

FRANKLIN COUNTY
SPECIAL USE PERMIT APPLICATION

(Type or Print)

I/We, Peter C. Charuka 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 as described below:

Petitioner's Name: Peter C. Charuka
Petitioner's Address: 104 Lookout Pointe, Moneta, VA 24121
Petitioner's Phone Number: 540-814-0416

Petitioner's E-mail: charpcec@yahoo.com

Property Owner's Name: Peter C. Charuka

Property Owner's Address: same as above

Property Owner's Phone Number: same as above

Property Owner's E-mail: same as above

Directions to Property from Rocky Mount: Booker T. Washington Hwy. (122)
to Right on Scruggs Rd. Left on Bluewater, Left on Lookout
Tax Map and Parcel Number: 0320400800
Magisterial District: Gills Creek
Pointe.

Property Information:

A. Size .54 acres of Property:

B. Existing Zoning: A-1

C. Existing A-1, residential Land Use:

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

Corridor District Westlake Overlay District Smith Mountain Lake Surface District

E. Is any land submerged under water or part of a lake? (Yes) No If yes, explain.

Waterfront Property, Smith Mountain Lake

Proposed Special Use Permit Information:

A. Proposed Short term rental use Land Use:

B. Size of Proposed Use: 4,101 square feet
C. Other Details of Proposed Use: Rental property / Short term

Checklist for completed items:

☒ Application Form
☒ Letter of Application
☒ Concept Plan No changes or Modifications
☒ Application Fee Mailed

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

Petitioner's Name (Print): Peter C. Charuka
Signature of Petitioner: Peter C. Charuka
Date: 12/12/23
Mailing Address: 104 Lookout Pointe Dr.
Moneta, VA 24121
Telephone: (540) 814-0416
Email Address: Charpcec@yahoo.com
Owner's consent, if petitioner is not property owner:
Owner's Name (Print): _____
Signature of Owner: _____
Date: _____

Date Received by Planning Staff _____

Clerk's Initials: _____

CHECK#: _____

RECPT.#: _____

AMOUNT: _____

Short-Term Rental Special Use Permit Letter of Application

December 12, 2023

Franklin County Planning and Community Development Office
1255 Franklin Street, Suite 103
Rocky Mount, VA 24151

To Whom it may concern:

I am writing regarding a request for the approval of a Special Use Permit for a short-term rental at 104 Lookout Pointe Drive, Moneta, VA 24151. The proposed use of the property is for tourism and/or vacationing. There will be no change to the current property.

My wife and I have enjoyed our dream home at Smith Mountain Lake since 1994. Since my wife passed away, my grown children have urged me to sell the property and move closer to them for care in New Jersey.

I currently have my home on the market and the usage of a special use permit for the property will greatly increase its chances for a sale at the highest price possible.

I have spoken with my adjacent neighbors and they understand my circumstances and are happy to support my decision to apply for a special use permit.

Thank you in advance for your consideration and time.

Sincerely,



Peter C. Charuka

Owner, 104 Lookout Pointe Drive, Moneta, VA 24121

Safety message in the guest welcome package

Dear guests,

Welcome to (NICKNAME OF PROPERTY to be determined),

Your safety is of utmost importance to us. So, before you get comfortable and start enjoying our beautiful Smith Mountain Lake, **please take a few minutes to review our safety/evacuation plan.** Our home is equipped with fire extinguishers, combination smoke and carbon monoxide detectors (in each bedroom and other rooms at indicated), a first aid kit (in the kitchen cabinet as noted on the map) and a retractable safety ladder in the second floor bedroom.

Fire extinguishers are placed in the kitchen and other areas as indicated in the map. In case of a small fire, please use the closest and most easily assessable fire extinguisher. Use the PASS method.

Fire Extinguisher PASS

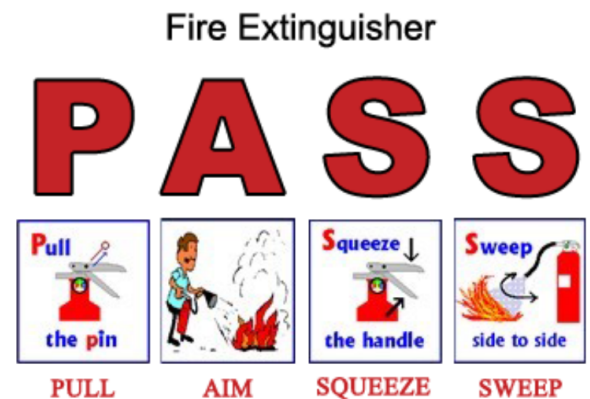
To use a fire extinguisher, remember PASS:

P - PULL THE PIN at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.

A - AIM at the base of the fire and not at the flames. You must extinguish the fuel to the fire.

S - SQUEEZE the lever. This will release the extinguishing agent in the extinguisher. If the handle is released, the discharge will stop.

