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: 18 Court Street Rezoning

Property Address (if no address, give closest cross street): 18 Court Street

Purpose of Request: Request to rezone 18 Court Street from Public/Semi-Public (PSP) to Central Business District (CBD).

Zoning District: PSP Total Acres: 0.09 Acres for Proposed Use: 0.09

Parcel Identification Number(s): 6984-33-8623-000

Contact Information (Attach separate page if necessary)

All Current Owners

Name & Company: Town of Warrenton

Address: P.O. Drawer 341, Warrenton, VA 20188

Phone: (540) 347-1101 Email:

All Current Applicants (if different then owner):

Name &Company: Mr. Kevin Ash, Madison Dale Consulting LLC

Address: 111 E. Market Street, Leesburg, VA 20176

Phone: (301) 331-7879 Email: gramacciotti@clay-construction.com

Representative (if different then owner/applicant):

Name & Company: Grace Ramacciotti

Address: 111 E. Market Street, Leesburg, VA 20176

Phone:(301) 331-7879 Email: gramacciotti@clay-construction.com

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: _____