

## **TOWN OF OCCOQUAN**

Town Hall, 314 Mill Street, Occoquan, VA 22125 www.occoquanva.gov | info@occoquanva.gov | (703) 491-1918

#### ARCHITECTURAL REVIEW BOARD MEETING August 22, 2023 | 7:30 p.m.

- 1. Call to Order
- 2. Citizen Comments
- 3. Approval of Minutes
  - a. May 23, 2023 Meeting Minutes
- 4. Exterior Elevation Applications
  - a. ARB2023-003 206 Washington Street (Porch Railings)
- 5. Discussion Item
  - a. Exterior Elevation Design Guidelines (EEDG) Updates
- 6. Reports
  - a. Town Council Report
  - b. Town Manager's Report
  - c. Planning Commission Report
  - d. Chair Report
- 7. Adjournment

Brenda Seefeldt Chair, Architectural Review Board



# TOWN OF OCCOQUAN ARCHITECTURAL REVIEW BOARD 1 8 2023

# APPLICATION FOR EXTERIOR ELEVATIONS Commercial and Residential Exterior Improvements Within the Old and Historic District

All exterior changes and modifications to the exterior of structures located within the <u>Old and Historic District</u> must be reviewed by the Architectural Review Board (ARB) for issuance of a Certificate of Appropriateness (COA) prior to the work being performed. Applicants should review the <u>Architectural Review Board Design Guidelines</u> for guidance of appropriate colors, materials, designs, etc.

The ARB meets regularly on the fourth Tuesday of the month at 7:30 p.m. at Town Hall. Applications must be filed at Town Hall by close of business on the Tuesday of the week prior to the meeting. Applicants must submit supplemental materials at time of application. Additional paint and material samples, product brochures and spec sheets, renderings, architectural drawings, photographs of the structure or other supplemental materials may be requested by the ARB prior to the hearing. The applicant or a representative must be present at the meeting during which the ARB will review the application. All fees must be paid prior to scheduling for ARB consideration.

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Section I: Applicant and Owner Information				
Donna Bell  Applicant Name  Donna Tell  Business Name (if Applicable)  Address (Nol, City, Address, Zip) + PO Box	Owner Name Donna Bell Address (No., City, Address, Zip) + PO Box 206 Washingtons+ Email  Phone Number  Same as Applicant Information			
Section II: Property Information				
Project Address:	Structure Style:			
Type of Use (Select One):  □ Residential □ Commercial □ Mixed-Use □ Other:	Exterior Elevation Type (Select all that apply):  Improvement/Repair to Existing Structure  New Development/In-Fill or New Accessory Structure  Demolition  Other:			
Brief Description of Project:  Fixed ralling and come to F	ind out needs to 42" Tall comercial			
Notice to Applicant/Property Owner: Prior to construct determine the existence of any restrictive covenants and/or deed restrictive.	ction and/or installation of improvements, it is your responsibility to ictions governing property improvements. Other permits or approvals ompliance Review and/or Building Permits, among others. It is your			
Worna M Bell	8/18/2023 Date Submitted			

Section III: Application Check List				
□ Paint Sample (identify which Architectural features samples are included) List:	re □ Material Samples (identify which Architectural feature samples are included)  List:  Wo6 €			
□ Spec Sheets/Product Brochures: (identify which Architectural feature spec sheets are included) List:	☐ Photo of existing structure(s)  ☐ Schematic(s)/Rendering(s) illustrating proposed improvement(s) on structure(s)  ☐ Architectural Plans			
□ Other (List):				
<b>Note to Applicants:</b> Applicants are responsible for providing supplemental materials for proposed improvements. Applicants are responsible for ensuring proposed improvements are based on requirements listed in the Architectural Review Design Guidelines (as amended) and included under § 157.179 of the Town Code regarding matters to be considered by the ARB. At the time of the ARB meeting, the ARB may request additional information or documentation in order to complete a thorough review of the application.				
Section IV: ARB Certificate Of Approval (COA)				
Date to Architectural Review Board:    COA Issued   CO	DA Denied			
Signature (ARB Cha	Signature (ARB Chair or Designee)  Date			
Section V: TOWN STAFF ONLY				
	ARB APPLICATION NO.:			
	ARB2023-003			
Plan Reference Numbers:  □ Zoning Approval  □ Site Plan  □ SUP  □ Other				

