

TOWN OF WARSAW, VA.

Public Notice

Notice is hereby given that a Conditional Use Permit is petitioned by Midtowne, L.L.C. to allow for a mixed-use development of Limited Commercial and Multi-Family Dwellings on Tax Map Parcel No. 16A1(5)A, further identified as 5373 Richmond Road. The property is a R-12, Residential/Office zoning district which requires a Conditional Use Permit and Public Hearing for such mixed-use developments combining limited commercial with multi-family dwellings.

The Warsaw Town Council and Planning Commission will conduct a Joint Public Hearing at a meeting on Thursday, August 14th, 2025, at 6:00P.M., respectively, in the Warsaw Town Council Chambers located at 78 Belle Ville Lane, Warsaw, VA, 22572. Following the Public Hearings action is anticipated. A copy of the existing zoning ordinance and proposed development are available at Town Hall.

Questions or special accommodations to attend public hearings should be directed to Joseph Quesenberry, Town Manager, at jquesenberry@townofwarshawva.us, 804-333-3737.



Town of Warsaw
 78 Belle Ville Lane
 Warsaw, Virginia 22572
 Phone: (804) 333-3737
 www.townofwarsaw.com

Office use:

Date: 6-1-25
 Received by: M. Code
 Plan Number: 20250

PLAN RESUBMITTAL
MIDTOWN #01

SITE DEVELOPMENT PLAN REVIEW APPLICATION

Is your site a major development plan? (circle the appropriate answer)

Is this new construction? Yes No Is this expansion greater than 2,500 Sq. Ft.? Yes No

Are any of the following required:

Erosion and Sediment control plan? Yes No Stormwater Management Permit? Yes No

Relocation or extension of public utilities? Yes No A Traffic Impact Analysis? Yes No

If you answered YES to any of these questions, then you must apply for a Major Site Development Review.

Plan Type:

- Major Site Development Review (greater than 2,500 sq. ft. or yes to any of the above items)- \$300 fee
- Minor Site Development Review or Subdivision - \$200 fee
- Re-submittal of Plan or Amendment to Existing -\$250 fee
- Boundary Line Adjustment - \$150 fee

Site Information:

Physical Address: 5373 Richmond RD, Warsaw, VA 22572

Legal Description: _____

Tax Map #(s): 14A1(5)A Present Zoning: R-12 Present Use: Vacant

Is the Project Located in an Overlay District? If so, name it, if no then, state no: yes/TT

Proposed Use: Mixed use Residential/Light Commercial

Project Description: 17 Apartments/7,200 sq. ft. of light commercial

Residential	Non-Residential (circle one)		
Type of Unit(s): <u>2+3 Bedroom units (17)</u>	<u>Commercial</u>	Industrial	Public/Civic
Number of Building(s): <u>1</u>	Number of Building(s): _____		
Square Footage of Building(s): <u>27,562</u>	Square Footage of Building (s) <u>(7,200)</u>		
Size of Site: <u>2.67 +/- Acres</u>	Size of Site: _____		
Amount of Disturbed Area: <u>.9 Acres</u>	Amount of Disturbed Area: _____		

Applicant Information:

Property Owner: MIDTOWNE LLC

Address: PO BOX 28, TAPPAHANNOCK, VA 22560

Email: packett74@gmail.com Phone #: 804-450-7935

*Applicant Name: PACKETT BUILDERS INC (GREGORY PACKETT)

Address: PO BOX 28, TAPPAHANNOCK, VA 22560

Email Address: packett74@gmail.com Phone #: 804-450-7935

**If applicant is not the property owner then, Power of Attorney or other form of Owner's consent is required.*

Licensed Professional: (Professional Engineer or Land Surveyor)

Firm Name: J. L. HOWETH, P.L. Contact Name: JEFF HOWETH

Address: PO BOX 1684, TAPPAHANNOCK, VA 22560

Phone #: 804-443-6367 Email: jhoweth@msn.com

Professional License #: 23337

Signature:

I the undersigned certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in a delay of processing. I hereby authorize the Town of Warsaw to review this request, visit the site, and contact any appropriate design professional in relation to questions generated as a result of the review.

Print Name: Gregory M. Packett

Signature: [Signature] Date: 5/6/25

Who shall be the primary contact? (circle one) Owner Applicant Licensed Professional

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Received by: [Signature] Date: 6/1/25 Fee Paid: Y N

Plan Number: _____

Complete: Yes No Date: _____

If no, what needs to be added: _____

Other comments: _____



MINOR OR MAJOR SITE DEVELOPMENT PLAN CHECKLIST:

This checklist is to be used as an aid for the applicant for submittal and staff to determine completeness.

