



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

Office use: 9-8-25
 Date 9-8-25
 Tax Map # 16C(1)617
 Zoning District C-2
 Application # _____

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

COP 25-05
Paid - Visa

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: TO HAVE A OLD HICKORY BUILDING SHED LOT IN WARSAW
C-2 - BUILDING SUPPLY OUTSIDE STORAGE

Identification of the land for the request:

Number and Street: 4492 RICHMOND ROAD Proposed Acreage: 1-2 ACRES

Current Zoning: COMMERCIAL Tax Map #: 16C(1)617

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

THE OLD TWIN RIVERS DISTRIBUTING PROPERTY

Part 1B

Property History:

List any deed restrictions, covenants, trust indentures, etc. (or copy attached); if NONE, state none: 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: _____ Former Application No. _____ Former Applicant Name: _____

Former Applicant Address: _____ Former Applicant Phone: _____

Part 1C

Applicant Information:

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

Name: MICHAEL CAMPBELL Address: 24 SUNSET LAWE WARSAW VA 22572

Phone Number: 804-76-2646 E-mail: campbellcruiser@yahoo.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: GREGORY PACKETT PACKET PROPERTIES Interest: _____ Phone Number: 804-450-7935

Mailing Address: 4492 RICHMOND ROAD WARSAW VA 22572

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: PACKETT PROPERTIES OFFICE
2. Proposed use: OLD HICKORY BUILDING SHED LOT IN FRONT OF OFFICE
3. Are development plans submitted with this application? Yes No
4. Estimated completion date of project or use of property: 10-2025
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: TO PUT A OLD HICKORY BUILDING SHED LOT ON SITE
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 2E

Variance – Variances are granted or denied by the Board of Zoning Appeals (BZA), which may only make decisions based on the criteria set forth in the Code of Virginia § 15.2-2309. A variance will not be granted unless the BZA finds:

- a. That the strict application of the zoning ordinance would produce undue hardship.
- b. That such hardship is not shared generally by other properties in the same zoning district and the same vicinity.
- c. That the authorization of the variance will not be of substantial detriment to adjacent property.
- d. That the character of the district will not be changed by the granting of the variance.
- e. That a remedy is not available through some other permitting.

The applicant shall provide:

1. Brief description of the requested variation: _____

2. How does the Zoning Ordinance unreasonably restrict the use of the property: _____

3. What hardship would be alleviated: _____

4. Was the hardship created by the owner/applicant: _____

5. What physical features of the property make the variance necessary: _____

6. Describe how the condition or situation is unique to this property: _____

7. What effect will the variance have on adjacent properties: _____

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.

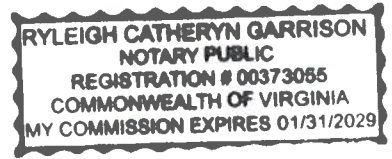
To the best of my knowledge, I hereby affirm that all information in this application and any attached material and documents are true:

Printed Name of applicant: MICHAEL L CAMPBELL

Signature of applicant: [Signature] Date: 9/8/2025

Signed and sworn before me on this: 9/8/2025

Signature of Notary: Ryleigh Garrison



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

For Office Use Only

Received by: [Signature] Date: 9-8-25 Fee Paid: Y N

Complete: Yes No Date: _____

If no, what needs to be added: _____

Date Action Taken by PC: 10/2/25 Date Action Taken by BZA: N/A

Date Action Taken by Council: 10/9/25 Final Decision: Approval Denial

TBD
Set Hearing

Permit Fees

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



Town of Warsaw, VA

10000 Warsaw, VA
P.O. Box 730
Warsaw, VA
22572
(804) 333-3737
www.townofwarrior.com

Invoice # 51752
Permit # 16C(1)5,7
Amount Due \$300.00
Custom Amount \$300.00
Total \$310.50

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

P A Y M E N T

Date: 9/10/2025
Time: 11:15 AM

CONDITIONAL USE PERMIT OLD HICKORY SHEDS M
CAMPBELL
4492 RICHMOND RD
16C(1)5,7 CUP25-05

Cash: \$0.00
Check: \$0.00
Charge: \$300.00
MoneyOrder: \$0.00
Total Fee: \$300.00
TOTAL PAID: \$300.00
Change Due: \$0.00

1 300 PERMITS & FEES \$300.00

Operator: 3
Receipt#: 51752

T H A N K Y O U !