

FRANKLIN COUNTY
SPECIAL USE PERMIT APPLICATION

I/We _____ as Owner(s), Contract Purchasers, or Owner's Authorized Agent of the property described below, hereby apply to the Franklin County Board of Supervisors for a special use permit on the property described below:

Petitioner's Name: _____

Petitioner's Address: _____

Petitioner's Phone Number: _____

Petitioner's Email Address: _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone Number: _____

Property Owner's Email Address: _____

Property Information:

A. Proposed Property Address: _____

B. Tax Map and Parcel Number: _____

C. Election District: _____

D. Size of Property: _____

E. Existing Zoning: _____

F. Existing Land Use: _____

G. Is the property located within any of the following overlay zoning districts:

Corridor District Westlake Overlay District Smith Mountain Lake Surface District

H. Is any land submerged under water or part of Smith Mountain Lake? YES NO

I. If yes, please explain: _____

Proposed Special Use Permit Information:

J. Proposed Land Use: _____

K. Size of Proposed Use: _____

L. Other Details of Proposed Use: _____

Checklist for Completed Items:

- Application Form
- Letter of Application
- Concept Plan
- Application Fee

I certify that this application for a special use permit and the information submitted is herein complete and accurate.

Petitioner's Name (Printed): _____

Petitioner's Signature: _____

Date: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Owner's consent, if petitioner is not property owner:

Owner's Name: _____

Owner's Signature: _____

Date: _____

Date Received by Planning Staff: _____

TAMMY HERNE

9321 Vandike Street Phila PA 19114

Department of Planning and Community Development
1255 Franklin Street, Suite 103 Rocky Mount, Virginia 24151

Dear Board of Supervisors

My name is Tammy Herne, I am requesting a special use permit for a short-term rental license for my property located at 269 Forest Edge Rd, Wirtz VA 24184, which is currently zoned as A-1. I feel like no one will be negatively affected by the renting of my property out occasionally. This 4-Bedroom home sits on Smith Mountain Lake in the Forest Shores II Community. My property has about 100 feet of water frontage and sits on .89 acre.

The reason I am requesting a special use permit, is that my job has me spending most of my time in Philadelphia, PA, and I don't want to sell my property. I love the area and I plan on using the home as my retirement home. With that being said, I can only get to my home on the lake a few days out of the month. I will have a property management company near Smith Mountain Lake to help with the process. I have no plans to have any negative effects on the community.

In closing, I appreciate your consideration of my request. Please do not hesitate to contact me, with any questions you may have.

THANK YOU

Herne, Tammy M

Tammy Herne

9321 Vandike Street Phila PA 19114

08/22/2023

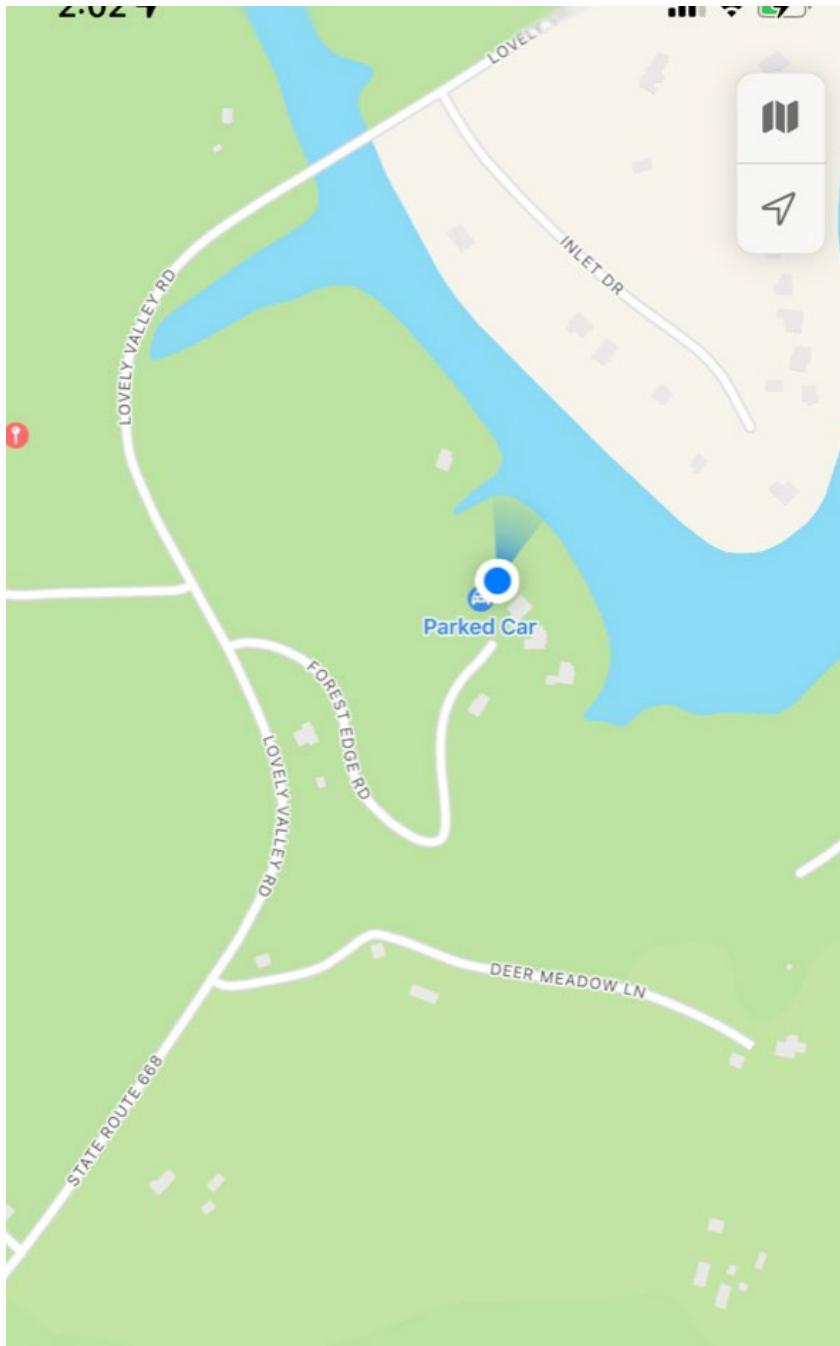
[Pick the Date]



