



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

#1660782

Project Title: VHC Health**Jurisdiction:** Town of Vienna**Application Type:** Board of Architectural Review: Signs**State:** VA**Workflow:** 1. Initial Review**County:** Fairfax

Project Contacts

Contact Information: Applicant

Gary Brent
 MG Permits LLC
 19187 Foggy Bottom Rd.
 Bluemont, VA 20135
 P:410-507-0053
gary_brent@mgpermits.com

Contact Information: Owner

Maris Angolia
 Dukas Properties
 527 Maple Ave E
 Vienna, VA 22180
 P:703-242-5663
maris@karinsflorist.com

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

Project Address

Project Address: 527 MAPLE AVE E**Suite:****Parcel (PIN): Address/Parcel**

- 527 MAPLE AVE E: 0382 09 0100

Town Limits: Address/Parcel

- 527 MAPLE AVE E: IN TOWN OF VIENNA

Current Zoning: Address/Parcel

- 527 MAPLE AVE E: C-1

Project Description

Project Description:

Install (1) replacement illuminated wall sign for VHC Health

Fairfax County Building Permit Number(s):

Project Information

Business/Development Name: VHC Health**Width of Building Frontage/Leased Area:** 74**Total Allowable Building Sign Area:** 148**Are any Fairfax County Building Permit application numbers associated with this application?:** No**Fairfax County Building Permit Number(s):****BAR Agenda Item:****BAR Meeting Date:****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: Front Facade

Description of Sign:

Illuminated raceway mounted channel letter wall sign

Sign Area Width: 13

Sign Depth: 8

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type: LED

Kelvins: 3500

Scope of Work: New

Sign Area Height: 2

Total Sign Face Area: 26

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens: 150

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:

Scope of Work:

Sign Area Height:

Total Sign Face Area:

Window Height:

Total Window Area:

Awning Width:

Height from Bottom to Sidewalk:

Illumination Type:

Kelvins:

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

Description of permits or certificates being applied for:

Install (1) replacement illuminated wall sign

at the following address: 527 Maple Ave. East

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

Signature of Applicant: _____

Date: _____

3/17/25

Property Owner's Name: _____

DocuSigned by:

Maria Angelina

DocuSigned by:

Maria Angelina

Signature of Property Owner: _____

Date: _____

2/27/2025