



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

#1552739

Project Title: 513 Maple Ave W_Trippy Smoke Shop_BAR SIGN

Jurisdiction: Town of Vienna

Application Type: Board of Architectural Review: Signs

State: VA

Workflow: 1. Initial Review

County: Fairfax

Project Contacts

Contact Information: Applicant

Sean Goldsman

513 Maple Ave
 Vienna, VA 22180

P:5712823185

gloria@signarama-tysonscorner.com

Contact Information: Owner

Dvora Goldsman

513 Maple Av , 200
 Vienna, VA 22180

P:6406501020

gloria@signarama-tysonscorner.com

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

Project Address

Project Address: 513 MAPLE AVE W

Suite: 200

Parcel (PIN): Address/Parcel

Town Limits: Address/Parcel

- 513 MAPLE AVE W: 0383 38 A5

- 513 MAPLE AVE W: IN TOWN OF VIENNA

Current Zoning: Address/Parcel

- 513 MAPLE AVE W: C-1

Project Description

Project Description:

Affix Cabinet Sign to wall. Connect to existing electrical connection

Fairfax County Building Permit Number(s): NA

Project Information

Business/Development Name: Trippy Smoke Shop

Width of Building Frontage/Leased Area: 31.5

Total Allowable Building Sign Area: 63

Are any Fairfax County Building Permit application numbers associated with this application?: No

Fairfax County Building Permit Number(s): NA

BAR Agenda Item:

Trippy Smoke Shop Sign

Project Information

Total Number of Signs Proposed: 1

Sign Type A (please provide all applicable details below)

Proposed Sign Type: Front Facade

Scope of Work: New

Description of Sign:

Sign Area Height: 24

Add cabinet sign on front of building

Sign Area Width: 94

Total Sign Face Area: 15.67

Sign Depth: 12

Window Height:

Window Width:

Total Window Area:

Awning Depth:

Awning Width:

Height from Bottom to Sidewalk:

Total Structure Height:

Illumination Type: LED

Lumens: 200

Kelvins: 2700

Alternative Measurement:

Sign Type B (please provide all applicable details below)

Proposed Sign Type:

Scope of Work:

Description of Sign:

Sign Area Height:

Sign Area Width:

Total Sign Face Area:

Sign Depth:

Window Height:

Window Width:

Total Window Area:

Awning Depth:

Awning Width:

Height from Bottom to Sidewalk:

Total Structure Height:

Illumination Type:

Lumens:

Kelvins:

Alternative Measurement:

Sign Type C (please provide all applicable details below)

Proposed Sign Type:

Scope of Work:

Description of Sign:

Sign Area Height:

Sign Area Width:

Total Sign Face Area:

Sign Depth:

Window Height:

Window Width:

Total Window Area:

Awning Depth:

Awning Width:

Height from Bottom to Sidewalk:

Total Structure Height:

Illumination Type:

Lumens:

Kelvins:

Alternative Measurement:

Sign Type D (please provide all applicable details below)

Proposed Sign Type:

Scope of Work:

Description of Sign:

Sign Area Height:

Sign Area Width:

Total Sign Face Area:

Sign Depth:

Window Height:

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type:

Kelvins:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens:

Alternative Measurement:



Department of Planning and Zoning

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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: _____

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

Signature of Applicant: Sean Goldsman Date: 11/19/2024

Property Owner's Name: Darren Bernstein

Signature of Property Owner: DB Date: 11/21/2024