Concept Plan

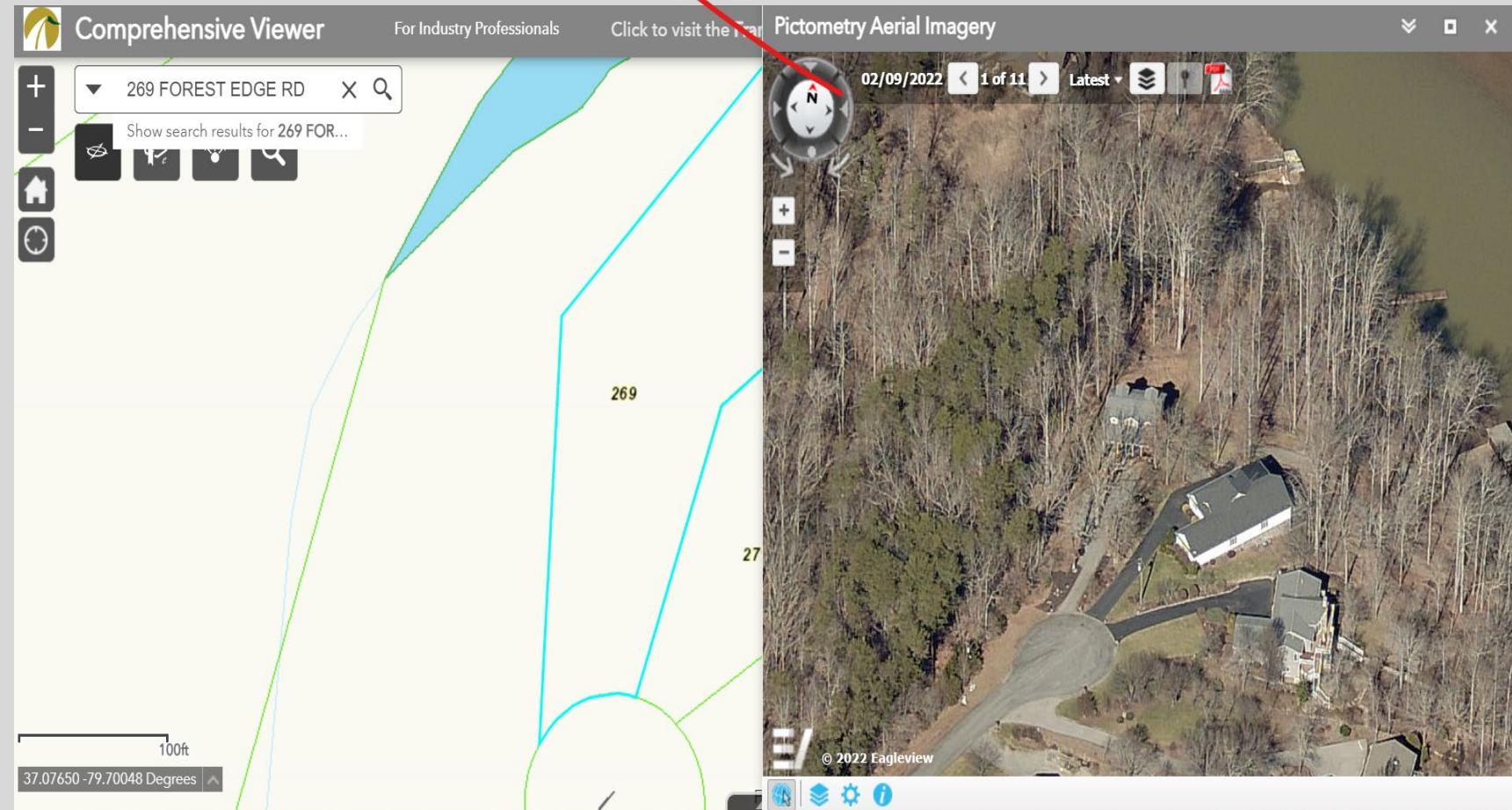
269 Forest Edge RD

When coming to my home at 269 Forest Edge Rd, which is in the Forest Shores II section community on the lake. The $\frac{1}{4}$ mile road, Forest Edge Road, coming up to my home is