

**TOWN OF WARRENTON, VIRGINIA**

18 Court Street, P.O. Drawer 341

Warrenton, VA 20188-0341

(540) 347-2405

**LAND DEVELOPMENT APPLICATION**

**NO.** \_\_\_\_\_

Application is hereby made for a zoning permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all Town and State Laws and Ordinances and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit. The permit is valid for six (6) months from date of issuance. If not renewed prior to expiration, this permit is null and void.

**TYPE OF DEVELOPMENT:**

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> Preliminary Plat         | <input type="checkbox"/> Amendment                          | <input type="checkbox"/> Boundary Adjustment | <input type="checkbox"/> Zoning/Rezoning               | <input type="checkbox"/> Variance                |
| <input type="checkbox"/> Final Plat               | <input type="checkbox"/> Comp Plan<br>Amendment             | <input type="checkbox"/> Land Disturbance    | <input type="checkbox"/> Sign – Permit #<br>_____-____ | <input type="checkbox"/> Other,<br>Specify Below |
| <input type="checkbox"/> Site Development<br>Plan | <input type="checkbox"/> Zoning Ordinance Text<br>Amendment | <input type="checkbox"/> Site Plan Waiver    | <input type="checkbox"/> Temporary Use<br>or Structure |  |
| <input type="checkbox"/> Special Exception        | <input type="checkbox"/> Special Use Permit                 | <input type="checkbox"/> Sketch/Concept Plan | <input type="checkbox"/> Record Plat                   |  |

**PURPOSE OF REQUEST:** \_\_\_\_\_

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

**Record Owner as shown on deed:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone(Day): \_\_\_\_\_

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

**Applicant:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone(Day): \_\_\_\_\_

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

Parcel Identification Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Subject Property Street Address: \_\_\_\_\_

Acreage: \_\_\_\_\_ Street Frontage: \_\_\_\_\_ Existing Structures(Number & Type): \_\_\_\_\_ Existing Use: \_\_\_\_\_

**OWNERS AFFADAVIT:**

I have read this application, understand its intent and freely consent to the filing. Furthermore, I have the power to authorize and hereby grant permission for the Town of Warrenton officials and other authorized government agents on official business to enter the property as necessary to process this application.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Date

**APPLICANT'S AFFADAVIT:**

The information provided is accurate to the best of my knowledge. I acknowledge that all test, studies, and other requirements of the Town of Warrenton Zoning Ordinance and Subdivision Ordinance and other requirement of review/approval agencies will be carried out at my expense. I understand that the Town may deny, approve or conditionally approve that for which I am applying.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Date