TOWN OF WARRENTON

Department of Community Development

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: 10 Hotel Street Rezoning

Property Address (if no address, give closest cross street): 10 Hotel Street

Purpose of Request: Request to rezone 10 Hotel Street from Public/Semi-Public (PSP) to Central Business District (CBD)

Zoning District: PSP Total Acres: 0.5562 Acres for Proposed Use: 0.5562

Parcel Identification Number(s): 6984-33-7459-000

Contact Information (Attach separate page if necessary)

All Current Owners

Name & Company: Fauquier County Board of Supervisors

Address: 40 Culpeper Street, Warrenton, Virginia 20186

Phone: Email:

All Current Applicants (if different then owner):

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

Address: 111 E Market St, Leesburg, VA 20176

Phone: 202 528 4055 Email: kash@madisondale.com

Representative (if different then owner/applicant):

Name & Company: Grace Ramacciotti

Address: 111 E market St, 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: 08/10/2026 Applicant's Signature & Date: 07/30/2026

Print Owner's Name: Janelle J. Downes Print Applicant's Name Kevin Ash