S - SWEEP from side to side. Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out.



If you cannot easily and safely extinguish a fire, evacuate immediately and call 911. Please make note that you are staying at **104 Lookout Pointe Drive, Moneta VA** in **FRANKLIN COUNTY**

ALWAYS use flotation vests on children and weak swimmers when at the dock or while kayaking or floating. We have OSHA approved vests in the dock storage room for your use.

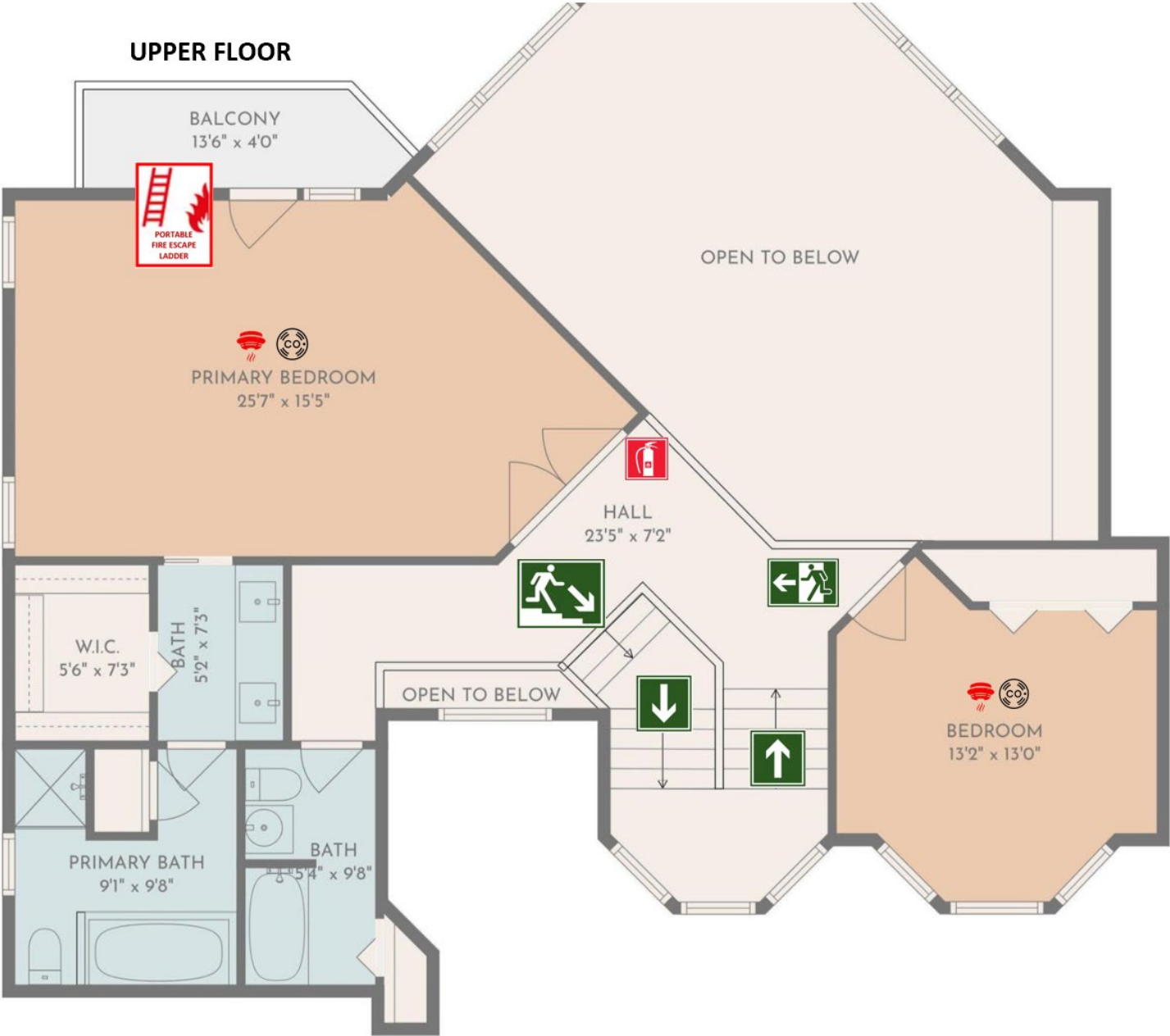
EVACUATION PLAN
104 LOOKOUT POINTE, MONETA VA

