



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

#823053

Project Title: DermUtopia Wellness
Application Type: Board of Architectural Review: Signs
Workflow: 1. Initial Review

Jurisdiction: Town of Vienna
State: VA
County: Fairfax

Project Contacts

Contact Information: Applicant

Ruth Van Landingham
SMI Sign Systems
3903 Cornell Place
Frederick, MD 21703
P:703-864-2427
ruthvan4815@gmail.com

Contact Information: Owner

Maris Angolia
Dukas Properties
527 Maple Ave East
Vienna, VA 22180
P:7032425600
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

Parcel (PIN): Address/Parcel

- 527 MAPLE AVE E: 0382 09 0100

Town Limits: Address/Parcel

- 527 MAPLE AVE E: IN TOWN OF VIENNA

Resource Management Area: Resource Management Area

- 527 MAPLE AVE E: LOCATED OUTSIDE RMA

Future Land Use Plan: Address/Parcel

- 527 MAPLE AVE E: MIXED-USE

Resource Protection Area : Resource Protection Area

- 527 MAPLE AVE E: LOCATED OUTSIDE RPA

Current Zoning: Address/Parcel

- 527 MAPLE AVE E: C-1

Windover Heights Historic District: Address/Parcel

- 527 MAPLE AVE E: LOCATED OUTSIDE WINDOVER HEIGHTS

Project Description

Project Description:

Install a 3' x 11' illuminated wall sign on raceway reading "DermUtopia Wellness"

Project Information

Business/Development Name: DermUtopia Wellness
Total Allowable Building Sign Area: 40

Width of Building Frontage/Leased Area: 20
Are any Fairfax County Building Permit application numbers associated with this application?: Yes

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: 3

3' x 11' illuminated channel letters and lozenge wall sign on raceway reading DermUtopia Wellness. Hook up to existing circuit.

Sign Area Width: 11

Total Sign Face Area: 33

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: 49

Kelvins: 3000

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:

Sign Depth:

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type:

Kelvins:

Total Sign Face Area:

Window Height:

Total Window Area:

Awning Width:

Total Structure Height:

Lumens:

Alternative Measurement:



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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:

One internally illuminated wall sign reading: DermUtopia Wellness

at the following address: 527 E Maple Avenue, Vienna

Applicant Name (fill out if owner is not applicant): Ruth M. VanLandingham

Signature of Applicant: *Ruth M. VanLandingham* Date: 7/14/22

✓ Property Owner's Name: MARIS ANGOLIA

✓ Signature of Property Owner: *Maris Angolia* Date: 7-14-22