



TOWN OF WARRENTON

Community Development Department

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

Pre-Application Meeting Request

Project Name: _____

Type of Application: _____

PIN #(s): _____

Parcel Address: _____ Acreage: _____

Existing Zoning: _____ Proposed Zoning: _____ Ward: _____

Contact Information: *Note: Email will be the primary method of contact unless otherwise specified.*

Representative (to be principal contact): _____

Phone #: _____ Cell #: _____ Email: _____

Applicant(s): _____

Representative (to be principal contact): _____

Phone #: _____ Cell #: _____ Email: _____

Applicant(s): _____

Representative (to be principal contact): _____

Phone #: _____ Cell #: _____ Email: _____

Applicant(s): _____

Representative (to be principal contact): _____

Phone #: _____ Cell #: _____ Email: _____

Applicant(s): _____

By this submission, I hereby grant permission for Town of Warrenton officials to enter the property for purposes solely related to this application.

(Please initial)

Requested Date of Pre-Application Meeting: _____ Number attending: _____

Names of attendees: _____

Note: Property Owner, Applicant/Developer and Project Planner/Engineer/Attorney/Surveyor should attend.

Does anyone in your party have special needs? ☒ No ☐ Yes, list: _____

Have you discussed this proposal with anyone on staff? ☐ No ☒ Yes, who? _____

Is this an active project in the Town or subject to prior approvals? ☒ No ☐ Yes, list: _____

Projected Traffic Generation (vehicle trips per day): _____ Is there a Floodplain on this property? _____



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Pre-Application Meeting Submission:

Required Materials:

- ☐ 3 copies of this **Pre-Application Meeting Form**, including a complete description of the proposed project.
- ☐ 3 copies **Description of Project**, complete out below or attach.
- ☐ 3 copies **Specific Issues to Discuss Relative to the Project**, complete below or attach.
- ☐ 3 copies of a **Concept Plan** showing the generalized layout of the proposed development, including lots and/ or buildings, anticipated use, access points, open space areas, off-street parking, improvements to existing streets, stormwater areas and similar information. The amount of information needed will depend on the scope of the project. Engineered plans are not expected at this stage and the information should derive from existing data sources such as the County GIS system and existing surveys.

The Concept Plan should be no larger than 24" x 36", use a standard engineering scale between 1" = 10' and 1" = 200', and include:

- ☐ Date of plan and north arrow.
- ☐ Current use of project parcel(s) and adjacent parcels. Total project site acreage.
- ☐ **Digital PDF Copy** of all submission materials (*Please note, if provided, Flash Drives will be returned*)

Recommended Materials:

Please include as much of the following information as possible. The more information that is provided, the better able Staff will be to identify issues and problem areas. If you have any questions or need help in obtaining information, please call Community Development Staff.

- ☐ Topographic contours with intervals no greater than 5 feet.
- ☐ Existing drainage facilities, including major culverts, ponds and streams.
- ☐ The Health Department would like the location of all wells and location (or approximate) of the drainfield.
- ☐ All existing restrictions on the use of the land, including easements and covenants.
- ☐ Soil information from County maps.

All items listed above should be submitted by **4:00 p.m.**, two weeks prior to the requested meeting date.

Please mail or deliver the above items to:

Community Development
PO Box 341 (Mailing Address)
21 Main Street (Physical Location)
Warrenton, VA 20186



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Description of Project:

Please be as complete as possible; type, use, number of units/lots, square footage, phasing, number of employees, other descriptive relevant information

Specific Issues to Discuss Relative to the Project:

Official Office use Only: _____ Received Stamp:

Scheduled Meeting Date: _____

Time: _____

Location: _____

Scheduled by: _____