### **CONTINUE TO NEXT SECTION**



# TOWN OF OCCOQUAN ARCHITECTURAL REVIEW BOARD

### APPLICATION FOR EXTERIOR ELEVATIONS

### SUPPLEMENTAL APPLICATION

Section V: Supplemental Application For New Builds, Improvements to Existing Structures and Combination Projects - Commercial, Residential and Mixed-Use

Project Address: 206 Washington Street ARB Application No.: 2023-003

Complete only the sections below that are applicable to the application. More information on each section is included in the ARB Design Guidelines available on the Town's website at <a href="www.occoquanva.gov">www.occoquanva.gov</a>. Note: Words included on any improvements constitute a sign and are not part of the Exterior Elevation review process; a separate sign application process is required.

1. Type of Improvement(s): □ New Build □ Improvements to Existing Structure(s) □ Combination				
2. Additions and New Builds				
Accessory Structure: Size:Location relative to Main Structure:				
□ New Build: Size:Location on site:				
General Description/Use of Structure:_				
□ Rendering required □ Plan showing Complete applicable sections below.	location on site required	□ Architectural Plans required		
3. Awnings □ New □ Repair/Replace	ement			
Existing Material, Color and Design:				
Proposed Material (canvas or similar m	naterial):	Color:		
□ Sample Included (Type):				
$\square$ Spec Sheet Included $\square$ Photo Included	d			
<b>4. Exterior Walls on Structure</b> □ New Existing Material, Color and Pattern:	• •			
Proposed Material: □ Brick □ Siding □ C	Other:	□ Paint □ Material Replacement		
Material Type:	_Color:	Pattern:		
□Mortar: Color	Joint Pattern			
□Sample Included (Type):				
☐ Spec Sheet Included ☐ Photo Include	ed			

5. Windows   New Repair/Replacement					
Existing Material, Color and Pattern:					
Proposed Material:	l: Grid Profile:				
Grid Color:Shutter Color:	Trir	n Color:			
Location (identify location of windows and types – provide exhibit):					
□ Sample Included (Type):					
- Core Chest Insteaded - Dhoto Insteaded					
6. Doors □ New □ Repair/Replacement					
Existing Material, Color and Pattern:					
Existing Material, Color and Lattern.					
Proposed Material:St	yle: 🗆	Window (Style):			
Door Color:Trim Color:	Wind	ow Color:			
Location(s) (identify location of doors and types - provi					
□Sample Included (Type):					
□ Spec Sheet Included □ Photo Included					
7. Roofs and Gutters   New Repair/Replacement					
Existing Material, Color and Pattern:	- 1				
	- 15:				
Proposed Roof Material:	Root Pite	ch			
Proposed Roof Color and Style:					
Proposed Gutter Material and Color:					
Gutter Locations (provide exhibit):					
□ Sample Included (Type):					
		- X-37-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
8. Dormers □ New □ Repair/Replacement					
Existing Material, Color and Pattern:					
Proposed Material:	Existing Pitch	New Pitch			
Proposed Color and Style:	Window Color and	d Style:			
□ Sample Included (Type):					
		20 and 20			
□ Spec Sheet Included □ Photo Included					

9. Fences, Retaining Walls, Foundations, Decks, Porches, Screenings, Patios, Enclosures etc.  □ New □ Repair/Replacement Proposed Structure Type:				
	_		Type:	
		Color/Stain:		
A-24		Decorative Trim/Hardware:		
Mortar Color:		Joint Pattern:		
Porch/Deck Post(s) Size		Spindle Design and Color:		
□ Sample Included (Type □ Spec Sheet Included	SEATH COLLEGE CO.			
10. Other Exterior Impro	ovements - New and Design:	□ Repair/Replacement	Type:	
Existing Material, Color	and Design:		Type:	
<b>Lighting</b> Light Fixtures: Color	Style	Placement	Spec Sheet Included	
Ramps ADA Ramps: Color	Style	Location	Spec Sheet Included	
Chimneys  □ Brick □ Stone Color	Style_	Location	□ Spec Sheet Included	
Other Material:	_Color	Туре	Location	
Other Material:	_ Color	Туре	Location	
Brief Description:				
□ Spec Sheet Included □ Photo Included				
Applicant Signature Date TOWN STAFF ONLY				
Notes:				



Droperty-2016 washingten St. Occoguan Va.

Donna Bell