MAIN FLOOR

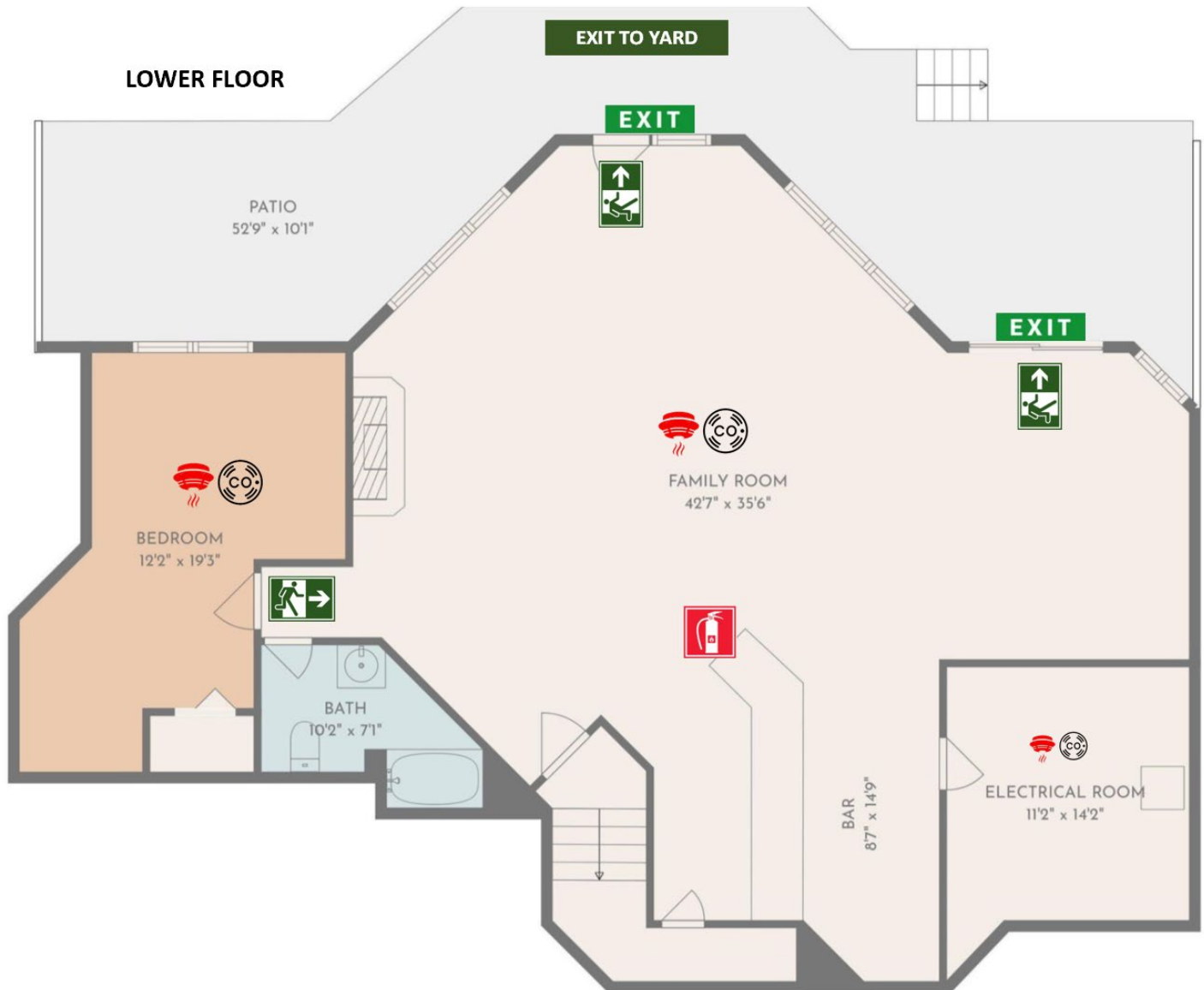


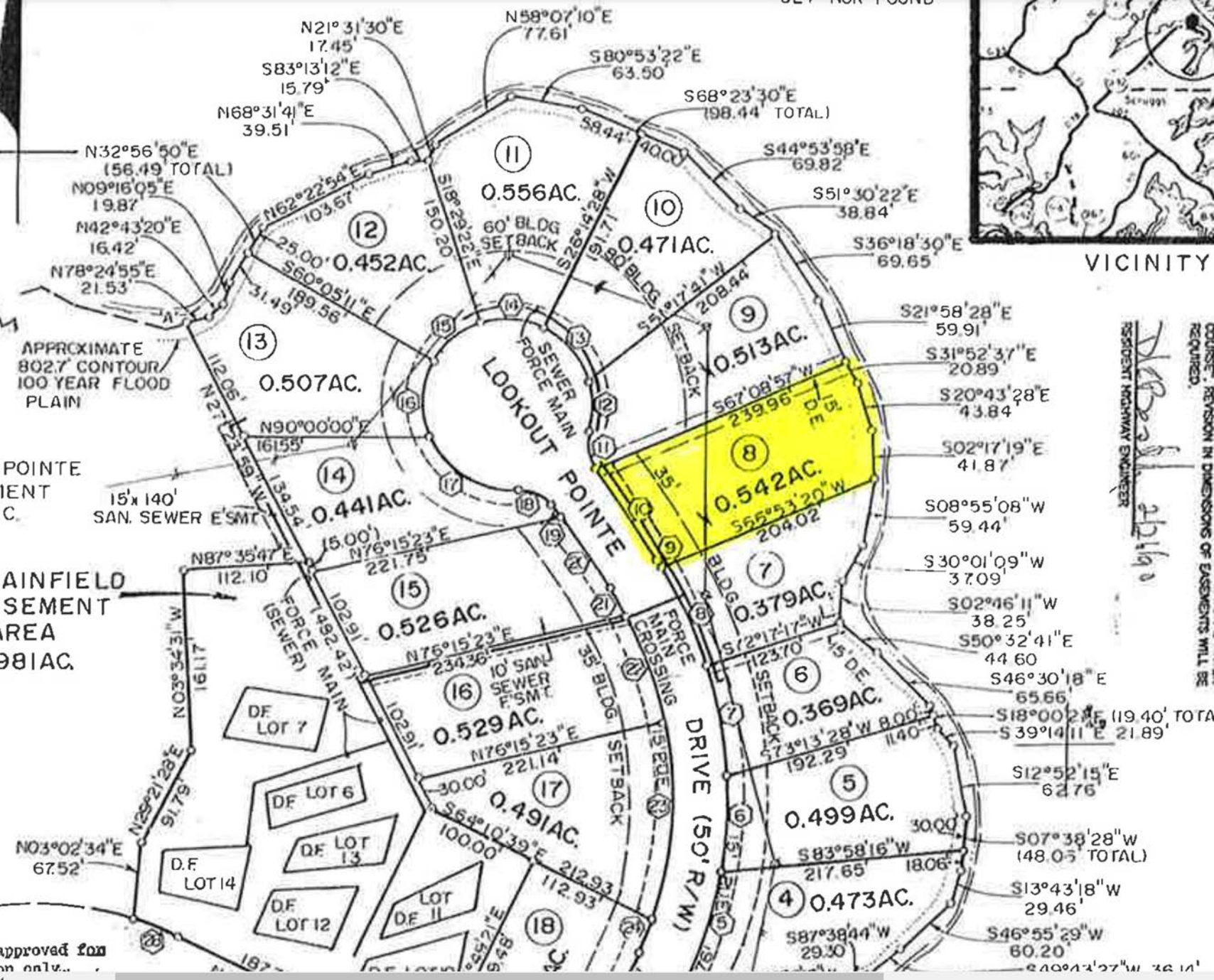
EVACUATION PLAN
104 LOOKOUT POINTE, MONETA VA

UPPER FLOOR



EVACUATION PLAN
104 LOOKOUT POINTE, MONETA VA







Orange arrows represent distances between docks

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification No. 133-92-0586
FRANKLIN COUNTY Health Department

Tax Map No. 32

PETER AND EILEEN CHARUKA is Hereby Granted Permission
to Operate a (Type) 2 Sewage Disposal System Having a Design Capacity of 450 gpd, at

| SUBDIVISION | SECTION/BLOCK | LOT |
|----------------|---------------|-----|
| LOOKOUT POINTE | 1/ | 8 |

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits CHS-202a, CHS-202b

Dated 7-31-92

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted. Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

VARIANCES GRANTED

☒ NONE ☐ SEE ATTACHED

Effective Date April 15, 1994

SPECIAL CONDITIONS

☒ NONE ☐ SEE ATTACHED

Recommended (Sanitarian)

Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department

Identification Number

133-92-0586

Franklin Co Health Department

Name of Company/Corporation/Individual:

Smith Farris

Address:

Rt 4 Box 6 Bedford

Telephone:

586-1257

Owner's Name

Patricia Eileen Charuker

Owner's Address

Rt 4 Box 91C, Moneta, VA

Location of Installation: Lot

8

Block

Section:

1

Subdivision:

Lookout Pointe

Other:

177 N, R 666, L 942, 1 lot Lookout Pt. Siga lot on R.

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

4/4/94

Date

[Signature]

Signature and Title

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

FRANKLIN Co. Health Department



Health Department

Identification Number 133-92-0586

Map Reference 32-SEE FILE

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____

Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:

Owner PETER & EILEEN CHARUKA Telephone 297-1496

Address Rt. 4 Box 91C MONETA, VA.

For a Type II Sewage disposal system which is to be constructed on/at 122N, R616, L942, LAST LINE LOOKOUT POINTS - follow to lot on R

Subdivision LOOKOUT POINTS Section/Block 1 Lot 8

Actual or estimated water use 450 GPD (3 BEDROOMS)

DESIGN

Water supply, existing: (describe) PUBLIC

To be installed: class _____

cased _____ grouted _____

Building sewer:

3" or 4" I.D. PVC 40, or equivalent.

Slope 1.25" per 10' (minimum).