Place a check in the box to indicate the item is included. Write N/A if the item is not applicable

Applicant	Staff	Plan Item
✓		Title of the project
✓		Name(s) of design professional
✓		Property owner information
✓		Signature panel for the agent's approval
✓		Zoning Classification
✓		The northpoint, scale, date and vicinity map
✓		The boundaries of the property involved, all existing property lines
✓		All setback lines
✓		All existing and proposed contours with 5 foot intervals
✓		All existing and proposed buildings or structures to include square footage, number of stories and type of construction
✓		Any proposed demolition plans and details
✓		All watercourses, adjacent property lines, waterways or lakes and other existing physical features in or adjoining the project, including flood hazard areas as identified by official flood insurance maps
✓		The location, dimensions and character of construction of existing and proposed streets, alleys, sidewalks, right-of-ways, easements, construction entrance, curbs and gutters and all curb cuts
✓		The location and size of existing and proposed sanitary sewers; water, gas, telephone, electric and other utility lines; culverts and other underground or overhead structures in or affecting the project, including existing and proposed facilities and easements for these facilities

Applicant	Staff	Plan Item
✓		All existing and proposed parking, travel lanes, driveways, entrances, exits, loading spaces, walkways and bicycle parking requirements, indicating type of surfacing, size, angle of stalls, width of aisles and a specific schedule showing the number of parking spaces provided and the number required
✓		Existing and proposed stormwater management facilities and erosion and sediment control measures, indicating location, size, type and grade of ditches, catch basins, and pipes, including on-site water retention and related requirements
✓		All existing and proposed landscaping
✓		Outdoor lighting plan (photometric analysis) to include all outdoor lighting systems, including luminary size, height and fixture detail
✓		Any information necessary to demonstrate that all construction or development will fully comply with applicable federal, state and local requirements for accessibility to the handicapped including signage placement and signage

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Plan Number: _____

Complete: Yes No Reviewed by: McCook Date: 6-1-25

If no, what needs to be added: _____

Other comments: _____



Burger Hut

The Blue Birch Cafe

Cone Fusion

Mid Terrace

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Town of Warsaw
 78 Belle Ville Lane
 Warsaw, Virginia 22572
 Phone: (804) 333-3737 Fax: (804) 333-3104
 www.townofwarsaw.com

Office use: 6/1/2025
 Date: 6/1/2025
 Tax Map #: 16A1(S)A
 Zoning District: R-12
 Application #: _____

CWP 25-02

LAND USE AMENDMENT APPLICATION
 Information must be typed or printed and completed in full.
 Attach additional pages where necessary.

Part 1 – Completed by ALL applicants

Part 1A

Land Use Information:

Application Type: Amendment Appeal Conditional Use Permit
 Rezoning Telecommunications Tower
 Tower Co-location Variance

Description of Request: Allow for additional "uses" in R-12 Zoned Districts. Such as Retail Boutiques, Retail Food sales, Fitness Centers, Etc.

Identification of the land for the request:

Number and Street: 5373 Richmond Rd. Proposed Acreage: _____

Current Zoning: R-12, Residential/Office Tax Map #: 16A1(S)A

Legal Description of Property (omit for zoning text amendment) – Attach if necessary: NA

- Original CUP EXPIRED - MIXED USE - R-12

Part 1B

Property History:

List any deed restrictions, covenants, trust indentures, etc. (or copy attached); if NONE, state none: _____

Has this property or any part thereof ever been considered for Variances, Special Use, Appeal of Administrative Decision or Amendment to the Zoning District Map before? Yes No (if no, skip to Part 1C)

Date: 8/2/18 Former Application No. _____ Former Applicant Name: Gregory Rickett

Former Applicant Address: P.O. Box 256 Tappahannock, VA Former Applicant Phone: 804-450-7935

Part 1C

Applicant Information:

Is the applicant: Property Owner (if owner skip to Part 1D) Contract Purchaser Other: _____

Name: Craig Pickett Address: P.O. Box 248 Tappahannock, VA 22560

Phone Number: 804-450-7935 E-mail: pickett740@gmail.com

If you are the agent for the property owner, do you have consent of the owner(s) attached? Yes No

Part 1D

Owner(s) Information (omit for zoning text amendment):

If the property is owned or controlled by a Land Trust or Partnership, List name and interest of ALL beneficiaries or Partners and attach evidence that the person submitting the application on behalf of the Land Trust or Partnership is authorized to do so.

