WARRENTON THE STATE	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 Comprehensive Plan Amendment Special Use Permit Rezoning	Administrative Appeal As-Built Bond Release/ Reduction Bond Extension Boundary Adjustment	Concept Plan Review Easement Plat Final Plat Preliminary Plat Re-approval of Plat	Record / Vacate Plat Site Development Plan Variance Waiver, Administrative Waiver/Exception, Legislative			
Amendment to Existing A	pproved Application? If Yes, Lis	t Application				
Project Description						
	ss, give closest cross street): 2 ert existing barn into ADU Total Acres:		20186 r Proposed Use: <u>.3</u>			
Contact Information (Attach s	eparate page if necessary)					
All Current Owners						
Name & Company: Jim & Nell	Lawrence		-			
Address: 226 E Lee St. Wa	rrenton, VA 20186					
Phone: 703-969-0270	Email:james@lawre	encedirect.com				
All Current Applicants (if different Applicants)	rent then owner):					
Address:	Empile					
Phone:	Email:					
Representative (if different th	en owner/applicant):					
Name & Company:						
Address:	<b>F</b> 11					
Phone:	Email:					
OWNER(S) AFFIDAVIT (Origina	l 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.

DocuSigned by:		Docusigned by:		
Owner's Signature & Date: James Lawrence	9/18/2023	Applicant's Signature & Date:	James Lawrence 9/18/2023	
CCE244CD8F014E6			CCE244CD8F014E6	•
Print Owner's Name: James Lawrence		Print Applicant's Name:	James Lawrence	_