☐ Other _____

Septic tank: Capacity 1000 gals. (minimum).

☐ Other _____

Inlet-outlet structure:

PVC 40, 4" tees or equivalent.

☐ Other _____

Pump and pump station:

No ☐ Yes ☒ describe and show design.

if yes: SEE ENGINEER'S PLANS

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.

☒ Other FORCE MAIN

Distribution box:

Precast concrete with 10 ports.

☐ Other _____

Header lines:

Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench.

Slope 2" minimum.

☐ Other _____

Percolation lines:

Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.

☐ Other _____

Absorption trenches:

Square ft. required 1050; depth from ground surface to bottom of trench 60"; aggregate size 1/2" - 1/4"

Trench bottom slope 2" - 4" / 100'

center to center spacing 9'; trench width 3'

Depth of aggregate 12"

Trench length 20'; Number of trenches 5

NOTE: INSPECTION RESULTS

Water supply location: Satisfactory yes ☐ no ☐ comments _____

G.W. 2 Received: yes ☐ no ☐ not applicable ☒

Building sewer: yes ☒ no ☐ comments _____

Satisfactory

Pretreatment unit: yes ☒ no ☐ comments _____

Satisfactory

1000 plus pump tank

Inlet-outlet structure: yes ☒ no ☐ comments _____

Satisfactory

Pump & pump station: yes ☒ no ☐ comments _____

Satisfactory

Need letter

Conveyance method: yes ☒ no ☐ comments _____

Satisfactory

Need approval letter

Distribution box: yes ☒ no ☐ comments _____

Satisfactory

10 port

Header lines: yes ☒ no ☐ comments _____

Satisfactory

Percolation lines: yes ☒ no ☐ comments _____

Satisfactory

Absorption trenches: yes ☒ no ☐ comments _____

Satisfactory

2 ft. of fill dirt in bottom per contractor

Date 4/4/94 Inspected and approved by: _____

Smith Farris

Sanitarian

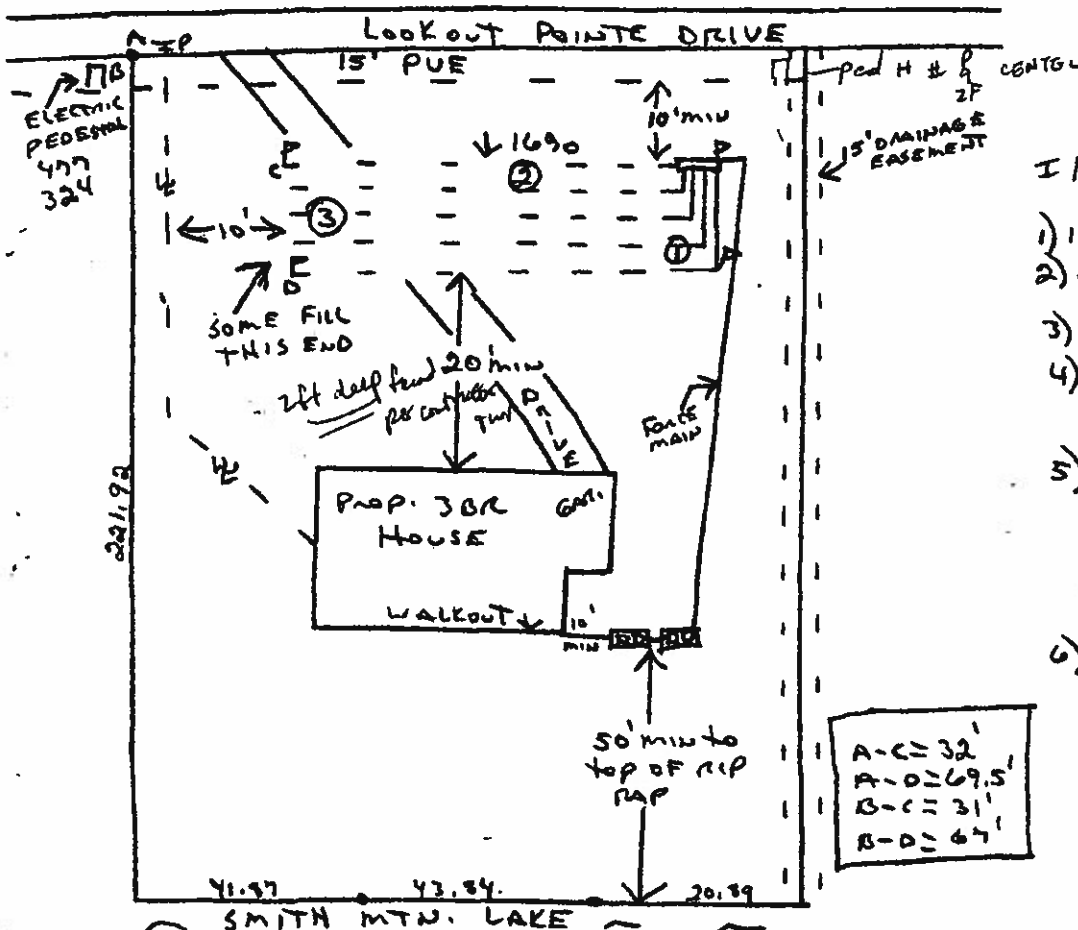
Health Department
Identification Number 133-92-0586

Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be located on the same lot show all sources of pollution within 100 feet.