a public road. The main road coming into Forest Shores is Lovey Valley Road and that road is also maintained by the public



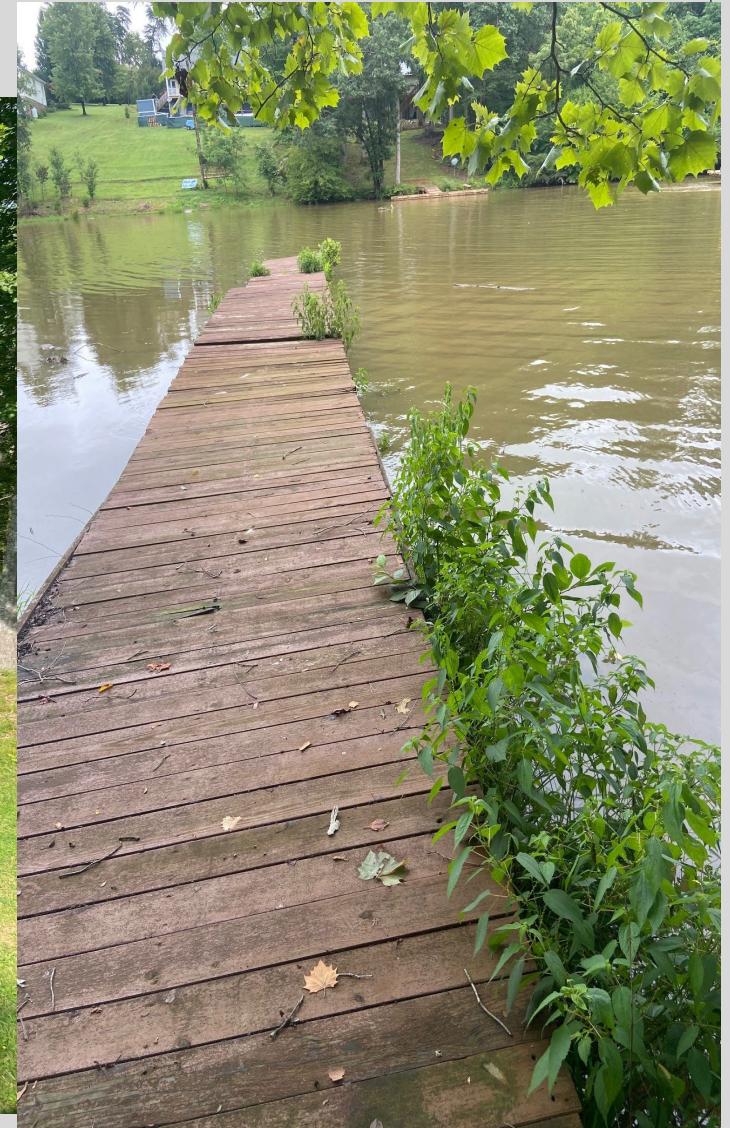
- The map of the main road leading up to the road to my home at 269 Forest Edge Road.

