



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

#602866

Project Title: Expressions Music Academy
Application Type: Board of Architectural Review: Signs
Workflow: 1. Initial Review

Jurisdiction: Town of Vienna
State: VA
County: Fairfax

Project Contacts

Contact Information: Applicant

Kathy Baker
Concept Unlimited Inc
PO BOX 156, Nokesville
NOKESVILLE, VA 20182
P:17037534904
katsigngirl@gmail.com

Contact Information: Owner

JAY DONEGAN
J. DONEGAN COMPANY
1760 RESTON PARKWAY, 210
RESTON, VA 20190
P:703-956-9775
INFO@JDONEGAN.COM

Indicate which of the following additional project contacts
are to be included on project correspondences.: Contractor

Contact Information: Contractor

MATTHEW HIGGINS
Concept Unlimited, Inc.
10020 FARROW ROAD
COLUMBIA, SC 29203
P:8036222330
MHIGGINS@CONCEPTUNLIMITED.COM

Project Address

Project Address: 402 MAPLE AVE W

Town Limits: Address/Parcel

- 402 MAPLE AVE W: IN TOWN OF VIENNA

Resource Management Area: Resource Management Area

- 402 MAPLE AVE W: LOCATED OUTSIDE RMA

Future Land Use Plan: Address/Parcel

- 402 MAPLE AVE W: MIXED-USE

Resource Protection Area : Resource Protection Area

- 402 MAPLE AVE W: LOCATED OUTSIDE RPA

Current Zoning: Address/Parcel

- 402 MAPLE AVE W: C-1/RS-16

Windover Heights Historic District: Address/Parcel

- 402 MAPLE AVE W: LOCATED OUTSIDE WINDOVER HEIGHTS

Project Description

Project Description:

MAIN SIGN FOR EXPRESSIONS MUSIC ACADEMY TO INCLUDE (2) 3' X 6' X .063 ALUMINUM OVERLAY PANELS FOR

EXISTING D/F SIGN.

Also, Painting front entry doors to match same Light Blue as the sign to tie everything together.

Project Information

Business/Development Name: EXPRESSIONS MUSIC ACADEMY

Total Allowable Building Sign Area: 36

Fairfax County Building Permit Number(s):

Width of Building Frontage/Leased Area: 45

Are any Fairfax County Building Permit application numbers associated with this application?: No

Project Information

Total Number of Signs Proposed: 1

Sign Type A (please provide all applicable details below)

Proposed Sign Type: Monument

Description of Sign:

REFACE BOTTOM HALF OF EXISTING SIGN FOR JACK WEIL DENTISTRY FOR CHILDREN & TEENS WITH EXPRESSIONS MUSIC ACADEMY. BOTH BUSINESSES TO REMAIN ON SIGN AND BOTH TENANTS TO HAVE 18 SQ. FT. SIGNAGE EACH.

Sign Area Width: 6

Sign Depth: .063

Window Width:

Awning Depth:

Height from Bottom to Sidewalk:

Illumination Type: None

Kelvins:

Scope of Work: Reface

Sign Area Height: 3

Total Sign Face Area: 18

Window Height:

Total Window Area:

Awning Width:

Total Structure Height: 10

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:

Scope of Work:

Sign Area Height:

Total Sign Face Area:

Window Height:

Window Width:
Awning Depth:
Height from Bottom to Sidewalk:
Illumination Type:
Kelvins:

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:



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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:

Main sign for Expressions Music Academy to include (2) 3' x 6' panels for existing D/F sign

at the following address: 402 Maple Ave., Vienna, VA 22180

Applicant Name (fill out if owner is not applicant): Kathy Baker

Signature of Applicant: Kathy Baker Date: 8-10-21

Property Owner's Name: JDC 402 Maple, LLC

Signature of Property Owner: [Signature] Date: 8/11/21