



**TOWN OF MIDDLEBURG
CERTIFICATE OF APPROPRIATENESS**



10 West Marshall Street, PO Box 187
Middleburg, Virginia 20118-0187
540-687-5152 FAX 540-687-3804

COA # _____

Owner Name: _____

Business Name: _____

Authorized Agent (if applicable): _____

Mailing Address: _____

Daytime Telephone Number (s): _____

Street Address of Property: _____ Parcel Number: _____

Project Description

- New construction
 Exterior Alteration
 Addition
 Relocation
 Demolition
 Sign
 Minor Actions:
 Repainting
 Storm Doors/Windows
 Minor Landscaping Structure

Contractor: _____

Address: _____ Phone: _____

Summary of Work

Acknowledgement of Responsibility

I understand that all applications requiring review by the HDRC must be complete and must be submitted ten (10) days before the HDRC meeting date; otherwise consideration will be deferred to the following meeting. I agree to comply with the conditions of this certificate and all other applicable town regulations and to pursue this project in strict conformance with the plans approved by the HDRC. I understand that no changes are permitted without prior approval of the Town, and that failure to follow approved plans is a violation of the zoning ordinance punishable by a civil penalty of \$100 for the 1st violation and \$150 for each subsequent violation.

Signature of Owner or Authorized Agent: _____

Printed name: _____

**OFFICE USE ONLY
FOR MINOR PROJECTS**

Date of Application: _____

COA EX#: _____

Minor Project Exclusion Approved: _____

Date: _____

Zoning Administrator

THIS EXCLUSION EXPIRES ONE YEAR FROM THE APPROVAL DATE IF THE AUTHORIZED ACTIVITY HAS NOT BEEN COMMENCED AND DILIGENTLY PURSUED. ISSUANCE OF A MINOR ACTION EXCLUSION SHALL NOT RELIEVE THE APPLICANT, CONTRACTOR, TENANT OR PROPERTY OWNER FROM OBTAINING ANY OTHER REQUIRED PERMIT.

SIGNS ONLY: (Attach copy of Sign Permit Application)

Linear feet of building: Front _____ Side (if corner lot) _____ Square feet of Existing Signs: _____

Sign 1: Type of Sign: Freestanding Wall Window Awning Projecting
Sign Area: _____ sq. ft. Material: _____ Location of Sign: _____

Sign 2: Type of Sign: Freestanding Wall Window Awning Projecting
Sign Area: _____ sq. ft. Material: _____ Location of Sign: _____

ALL APPLICATIONS: Supporting Information Attached:

Attach all information necessary to completely describe the project. Use the checklist below to ensure the application is complete. (Use N/A if item is not applicable to your project)

____ Written Description. Describe clearly and in detail the nature of the project, including exact dimensions for materials to be used (e.g., width of siding, windows and window trim, etc.)

- ____ Architectural Drawings - minimum scale of 1/4" = 1'
 - ____ Dimensioned outline of the building
 - ____ Dimensioned elevations of new construction and adjacent existing elevations
 - ____ Site Plan(s) with scale 1/8" = 1' (for new construction and additions)
 - ____ Site Section(s) with scale 1/8" = 1' (when requested by HDRC)

____ Photographs - A minimum of three views of the area(s) under review

____ Specifications of Exterior Materials - To include, but not limited to: Roofing, siding, windows & doors, trim work, color scheme, chimneys, shutters, utilities and mechanical equipment locations and specifications, exterior lighting, fencing, walls, and paving. (Include Manufacturer's specification sheets)

____ Signs - Detailed scaled drawing showing style and size of letters, color, sample and type of material, and proposed location on the building elevation, with a photograph of elevation under review.

NOTE 1: All materials must be submitted in such a manner that their review does not require professional interpretation. All materials submitted will become the property of the Town of Middleburg.

NOTE 2: All projects involving new construction, addition or major renovations must file page 3 of the COA application form providing names & addresses of adjacent property owners for public notice purposes.

OFFICE USE ONLY – FOR COA

Date of Application: _____ Fee Paid : _____ COA#: _____

HDRC Action: Approval Conditional Approval Denied Date: _____

HDRC Comments/Conditions: _____

If Appeal, Town Council Action: Approval Denied Date: _____

Town Council Conditions: _____

Application Approved: _____ Date: _____

Zoning Administrator

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE APPROVAL DATE IF THE AUTHORIZED ACTIVITY HAS NOT BEEN COMMENCED AND DILIGENTLY PURSUED. NO DEVIATIONS FROM THE APPROVED PLANS ARE PERMITTED WITHOUT PRIOR APPROVAL OF THE HDRC.

**THIS PAGE ONLY
FOR NEW CONSTRUCTION, ADDITION, AND MAJOR RENOVATION PROJECTS:**

List Adjacent Property Owners and Addresses:

1. Name _____
Street Address _____
Mailing Address _____

4. Name _____
Street Address _____
Mailing Address _____

2. Name _____
Street Address _____
Mailing Address _____

5. Name _____
Street Address _____
Mailing Address _____

3. Name _____
Street Address _____
Mailing Address _____

6. Name _____
Street Address _____

