

Town of Scottsville

401 Valley Street, Scottsville, VA 24590
(434) 286-9267 • www.scottsville.org

Architectural Review Board Certificate of Appropriateness

Notice to Applicants: The ARB meets the first Thursday of each month at 7:00 p.m. Applicants should plan to attend. Applications must be submitted seven days prior to meeting date.

Date: _____, 20 _____ Permit Number: _____ Fee: _____

Applicant (Owner of Property): _____

Applicant's Address: _____

Applicant's Daytime Phone Number: _____

Contractor (if other than applicant): _____

Contractor's Address: _____ Phone No: _____

Contractor's License: _____

Site of Construction:

Street Address: _____

Type of Action:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Rehabilitation, Repair or Alteration | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Addition to Existing Building | <input type="checkbox"/> Other _____ |

Materials to be Submitted:	Required	Received	Not Required
A. Drawings to scale showing dimensions and all exterior architectural features.			
B. Visual details of exterior, showing materials used, colors, textures, door and window design.			
C. Elevation drawing or photograph.			
D. Landscaping Plans.			
E. Exterior Lighting Plans.			
F. Full Site Development Plan, as described in Sec. 24.			

If approved, I agree to fully abide by the terms of this permit and carry out the construction in full compliance with the Scottsville Zoning Ordinance.

Applicant's signature _____ Date _____, 20____

For Official Use	Attached File? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zoning District:	
<input type="checkbox"/> Historic District Overlay	<input type="checkbox"/> Entrance Corridor District Overlay
<input type="checkbox"/> Landmark site	<input type="checkbox"/> Contributing site <input type="checkbox"/> Non-contributing Site
Zoning Official finding: _____ Date: _____	
<input type="checkbox"/> Adequate representation of sign and site plan submitted (4.14.9.2.a.8)	
<input type="checkbox"/> Exempt <input type="checkbox"/> Conforms <input type="checkbox"/> ARB (H & EC) <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Prohibited <input type="checkbox"/> Variance requested.	
ARB findings: _____	
By (Chair Person): _____ Date _____	
Council action: _____	
By (Mayor or Clerk) _____ Date _____	
<input type="checkbox"/> Permit Issued. By (Zoning Official) _____ Date _____ Mailed to Applicant on: _____	