Name: _____ Interest: _____ Phone Number: _____

Mailing Address: _____

Name: _____ Interest: _____ Phone Number: _____

Mailing Address: _____

Attach additional names as necessary.

Part 2 – Complete ONLY the portion(s) pertaining to your case (as checked in Part 1A)

Part 2A

Amendment, Zoning Text – Applications for amendments to the zoning text are heard by the Planning Commission, which makes a recommendation to the Town Council. Only the Town Council has the authority to change the zoning text.

1. What section(s) of the Town code is proposed to be amended? _____
2. Attach the exact language suggested by the application to be added, deleted, or changed in the Town Code.
3. Attach a written statement, which justifies the proposed change. The statement should also identify potential positive and negative impacts (if any) of the proposed change to the applicant's property, nearby properties, and the entire community if the application is approved or if it is denied.

Part 2B

Appeal of Administrative Decision – Administrative decisions are reviewed by the Board of Zoning Appeals (BZA). Such administrative decisions may be reversed or sustained.

1. Date of administrative decision leading to the appeal: _____
2. Attach a description of the decision the administrative official made and their reasons for the decision.
3. Attach what you are specifically appealing.
4. Attach detailed reasons for this request, and why the BZA in your opinion should overrule the administrative decision.

Part 2C

Conditional Use Permit – Conditional use requests are heard by the Planning Commission, which makes a positive or negative recommendation to the Town Council. Only the Town Council has the authority to grant or deny a conditional use.

Tower/Tower Co-Location – No Public Hearing, plans and specifications required.

1. Current use of property: _____
2. Proposed use: _____
3. Are development plans submitted with this application? Yes No
4. Estimated completion date of project or use of property: _____
5. Attach information concerning the use of public utilities, traffic impact, parking, signage, survey etc.
6. Summarize on a separate sheet how the proposed use will positively impact the district.

Please Note: The Town of Warsaw may grant a permit with suitable regulations and safeguards, known as conditions, as it deems appropriate. Conditional use permits are for an indefinite period unless a condition is imposed specifying a shorter duration. Such permits shall run with the land unless the Town imposes a more restrictive condition regarding succession to rights in the permit.

Part 2D

Rezoning – (Amendment to the zoning district map) – These are heard by the Planning Commission which makes a positive or negative recommendation to the Town Council. Only the Town Council has the authority to grant or deny amendments to the Zoning Map.

1. Existing Zoning: _____
2. Proposed Zoning: _____
3. Existing Use: _____
4. Proposed Use: _____
5. Are development plans submitted with this application? Yes No
6. Estimated completion date of project: _____
7. Attach information concerning the use of public utilities, traffic impact, parking, signage, survey, etc.
8. Summarize how the project relates to the Comprehensive Plan.

Part 3 – To be completed by ALL applicants

Part 3A

Affidavit – This part of the application must be notarized. Do not sign until in the presence of a Notary Public.

To the best of my knowledge, I hereby affirm that all information in this application and any attached material and documents are true:

Printed Name of applicant: Cory LaBach

Signature of applicant: [Signature] Date: 3/6/25

Signed and sworn before me on this: 5/6/2025

Signature of Notary: Sherry J Booher-Derby



Checklist:

- ✓ The required fee must accompany this application. A fee schedule is attached for your convenience. Checks must be made payable to: "Town of Warsaw Treasurer".
- ✓ Enclosed with the application a copy of the appropriate tax map with the property marked and, if available, a survey plat of the entire parcel.
- ✓ Enclose any required plans or plats
- ✓ Enclose with this application any additional information to assist with review and determination
- ✓ All pertinent sections of this form have been filled out

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Received by: M Coates Date: 6-1-25 Fee Paid: Y N