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



LOOKOUT POINTE
SECTION 1
LOT 8

- IM Brief. Prod # 477
326
- 1) 1050 FT. 2-60" DEEP ✓
 - 2) 5 LINES X 70' LONG X 3' WIDE
9' CENTERS
 - 3) INSTALL ON CONTOUR
 - 4) DRIVE MUST BE PAVED
WHERE IT CROSSES
DRAIN FIELD ^{flow plus pump tank}
 - 5) 3 SETS OF PUMP PLANS MUST
BE SUBMITTED BY A
PROFESSIONAL ENGINEER
AND APPROVED PRIOR TO
INSTALLATION OF PUMP
^{Need letter}
 - 6) IF FILL IS FOUND TO BE
DEEPER THAN 3' ~~AND~~ ~~IN~~
~~DANGER OF~~ ^{NOT} ALLIGATION
CONTRACTOR TO CALL HEALTH
DEPT. IMMEDIATELY
- 1000 ft

$$\begin{aligned} A-C &= 32 \\ A-D &= 69.5 \\ B-C &= 31 \\ B-D &= 67 \end{aligned}$$

— NOT TO SCALE —

The sewage disposal system is to be constructed as specified by the permit ☒ or attached plans and specifications ☒.

This sewage disposal system construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 7/31/92 Issued by: Robert Hughes

Date: 7/31/92 Reviewed by: [Signature]

