



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		
<input type="checkbox"/> Commission Permit (\$2232)	<input type="checkbox"/> Administrative Appeal	<input type="checkbox"/> Concept Plan Review	<input type="checkbox"/> Record / Vacate Plat
<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> As-Built	<input type="checkbox"/> Easement Plat	<input type="checkbox"/> Site Development Plan
<input checked="" type="checkbox"/> Special Use Permit	<input type="checkbox"/> Bond Release/ Reduction	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Variance
<input type="checkbox"/> Rezoning	<input type="checkbox"/> Bond Extension	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Waiver, Administrative
	<input type="checkbox"/> Boundary Adjustment	<input type="checkbox"/> Re-approval of Plat	<input type="checkbox"/> Waiver/Exception, Legislative

☐ Amendment to Existing Approved Application? If Yes, List Application _____

Project Description

Project Name: 71 S Fifth St Dealership

Property Address (if no address, give closest cross street): 71 S Fifth St Warrenton Va 20186

Purpose of Request: To regain my use as a dealership

Zoning District: Commercial

Total Acres: .3

Acres for Proposed Use: .3 Dealership

Parcel Identification Number(s): 6984 42 4640 000

Contact Information (Attach separate page if necessary)

All Current Owners

Name & Company: Robert Samia

Address: 4206 Mosby St The Plains Va 20198

Phone: 540-272-4206

Email: rbsamia@gmail.com

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:  2/15/24

Applicant's Signature & Date: _____

Print Owner's Name: Robert Samia

Print Applicant's Name: _____