



# CITY OF POQUOSON

COMMUNITY DEVELOPMENT

500 CITY HALL AVENUE  
POQUOSON, VA 23662  
(757) 868-3040 TELEPHONE

## APPLICATION FOR ARCHITECTURAL REVIEW

Owner/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Subject Building: \_\_\_\_\_

Principal Tenant of Subject Building:

Name: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Architect(s), Engineer(s), Sign Company, Etc.:

Name, Address, Phone Number, Email:

\_\_\_\_\_  
\_\_\_\_\_

Name, Address, Phone Number, Email:

\_\_\_\_\_  
\_\_\_\_\_

Name, Address, Phone Number, Email:

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE CITY REPRESENTATIVES TO HAVE  
ACCESS TO THE PROPERTY DURING REASONABLE HOURS.

**Zoning District (circle all that apply):**

R-S Single Family Residence

R-1 Single Family Residence

R-2 Single Family Residence

R-3 Multi-Family Residence

B-1 Office/Professional

B-2 Business/Commercial

General Commercial

Village Commercial

Research and Development

**Type of Project (circle all that apply):**

Alteration

Repainting

New Construction

Reconstruction

Restoration

**Type of Construction (circle all that apply):**

Building

Sign

Monument

Wall

Other (please explain):

---

---

---

**APPLICATION SUBMITTAL REQUIREMENTS**

This application must include the following upon submittal:

1. Architectural renderings and plans of all buildings, signs, structures, and other improvements as deemed necessary and appropriate by City staff. In some cases, a professional architect or engineer may be necessary.
2. Material/Color Samples
3. Site Plan (if necessary)

This application and a recommendation by City staff will be considered by the Architectural Review Board. All required information must be submitted to City staff at least 30 days prior to a regular meeting of the ARB which are typically held the first Monday of each month at 5:00 p.m. at 500 City Hall Avenue.