

### **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 16A1(5) Parcel A, further identified as 5373 Richmond Road. The property is in 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 Town Council and Planning Commission will conduct a Joint Public Hearing at a meeting on Thursday, July 10th, 2025, at 6:00 p.m., respectively, in the Warsaw Town Council Chambers located at 78 Belle Ville Lane, Warsaw, VA 22572. Following the Public Hearings, action on the Conditional Use Permit 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@town.warsaw.va.us](mailto:jquesenberry@town.warsaw.va.us), 804-333-3737.



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

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

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

CUP25-02

**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, Restaurants, Food sales, Fitness Centers, Etc.

Identification of the land for the request:

Number and Street: 5373 Richard 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: Gregg Reckett

Former Applicant Address: P.O. Box 256 Tappahannock, VA Former Applicant Phone: 804-452-7935

### Part 1C

#### Applicant Information:

Is the applicant: ☒ Property Owner (if owner skip to Part 1D) ☐ Contract Purchaser ☐ Other: \_\_\_\_\_

Name: Craig Patrick Address: P.O. Box 246 Tappan, NH 03080

Phone Number: 804-450-7935 E-mail: patrick740@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: Greg LaBat

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

| For Office Use Only            |                                         |                           |                                                                   |
|--------------------------------|-----------------------------------------|---------------------------|-------------------------------------------------------------------|
| Received by:                   | <u>M Coates</u>                         | Date:                     | <u>6-1-25</u>                                                     |
| Complete:                      | <input checked="" type="checkbox"/> Yes |                           | <input type="checkbox"/> No                                       |
| If no, what needs to be added: |                                         | Date:                     | <u>7/25</u>                                                       |
| Date Action Taken by PC:       | <u>7/10/25</u>                          | Date Action Taken by BZA: | <u>N/A</u>                                                        |
| Date Action Taken by Council:  | <u>7/10/25</u>                          | Final Decision:           | <input type="checkbox"/> Approval <input type="checkbox"/> 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 |

