



**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** #2022408

**Project Title:** 212 Park St SE - VIENNA FAMILY DENTIST  
**Application Type:** Board of Architectural Review: Signs  
**Workflow:** 1. Initial Review

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

**Project Contacts**

**Contact Information: Applicant**  
KEYVAN YOUSEFI  
D IMPRESSION SIGN  
11327 ANGLEBERGUR ROUD  
TEURMONT , MD 21788  
[REDACTED]  
[REDACTED]

**Contact Information: Owner**  
Forough Yazdani  
Vienna Family Dentists. PC  
212 Park St  
VIENNA, VA 22180  
[REDACTED]  
[REDACTED]

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

**Project Address**

**Project Address:** 212 PARK ST SE  
**Parcel (PIN): Address/Parcel**  
• 212 PARK ST SE: 0384 02 0165  
**Current Zoning: Address/Parcel**  
• 212 PARK ST SE: RM-2

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

**Project Description**

**Project Description:**  
TO DO DOUBLE SIDED MONUMENT SIGN, 4'X6'

**Project Information**

**Business/Development Name:** VIENNA FAMILY DENTIST  
**Total Allowable Building Sign Area:** 24  
**BAR Meeting Date:**

**Width of Building Frontage/Leased Area:** 80  
**BAR Agenda Item:**  
**Project File Number:** N/A

**Project Information**

**Total Number of Signs Proposed:** 1

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



**Proposed Sign Type:** Monument

**Description of Sign:**

DOUBLE SIDED MONUMENT SIGN

**Sign Area Width:** 4

**Sign Depth:** 8

**Window Width:**

**Awning Depth:**

**Height from Bottom to Sidewalk:**

**Illumination Type:** None

**Kelvins:**

**Scope of Work:** New

**Sign Area Height:** 6

**Total Sign Face Area:** 24

**Window Height:**

**Total Window Area:**

**Awning Width:**

**Total Structure Height:** 80

**Lumens:**

**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:**

**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:**



**Department of Planning and Zoning**

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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:

at the following address: 212 Park St. SE Vienna, VA 22180

Applicant Name (fill out if owner is not applicant): Keyvan Yousefi

Signature of Applicant: Keyvan Yousefi Date: 12/11/2025

Property Owner's Name: Forough P. Yazdani

Signature of Property Owner: [Signature] Date: 11/18/25