This Construction
Permit Valid until
1/31/97

If FHA or VA financing

Reviewed by Date

Smith Tarris
Date

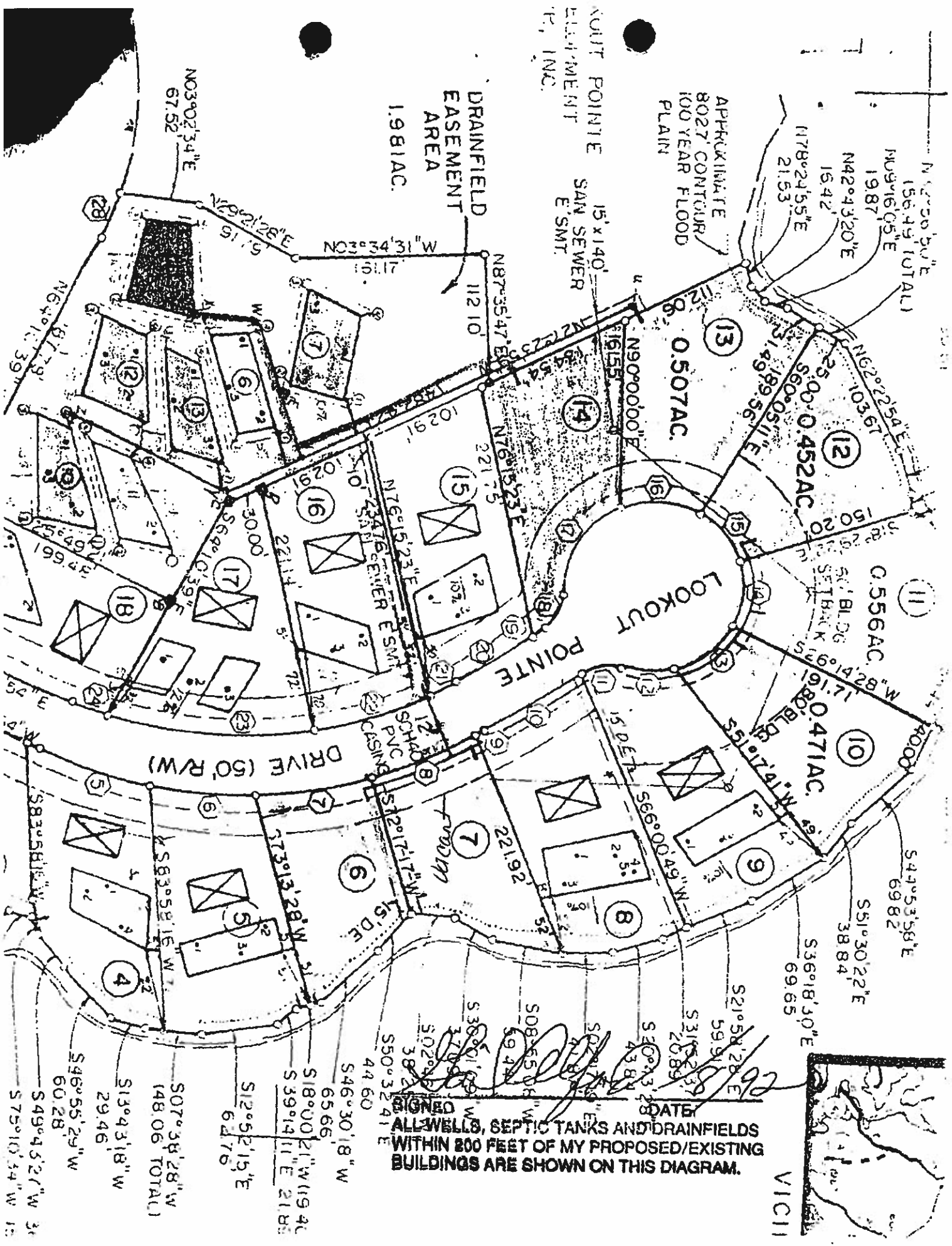
Supervisory Sanitarian

Regional Sanitarian

C.H.S. 202B Revised 6/84

11-2A

FILE COPY



LOOKOUT POINT
EASEMENT
SAN SEWER
E SMT.

APPROXIMATE
8027' CONTOUR
100 YEAR FLOOD
PLAIN

DRAINFIELD
EASEMENT
AREA
1.981AC.

0.507AC.

0.452AC.

0.556AC.

0.471AC.

DRIVE (50' R/W)

SIGNED _____ DATE _____
ALL WELLS, SEPTIC TANKS AND DRAINFIELDS
WITHIN 200 FEET OF MY PROPOSED/EXISTING
BUILDINGS ARE SHOWN ON THIS DIAGRAM.

VICIN

Soil Evaluation Form

PAGE 1 OF 2Commonwealth of Virginia
Department of HealthHealth Department
Identification Number 133-92-0586
Tax Map Number 32-SEE FILE

General Information

Date 7/31/92 FRANKLIN CO. Health Department
Applicant GAIL ALFORD Telephone No. 297-1496
Address P.O. BOX 606 MONETA, VA.
Owner PETER EILEEN CHARUKA Address P.O. BOX 915 MONETA, VA.
Location 122N, R616, L942, East L into Lookout Pointe - follow to lot on R
Subdivision LOOKOUT POINTE Block/Section 1 Lot 8

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe _____
2. Slope 16 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None ☒
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ _____ inches
5. Free water present No ☒ Yes ☐ _____ range in inches
6. Soil percolation rate estimated Yes ☒ Texture group I II III IV
No ☐ Estimated rate 45 min/inch
7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes _____
Average percolation rate _____
- Name and title of evaluator: RODNEY HUGHES SA ENV. HEALTH SPEC.
- Signature: Rodney Hughes

Department Use

☒ Site Approved: Drainfield to be placed at 60" depth at site designated on permit.☐ Site Disapproved:

Reasons for rejection:

1. ☐ Position in landscape subject to flooding or periodic saturation.
2. ☐ Insufficient depth of suitable soil over hard rock.
3. ☐ Insufficient depth of suitable soil to seasonal water table.
4. ☐ Rates of absorption too slow.
5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. ☐ Proposed system too close to well.
7. ☐ Other Specify _____

Soil Evaluation Form

PAGE _____ OF _____

Commonwealth of Virginia
Department of HealthHealth Department
Identification Number _____
Tax Map Number _____

General Information

Date 7/5/92 Health Department _____
 Applicant Peter C. & Eileen Charuka Telephone No. call agent/703-297-1496
 Address Rt. 4 Box 91C Moneta, Va. 24121 *(Gail Alford)*
 Owner Hague Bowman Address NA
 Location Lot 8 Lookout Pointe
 Subdivision Lookout Pointe Block/Section 1 Lot 8

Soil Information Summary

1. Position in landscape satisfactory Yes ☐ No ☐ Describe _____
 2. Slope _____ %
 3. Depth to rock/impervious strata Max. _____ Min. _____ None _____
 4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☐ _____ inches
 5. Free water present No ☐ Yes ☐ _____ range in inches
 6. Soil percolation rate estimated Yes ☐ Texture group I II III IV
 No ☐ Estimated rate _____ min/inch
 7. Percolation test performed Yes ☐ Number of percolation test holes _____
 No ☐ Depth of percolation test holes _____
 Average percolation rate _____

Name and title of evaluator: _____

Signature: _____

Department Use

☐ Site Approved: Drainfield to be placed at _____ depth at site designated on permit.☐ Site Disapproved:

Reasons for rejection:

