stegall
Bakeshop Vienna
421 Maple Ave E
Vienna , VA 22180

██████████
████████████████████

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

Project Address

Project Address: 421 MAPLE AVE E

Parcel (PIN): Address/Parcel

- 421 MAPLE AVE E: 0382 10 B

Current Zoning: Address/Parcel

- 421 MAPLE AVE E: C-1

Suite:

Town Limits: Address/Parcel

- 421 MAPLE AVE E: IN TOWN OF VIENNA

Project Description

Project Description:

BAR review - altering (refacing) Existing wall signs

Project Information

Business/Development Name: Bakeshop

Total Allowable Building Sign Area: 84

Width of Building Frontage/Leased Area: 42

BAR Agenda Item:

Request approval of refacing two wall signs and a new tenant panel, located at 421 Maple Ave E., Docket No. PF-2142888-BAR, in the AE, Avenue East zoning district; filed by Justin Stegall, Bakeshop Vienna, Project Contact.

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:

Lighted box sign

Sign Area Width: 16

Sign Depth: 6

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type: LED

Kelvins: 3500

Scope of Work: Reface

Sign Area Height: 2

Total Sign Face Area: 32

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens: 6600

Alternative Measurement:

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

Proposed Sign Type: Front Facade

Description of Sign:

Lighted box sign

Sign Area Width: 16

Sign Depth: 6

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type: LED

Kelvins: 3500

Scope of Work: Reface

Sign Area Height: 2

Total Sign Face Area: 32

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens: 6600

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:

Scope of Work:

Sign Area Height:

Total Sign Face Area:

Sign Depth:

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type:

Kelvins:

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens:

Alternative Measurement:



Department of Planning and Zoning

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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 that I have the authority of the property owner to submit this application. I further certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that if a permit or certificate is issued, the construction and/or use must conform to the Town Code and all other applicable laws and regulations, including any applicable private building restrictions related to the property.

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.

Description of permits or certificates being applied for:

at the following address: _____

If the applicant is not the property owner, both the applicant and the property owner (or authorized agent) must sign this form.

APPLICANT INFORMATION

Applicant Name (if owner is not applicant): _____

Signature of Applicant: _____ Date: _____

Phone Number: _____ Email Address: _____

PROPERTY OWNER INFORMATION

If the property owner is an LLC, corporation, trust, or other legal entity, documentation demonstrating the signer's authority to bind the entity must be provided (e.g., operating agreement, corporate resolution, or similar authorization). The signer must be authorized to act on behalf of the entity listed as the property owner.

Property Owner Printed Name: _____

(must match owner listed in Fairfax County land records)

Printed Name and Title of Person Signing: _____

(if signing on behalf of an entity such as an LLC, corporation, or trust)

Signature of Property Owner: _____ Date: _____

Phone Number: _____ Email Address: _____