Complete: Yes No Date: _____

If no, what needs to be added: - Joint Hearing - 7/25

Date Action Taken by PC: 7/10/25 Date Action Taken by BZA: N/A

Date Action Taken by Council: 7/10/25 Final Decision: Approval Denial

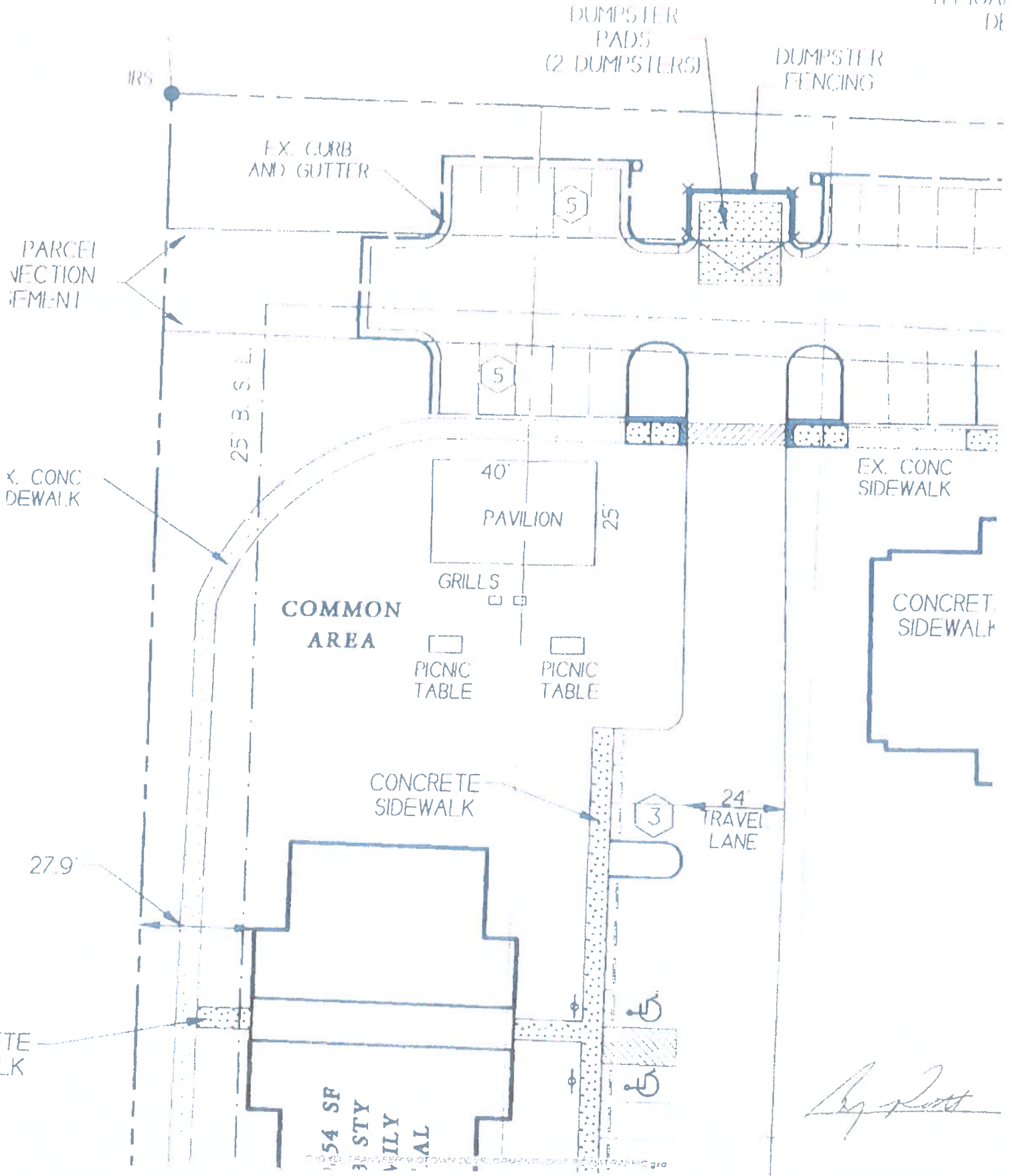
Permit Fees

Appeal Administrative Decision	\$ 250
Amendment to Zoning Ordinance	\$ 300
Appeal	\$ 200
Conditional Use Permit	\$ 250
Rezoning	\$ 200
Variance	\$ 300
Tower or Tower Co-Location	\$1,000

Address

WARREN LIMITED

1M 16A1
DE



By [Signature]

THIS PLAN IS A PRELIMINARY DESIGN AND IS SUBJECT TO CHANGE WITHOUT NOTICE.

TOWN OF WARSAW
P.O. Box 730
Warsaw, VA 22572
(804)333-3737

P A Y M E N T

Date: 5/17/2025
Time: 3:44 PM

1010 WNF PLAN RESUBMIT/CUP PACKET 11/5373 RI
CHMOND RD

16A1(5)A CUP25 02

Cash:	\$0.00
Check:	\$500.00
Charge:	\$0.00
Money Order:	\$0.00
Total Fee:	\$500.00
TOTAL PAID:	\$500.00
Charge Due:	\$0.00

1 300 PERMITS & FEES \$500.00

Operator: 3
Receipt#: 49852

T H A N K Y O U !