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 S

Project Description

Project Name: Playverse LLC

Property Address (if no address, give closest cross street): 601 Frost Avenue

Purpose of Request: SUP

Zoning District: Total Acres: 10.735 Acres for Proposed Use:

Parcel Identification Number(s): 6974-95-2114

Contact Information (Attach separate page if necessary)

All Current Owners

Name & Company: Kalis Holdings LLC

Address: 7918 Jones Branch Drive Suite 400 McLean, Virginia 22102-3919

Phone: 703 585-0100 Email: nkalis@kaliscompanies.com

All Current Applicants (if different then owner):

Name &Company: Playverse LLC

Address: 601 Frost Avenue

Phone: +15714717511 Email: ayodun2016@gmail.com

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: Kalis 4/10/2026 Applicant's Signature & Date: 4/10/2026

Print Owner's Name: Nicholas Kalis Manager Print Applicant's Name: Joe Owoeye-Gold

Kalis Holdings LLC