



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

#1284457

Project Title: Mattress Warehouse Signs

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

Nicole Anzilotti
 Glyndon Shopping Center
 229 Maple Ave. East
 Vienna, VA 22180
 P:703-891-2600
nanzilotti@trimarkpm.com

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

Project Address

Project Address: 229 MAPLE AVE E

Suite:

Parcel (PIN): Address/Parcel

- 229 MAPLE AVE E: 0382 02 0082

Town Limits: Address/Parcel

- 229 MAPLE AVE E: IN TOWN OF VIENNA

Resource Management Area: Resource Management Area

- 229 MAPLE AVE E: LOCATED OUTSIDE RMA

Future Land Use Plan: Address/Parcel

- 229 MAPLE AVE E: MIXED-USE

Resource Protection Area : Resource Protection Area

- 229 MAPLE AVE E: LOCATED OUTSIDE RPA

Current Zoning: Address/Parcel

- 229 MAPLE AVE E: C-2

Windover Heights Historic District: Address/Parcel

- 229 MAPLE AVE E: LOCATED OUTSIDE WINDOVER HEIGHTS

Project Description

Project Description:

Install (1) illuminated wall sign and reface (1) multi-tenant showing center freestanding sign

Project Information

Business/Development Name: Glyndon Shopping Center

Width of Building Frontage/Leased Area: 29.33

Total Allowable Building Sign Area: 58.66

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: unknown

Project Information

Total Number of Signs Proposed: 2

Sign Type A (please provide all applicable details below)

Proposed Sign Type: Front Facade

Scope of Work: New

Description of Sign:

Sign Area Height: 1.5

illuminated channel letter wall sign

Sign Area Width: 23.31

Total Sign Face Area: 34.96

Sign Depth: 5

Window Height:

Window Width:

Total Window Area:

Awning Depth:

Awning Width:

Height from Bottom to Sidewalk:

Total Structure Height:

Illumination Type: LED

Lumens: 115.5

Kelvins: 2167.1

Alternative Measurement:

Sign Type B (please provide all applicable details below)

Proposed Sign Type: Monument

Scope of Work: Reface

Description of Sign:

Sign Area Height: 0.87

Reface existing double-sided multi-tenant freestanding sign with blue vinyl text matching existing tenant signs

Sign Area Width: 5

Total Sign Face Area: 4.35

Sign Depth: 0.18

Window Height:

Window Width:

Total Window Area:

Awning Depth:

Awning Width:

Height from Bottom to Sidewalk:

Total Structure Height: 15

Illumination Type: Alternative Measurement Type

Lumens:

Kelvins:

Alternative Measurement: existing ro remain

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:

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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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 wall sign and reface existing tenant directory pylon sign for Mattress Warehouse

at the following address: 229 Maple Ave East

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

Signature of Applicant: _____

Date: _____

3/14/24

Property Owner's Name: Alec Jacobson et el Glyndon Shopping Center

Signature of Property Owner: _____

Date: _____

3/14/2024