



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	
<input type="checkbox"/> Commission Permit (\$2232)	<input checked="" type="checkbox"/> Administrative Appeal
<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> As-Built
<input type="checkbox"/> Special Use Permit	<input type="checkbox"/> Bond Release/ Reduction
<input type="checkbox"/> Rezoning	<input type="checkbox"/> Bond Extension
	<input type="checkbox"/> Boundary Adjustment
<input type="checkbox"/> Amendment to Existing Approved Application? If Yes, List Application _____	

Project Description

Project Name: Amazon Vested Rights Determination - 719 Blackwell Road

Property Address (if no address, give closest cross street): 719 Blackwell Road

Purpose of Request: **Appeal of Zoning Determination dated October 24, 2025**

Zoning District: Industrial Total Acres: 41.7 Acres for Proposed Use: _____
Parcel Identification Number(s): 6984-69-2419-000

Contact Information (Attach separate page if necessary)

All Current Owners

Name & Company: Amazon Data Services, Inc.

Address: P.O. Box 80416, Seattle, WA 98108

Phone: _____ Email: _____

All Current Applicants (if different than owner):

Name & Company: Same as Owner

Address: _____

Phone: _____ Email: _____

Representative (if different than owner/applicant):

Name & Company: Gordon Todd, Esq., Sidley Austin LLP,

Address: 1501 K. Street, N.W., Washington, DC 20005

Phone: (202) 736-8760 Email: gtodd@sidley.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: Amazon Data Services, Inc.

Print Applicant's Name: Amazon Data Services, Inc.