

**TOWN OF WARRENTON, VIRGINIA**

18 Court Street, P.O. Drawer 341

Warrenton, VA 20188-0341

(540) 347-2405

**LAND DEVELOPMENT APPLICATION**

NO. \_\_\_\_\_

Application is hereby made for a zoning permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all Town and State Laws and Ordinances and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit. The permit is valid for six (6) months from date of issuance. If not renewed prior to expiration, this permit is null and void.

**TYPE OF DEVELOPMENT:**

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Preliminary Plat      | <input type="checkbox"/> Amendment                       | <input type="checkbox"/> Boundary Adjustment | <input type="checkbox"/> Zoning/Rezoning            | <input type="checkbox"/> Variance                        |
| <input type="checkbox"/> Final Plat            | <input type="checkbox"/> Comp Plan Amendment             | <input type="checkbox"/> Land Disturbance    | <input type="checkbox"/> Sign - Permit # _____      | <input checked="" type="checkbox"/> Other, Specify Below |
| <input type="checkbox"/> Site Development Plan | <input type="checkbox"/> Zoning Ordinance Text Amendment | <input type="checkbox"/> Site Plan Waiver    | <input type="checkbox"/> Temporary Use or Structure |  |
| <input type="checkbox"/> Special Exception     | <input type="checkbox"/> Special Use Permit              | <input type="checkbox"/> Sketch/Concept Plan | <input type="checkbox"/> Record Plat                |  |

**PURPOSE OF REQUEST:** To obtain a waiver/exception from street connection.**Record Owner as shown on deed:**Last Name: Gunn First Name: Arthur Phone(Day): 540-222-0924Mailing Address: 1804 Sea Oats Ave., Fernandina, FL 32034**Applicant:**Last Name: Gunn First Name: Arthur Phone(Day): 540-222-0924Mailing Address: 1804 Sea Oats Ave., Fernandina, FL 32034Parcel Identification Number: 6984-44-0899 Zoning District: RT Subdivision: None Lot No.: Lot 1Subject Property Street Address: 37 Spring LaneAcreage: 2.3 Street Frontage: \_\_\_\_\_ Existing Structures(Number & Type): 1 House, 1 Shed Existing Use: SF**OWNERS AFFADAVIT:**

I have read this application, understand its intent and freely consent to the filing. Furthermore, I have the power to authorize and hereby grant permission for the Town of Warrenton officials and other authorized government agents on official business to enter the property as necessary to process this application.

Arthur Gunn 3/29/2021  
Signature DateARTHUR GUNN 3/29/2021  
Print Name Date**APPLICANT'S AFFADAVIT:**

The information provided is accurate to the best of my knowledge. I acknowledge that all test, studies, and other requirements of the Town of Warrenton Zoning Ordinance and Subdivision Ordinance and other requirement 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.

Arthur Gunn 3/29/2021  
Signature DateARTHUR GUNN 3/29/2021  
Print Name Date

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| <input type="checkbox"/> Preliminary Plat      | <input type="checkbox"/> Amendment                       | <input type="checkbox"/> Boundary Adjustment | <input type="checkbox"/> Zoning/Rezoning            | <input type="checkbox"/> Variance                        |
| <input type="checkbox"/> Final Plat            | <input type="checkbox"/> Comp Plan Amendment             | <input type="checkbox"/> Land Disturbance    | <input type="checkbox"/> Sign - Permit # _____      | <input checked="" type="checkbox"/> Other, Specify Below |
| <input type="checkbox"/> Site Development Plan | <input type="checkbox"/> Zoning Ordinance Text Amendment | <input type="checkbox"/> Site Plan Waiver    | <input type="checkbox"/> Temporary Use or Structure |  |
| <input type="checkbox"/> Special Exception     | <input type="checkbox"/> Special Use Permit              | <input type="checkbox"/> Sketch/Concept Plan | <input type="checkbox"/> Record Plat                |  |

PURPOSE OF REQUEST: To obtain a waiver/exception from street connection.

**Record Owner as shown on deed:**

Last Name: Stults First Name: Chasey Phone(Day): \_\_\_\_\_

Mailing Address: 42 Springs Lane, Warrenton, VA 20186

**Applicant:**

Last Name: Gunn First Name: Arthur Phone(Day): 540-222-0924

Mailing Address: 1804 Sea Oats Ave., Fernandina, FL 32034

Parcel Identification Number: 6984-34-9893 Zoning District: RT Subdivision: None Lot No.: \_\_\_\_\_

Subject Property Street Address: 42 Springs Lane

Acreage: 0.34 Street Frontage: \_\_\_\_\_ Existing Structures(Number & Type): 1 House, 1 Shed Existing Use: SF

**OWNERS AFFADAVIT:**

I have read this application, understand its intent and freely consent to the filing. Furthermore, I have the power to authorize and hereby grant permission for the Town of Warrenton officials and other authorized government agents on official business to enter the property as necessary to process this application.

CHASEY M STULTS 5/17/2021 | 1:49:06 PM PDT  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT'S AFFADAVIT:**

The information provided is accurate to the best of my knowledge. I acknowledge that all test, studies, and other requirements of the Town of Warrenton Zoning Ordinance and Subdivision Ordinance and other requirement 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Date Stamp

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Warrenton, VA 20188-0341  
(540) 347-2405



**LAND USE APPLICATION:**

**AFFIDAVIT**

NO. \_\_\_\_\_

This affidavit certifies that the party listed, who is listed as the Applicant's Representative on a land use application, has been granted authorization to make an application and act on behalf of a property owner. It must be filled out completely by the property owner if another party is submitting an application(s) on the owner's behalf. This form must be notarized and must be submitted prior to issuance. Copies of affidavits are unacceptable.

I, Chasey Stults am the owner of the property listed below and I certify that  
I have granted, Arthur Gunn as my duly authorized agent and give permission  
to make a land use application and act on my behalf for the following address:

12 Spring Lane Warrenton Va 20186  
for the land use application of Arthur Gunn Street Connection  
Waiver

Signature of Property Owner:

DocuSigned by:  
CHASEY M STULTS  
8D3BAD0F0FC944B

5/19/2021 | 8:38:22 AM PDT  
Date: \_\_\_\_\_

**(FOR NOTARY USE ONLY)**

State/District of \_\_\_\_\_ City/Town/County of \_\_\_\_\_

a Notary Public in and for the aforesaid hereby certify that the following person:

\_\_\_\_\_ appeared before me in the State/District and City/Town/County aforesaid and executed this affidavit on the  
following date (month, day, and year):

Notary Signature: \_\_\_\_\_ Registration Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_