



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 #2112178

Project Title: Whistlers Ice Cream 521 Maple Ave W Vienna, VA 22180
Jurisdiction: Town of Vienna
Application Type: Board of Architectural Review: Signs
State: VA
Workflow: 1. Initial Review
County: Fairfax

Project Contacts

Contact Information: Applicant

David Galinsky
 Whistler's Ice Cream
 521 Maple Ave, W
 Vienna, VA 22180

██████████
 ████████████████████

Contact Information: Owner

Jeremy Shottler
 Bedford Lane
 505 Maple Ave W
 Vienna, VA 22180

██████████
 ████████████████████

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

Project Address

Project Address: 521 MAPLE AVE W

Parcel (PIN): Address/Parcel

- 521 MAPLE AVE W: 0383 38 A1

Current Zoning: Address/Parcel

- 521 MAPLE AVE W: C-1

Suite:

Town Limits: Address/Parcel

- 521 MAPLE AVE W: IN TOWN OF VIENNA

Project Description

Project Description:

update sign using existing framework

Project Information

Business/Development Name: Village Green

Total Allowable Building Sign Area: 50

BAR Meeting Date:

Width of Building Frontage/Leased Area: 25.5

BAR Agenda Item:

Project File Number: xxx

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:
reface existing panel

Sign Area Width: 10

Sign Depth: 8

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type: None

Kelvins:

Scope of Work: Reface

Sign Area Height: 2

Total Sign Face Area: 20

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

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

Town of Vienna, Virginia

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 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:

sign permit + occupancy

at the following address: 521 Maple Ave, W Vienna, VA 22180

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): David Galinsky

Signature of Applicant: _____ Date: 04/16/2026

Phone Number: 301 523 6656 Email Address: whistlersicecream@gmail.com

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: Bedford Lane

(must match owner listed in Fairfax County land records)

Printed Name and Title of Person Signing: Jeremy Schottley

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

Signature of Property Owner: [Signature] Date: 4/29/26

Phone Number: 703 938 4141 Email Address: jeremy@the-italian-gourmet.com
703 577 9998