



**Fauquier County Department of Community Development
Zoning, Permitting and Inspections**

29 Ashby Street, Suite 310
Warrenton, VA 20186
540-422-8220 FAX 540-422-8231

www.fauquiercounty.gov

Project ID# _____

SITE PLAN WAIVER APPLICATION (Case # _____)

Parcel Location: Address: _____

Tax Parcel Identification Number(s): _____

Existing Use on Property: _____

(Describe type of business, not just name: examples- retail sale of shoes; plumbing contractor office, etc)

or None

If property is currently not being used, please describe previous use of the property, if known: _____

and estimated time property has been unused _____ months _____ years

Proposed Use of Property: _____

(Describe type of business, not just name: examples- retail sale of shoes; plumbing contractor office, etc)

Will the proposed use occupy the entire site/building?

Yes No If no, what other uses will be on the site or in the Building?

Size of lot _____ Size of Building _____ How many parking spaces are available on the property to use? _____

Are any additions to the building planned? No Yes, describe _____

Are any new buildings planned, including small structures such as sheds? No Yes, describe _____

Are any interior renovations to the building proposed? No Yes, describe _____

Are any changes to the site proposed (including parking, entrances, clearing, landscaping, etc)? No Yes, describe _____

Is anything proposed to be stored outside in conjunction with the business, including company vehicles? No Yes If Yes, describe _____

Applicant's Information

Owner? Yes No If no, provide owner information--->

Owner's Information

Name _____

Name _____

Company _____

Company _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Phone _____ Fax _____

Email _____

Email _____

I have read this application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. Furthermore, if I am not the owner of the property, I certify that I am authorized to make application for this use of the property and understand that a copy of any approval will be sent to the property owner.

Applicant's Signature

Date

For Zoning Office Use Only:

Zoning Classification: _____ Acreage _____ Building Size: _____

Proffers, Special Exception, Special Permit on record? No Yes, describe relevant limitations _____

Parking: Required by ZO: _____ Provided per Applicant: _____ Verified: Aerial
 Site Visit
 Other _____

Requirements of Section 12-301:

- Use allowed in District _____ (ZO Classification)
- No improvement requiring bonding
- No increase in intensity of use w/respect to entrances, parking, travel ways
- No increase in intensity of use w/respect to impact on neighboring lands
- No more than 25% increase in gross floor area of building (Proposed Increase: _____)
- No more than 25% increase in outdoor area used (Proposed Increase: _____)

- Meets Requirements
- Does not Meet Requirements _____

Necessary Conditions of Approval: _____

Other approvals required: Health Department _____
 Permitting & Inspections _____

Staff Reviewer: _____ / _____
Name Date

Notes: