

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
Amendment | <input type="checkbox"/> Land Disturbance | <input type="checkbox"/> Sign – Permit #
_____-____ | <input type="checkbox"/> Other,
Specify Below |
| <input type="checkbox"/> Site Development
Plan | <input type="checkbox"/> Zoning Ordinance Text
Amendment | <input type="checkbox"/> Site Plan Waiver | <input type="checkbox"/> Temporary Use
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