269 Forest Edge Rd Aerial Imagery



269 Forest Edge Rd







Franklin County Health Department
365 Pell Ave., P.O. Box 249
Rocky Mount, Virginia 24151
(540) 484-0292 Voice
(540) 483-1485 Fax

Sewage Disposal System Construction Permit

Health Department ID Number: 133 14 0168

Owner Information	
Eric & Stephanie Smith 2662 Villamont Road Blue Ridge , VA 24064	Phone: (276)
Owner/Agent Information	
Property Address: Forest Edge Circle Locality: Franklin County Subdivision: Forest Shores Section: 2 Block: Lot: 6 Directions: 122N, R-616,R833,L-Forest edge Rd, L-Forest Edge Circle to cul-de-sac	Tax Map Number/GPIN: 33.3
General Information	
Approval Type: Sewage Construction Permit Type of Property: Residential	Daily Flow: 450 gallons Number of Bedrooms: 3
Sewer Line Material: 3" or 4" SCH 40 PVC or equivalent (cleanouts required at 50' to 60' intervals)	Distribution Box No. of Boxes: 1 No. of Outlets: 10
Conveyance Line / Force Main Method: Pump Material: Minimum crush strength 1500# Pipe Diameter: 2" Minimum Slope: 6" per 100' for non-pump	Header Lines Material: ASTM F405 pipe or better (1500 # crush or equivalent) Minimum Slope: 2" per 100'
Septic Tank - Inlet Outlet Structure Capacity: 1000 gal The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank	Percolation Lines and Absorption Area Slope: 2-4" per 100' Percolation Lines: 4" diameter Center to Center Spacing: 10' Installation Depth: 72" Depth of Aggregate: 13" Size of Aggregate: 0.5-1.5" Total Number of Laterals: 5 Laterals to be 70' long, 3' wide Install 1050 sq feet square feet total 0% Reserve area provided for future repair ***D/F is required to be marked by a survey prior to installation***
>>Gravelless material may be used, in lieu of gravel and pipe, within the approved absorption area in accordance with Table 5.4 of 12VAC5-610. If gravelless material is used, the distribution box location remains the same. Install the amount shown above OR 4 trenches, 70 feet long, 72" deep, 10 foot center-to-center spacing. Contact Franklin County Health Department at (540) 484-0292 to address installation questions. OR	

>>The use of an approved gravelless technology is required in the installation of this design. No reduction from the specified design footprint is allowed.

******Drainfield is required to be marked by a survey prior to installation******

WHAT YOU WILL NEED TO GET YOUR SEPTIC SYSTEM OPERATION PERMIT

- Your system must have a **satisfactory inspection** at the time of installation. This will be done by either a representative of the local Health Department, a private OSE, or a PE, depending on the designer of your permitted system. If your system is designed/inspected by an OSE or PE, they must submit a copy of the inspection results, complete with an as-built diagram, to the Health Department.
- Please ensure that your contractor turns in a **Completion Statement** to the local Health Department after installation.
- If your permit is for an alternative system, you must sign, have notarized, and record the attached **Notice of Recordation** in your locality's land records. Please bring proof of this recordation to the local Health Department

IF YOUR PERMIT IS FOR BOTH A SEPTIC SYSTEM AND WELL YOU WILL ALSO NEED

- Your well must have **satisfactory inspection** results after installation. Please give the Health Department several days notice to schedule this inspection before your Operation Permit will be requested.
- The Health Department must receive a copy of your **water sample test result** being negative/satisfactory for coliform bacteria. You are responsible for performing this test and ensuring the results are received at the Health Department
- Please ensure that your Well Driller submits a **Uniform Water Well Completion Statement or GW-2** to the Health Department, including documentation of a proper well abandonment if required by permit

Allow 5 business days after the last piece of documentation is received for the Operation Permit to be issued. To avoid delays, clearly label each piece of documentation with the property Tax Map number and HDID number shown above and on your construction permit. *Please note that due to the individual circumstances of your permit there may be additional required items not covered by this checklist.*

If you have any questions about any of the items on this list, please do not hesitate to contact the Franklin County Health Department at (540) 484-0292.

Completion Statement

Commonwealth of Virginia
State Department of Health

10:30

Health Department
Identification Number 133-14-0168

Franklin Co Health Department

Name of Company/Corporation/Individual: Cory ~~Porter~~ Caron

Address: _____ Telephone: _____

Owner's Name Eric & Stephanie Smith

Owner's Address 2667 Villamont Road Blue Ridge, VA 24064

Location of Installation: Lot 6 Block —

Section 2 Subdivision: Forest Shores

Other: 122N, R-614, L-668, R-833, L-Forest Edge Circle 40 culdesac

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6/30/14 and is in compliance with Part D of the Sewage Handling and Disposal Regulation and when appropriate the plans and specifications of the project.

12/18/14

Date

Cory FC Signature and Title