

# Town of Vienna

## Sign Permit Application

Permit Number: \_\_\_\_\_

(Office Use Only)

Name of Project: INOVA PRIMARY CARE

Address: 130 PARK STREET, VIENNA VA 22182 Zoning: \_\_\_\_\_

Contact Person: RUTH VANLANDINGHAM

Type of Work: New ☒ Repair ☐ Alter ☐

☒ Façade Sign: Dimensions: 23 1/4" x 5'- 5/8" Total Square Feet: 10

☐ Freestanding Sign: Dimensions: \_\_\_\_\_ Total Square Feet: \_\_\_\_\_

☐ Other Sign: Dimensions: \_\_\_\_\_ Total Square Feet: \_\_\_\_\_

Wording: Logo Inova Primary Care

Location on Building or Site: front elevation

Length of Frontage (building or suite): 65'

Applicant's Name: Ruth Van Landingham

Company: Service Neon Signs Inc.

Address: 6611 Iron Place Springfield VA 22151

Phone: 703. 864.2427

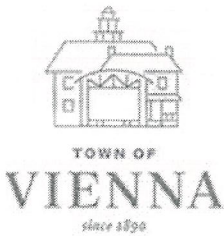
E-mail: ruth@snsigns.org

Signature: *Mary Ruth Van Landingham*

☒ I am the Owner or have received Owner's  
Consent for this Application (Please Check)

Planning and Zoning Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Master Sign Plan: ☐ BAR Approved: ☐



**Town of Vienna**  
**Board of Architectural Review**  
**Sign Review Application**

Application Number: \_\_\_\_\_-BAR  
(Office Use Only)

Name of Project: Inova Primary Care Acreage: \_\_\_\_\_  
Location: 130 Park Street, Vienna 22182 Zoning: \_\_\_\_\_  
Business Owner: Inova  
Address: 8110 Gatehouse Road Suite 200W Falls Church 22042 Phone: 703. 645.2786  
Property Owner: NILOO DEVELOPMENT LLC  
Post Office Box 9024 McLean VA 22102 Phone: 540.441.3155  
Address: \_\_\_\_\_  
E-mail Address (for "Contact Person"): \_\_\_\_\_

The following is to be furnished by the applicant for review in compliance with Chapter 4 of the Code of the Town of Vienna, Virginia. All plans shall include the following applicable items:

1. **Scaled drawings:** 1 copy of drawings of all proposed signs; drawn to scale; include all proposed text and images; show dimensions of sign, letters, and images; all sets are to be in color
2. **Complete Application** on reverse side of this form.
3. **Samples** of proposed colors, materials, and paint chips.
4. **Photographs** with the proposed location of any sign indicated as nearly as possible
5. **Site Plan:** 1 **folded** copy showing the proposed location of any freestanding sign (no larger than 11x17 format)
6. **Electronic Copy** of application, plans, and drawings submitted via email or flash drive.

**Plans will not be considered complete and eligible for a placement upon an agenda until all the information listed below has been received at least twenty-one (21) days prior to the next available Board of Architectural Review meeting.**

This following must be completed by the applicant and submitted along with all other required information and materials for review by the Board of Architectural Review in accordance with Chapter 4 of the Code of the Town of Vienna, Virginia:

1. Type of sign: Façade ☒ Freestanding ☐ Monument ☐  
Replacement Face Panel ☐ Under Canopy ☐  
Window ☐ Other \_\_\_\_\_

2. Location of proposed sign(s) on-site (include dimensions as necessary):

23 1/4" x 5'- 5/8" Non Electric Reverse Channel Letters  
mounted flat on front wall as noted on Service Neon Signs  
Drawing # 8-18-302

3. Dimensions (sign exterior and interior design elements):

23 1/4" x 5'- 5/8"

4. Colors and materials (include manufacturer, number, thickness, etc.):

3" and 2" x 1/4" Plate Aluminum Letters  
Painted Inova Blue, Red and White as noted on drawing

5. Illumination details:

Non Electric

6. Other information:

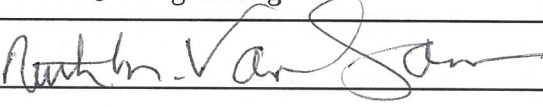
Applicant's Name: Ruth M. Van Landingham

Company: Service Neon Signs Inc.

Address: 6611 Iron Place Springfield VA 22151

Phone: 703. 864.2427

E-mail: ruth@snsigns.org

Signature: 



*I am the Owner or have received Owner's  
Consent for this Application (Please Check)*

THE TOWN OF VIENNA IS COMMITTED TO FULL COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT STANDARDS. TRANSLATION SERVICES, ASSISTANCE OR ACCOMMODATION REQUESTS FROM PERSONS WITH DISABILITIES ARE TO BE REQUESTED NOT LESS THAN 3 WORKING DAYS BEFORE THE DAY OF THE EVENT. PLEASE CALL (703) 255-6300 (Voice) OR TTY 711.