



# TOWN OF WARRENTON

Department of Community Development

PO BOX 341  
WARRENTON, VIRGINIA 20188  
http://www.warrentonva.gov  
Permittech@warrentonva.gov  
(540) 347-2405

## Land Development Application

Type of Development [select type(s) below]

Permit # \_\_\_\_\_

Planning	Zoning		
Commission Permit (§2232)	Administrative Appeal	Concept Plan Review	Record / Vacate Plat
Comprehensive Plan Amendment	As-Built	Easement Plat	Site Development Plan
Special Use Permit	Bond Release/ Reduction	Final Plat	Variance
Rezoning	Bond Extension	Preliminary Plat	Waiver, Administrative
	Boundary Adjustment	Re-approval of Plat	Waiver/Exception, Legislative

Amendment to Existing Approved Application? If Yes, List Application \_\_\_\_\_

### Project Description

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

Property Address (if no address, give closest cross street): \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

Zoning District: \_\_\_\_\_ Total Acres: \_\_\_\_\_ Acres for Proposed Use: \_\_\_\_\_

Parcel Identification Number(s): \_\_\_\_\_

\_\_\_\_\_

### Contact Information (Attach separate page if necessary)

#### All Current Owners

Name & Company: \_\_\_\_\_

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

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

#### All Current Applicants (if different then owner):

Name & Company: \_\_\_\_\_

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

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

#### Representative (if different then owner/applicant):

Name & Company: \_\_\_\_\_

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

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

#### OWNER(S) AFFIDAVIT (Original Signatures Required)

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

#### APPLICANT(S) AFFIDAVIT (Original Signatures Required)

The information provided is accurate to the best of my knowledge. I acknowledge that all tests, studies, and other requirements of the Town of Warrenton Zoning Ordinance and Subdivision Ordinance and other requirements 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.

Owner's Signature & Date: \_\_\_\_\_

Applicant's Signature & Date: \_\_\_\_\_

Print Owner's Name: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_