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

Office use:
Date 6/4/26
Tax Map # 16A4(A)32
Zoning District C-1
Application # CUP26-03 pd. 300
Public Hearing

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: Smoke & vape shop

Identification of the land for the request:

Number and Street: 132 Court Circle Proposed Acreage: _____

Current Zoning: C-1 Tax Map #: 16A4(A)32

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

Part 1B

Property History:

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

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: Tenant

Name: Same Hamood Address: 311 Falls Circle Tappahannock VA 22560

Phone Number: 347 40 2007 E-mail: Sare2016986@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: RRT LLC Interest: _____ Phone Number: _____

Mailing Address: P.O. Box 7606, Warsaw VA

Name: Roy Rogers Interest: _____ Phone Number: _____

Mailing Address: _____

Attach additional names as necessary.

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

Part 2A – N/A

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? DMP-C
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: empty
2. Proposed use: Smoke and vape
3. Are development plans submitted with this application? ☐ Yes ☑ No
4. Estimated completion date of project or use of property: 8/1/2026
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: C-1
2. Proposed Zoning: Conditional use
3. Existing Use: empty
4. Proposed Use: Smoke and vape
5. Are development plans submitted with this application? ☐ Yes ☑ No
6. Estimated completion date of project: August 2025
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: Same Hameed

Signature of applicant: Same Date: 6/8/2024

Signed and sworn before me on this: _____ Seal attached -

Signature of Notary: _____

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 he 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: MCoahu **Date:** 6/4/24 **Fee Paid:** ☐ Y ☐ N

Complete: ☒ Yes ☐ No **Date:** 6/4/24

If no, what needs to be added: _____

Date Action Taken by PC: 7/2/24 **Date Action Taken by BZA:** N/A

Date Action Taken by Council: 7/9/24 **Final Decision:** ☐ Approval ☐ Denial

Tentative

VIRGINIA NOTARY ACKNOWLEDGMENT

Commonwealth of Virginia

County of Hampton

The foregoing instrument was acknowledged before me this 2 day of June,

2026, by Jane Hamood (name of person acknowledged).

Signature of Notarial Officer

Notary Registration Number: 00380041

My Commission Expires: 9/30/2029

(Seal)

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

P A Y M E N T

Date: 5/4/2026
Time: 2:09 PM

WARSAW SMOKE & VAPE CUP26-03 HAMOOD,SAME 1
32 COURT CIR

CONDITIONAL USE PERMIT 16A4(A)32

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

1 300 PERMITS & FEES $300.00

Operator: 3
Receipt#: 59178

T H A N K Y O U !