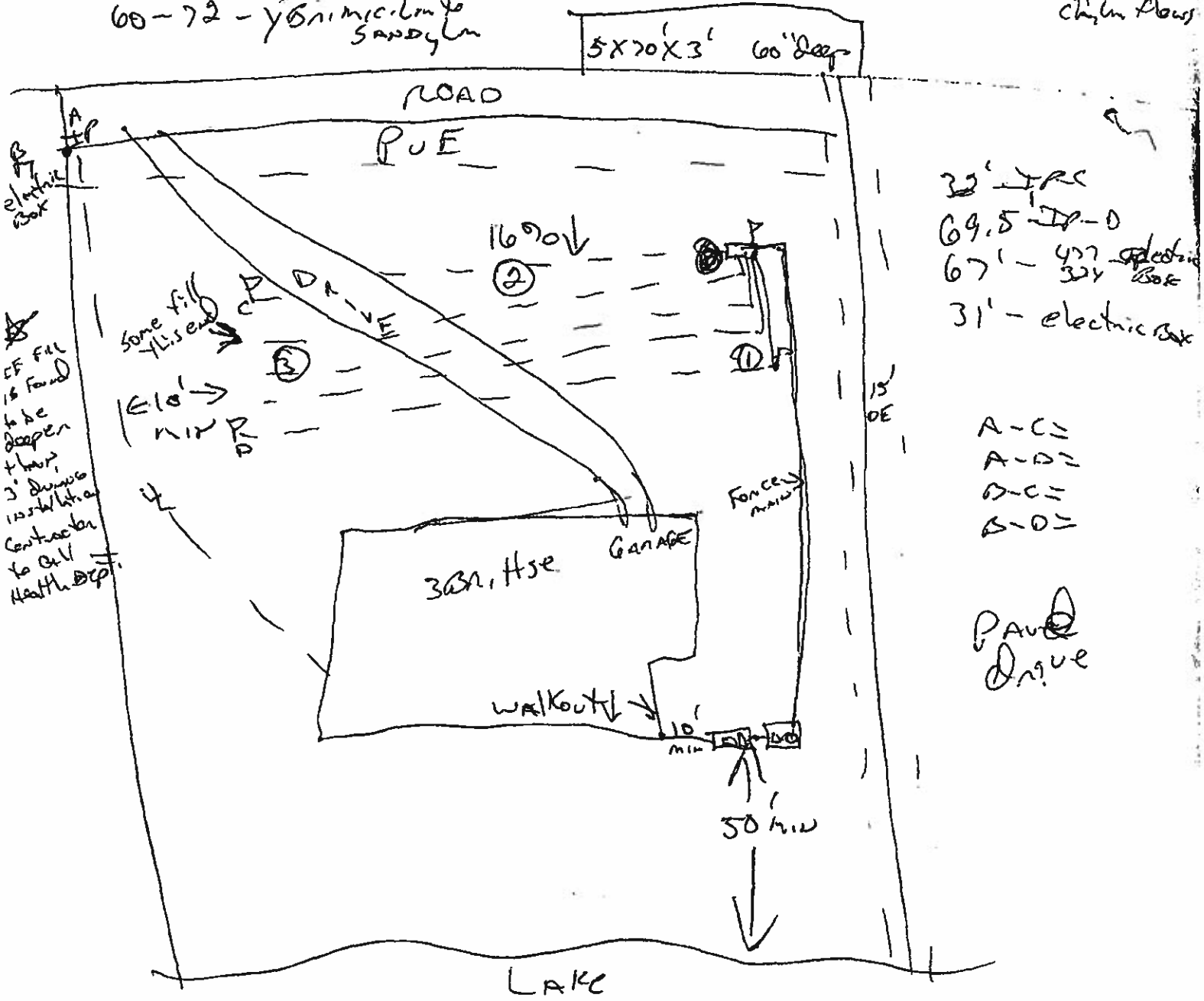
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 4. ☐ Rates of absorption too slow.
 5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
 6. ☐ Proposed system too close to well.
 7. ☐ Other Specify _____

PETER CHARUKA
133-92-0586
7/30/92 ~~133~~

- 1) 0-3-gr. ln
3-30-red ch. ln
30-42 red mic. sandy ch. ln
42-60-red mic. ln
60-72-y. mic. ln to sandy ln

- 2) 0-3-gr. ln
3-36-red ch. ln
36-72 y. red ln
lighter w/ depth

- 3) 0-36-Fill
36-42-red ch. ln
42-54-y. mic. ln
(HIGHLY fract. rock)
54-72-red mic. ln
w/ some ch. ln flows



- 32' - JRC
- 69.5' - JRC
- 67' - 457' electric
- 31' - electric box

- A-C=
- A-D=
- D-C=
- D-O=

PAVED
Drive

ENGINEER'S CERTIFICATE OF INSPECTION/APPROVAL

FOR Franklin County Health Department

O. Box 249

New Mount, Va. 22612

I do report that, to the best of my knowledge, that the sewerage system or parts thereof have been inspected and found to be in compliance with the plans and specifications prepared by this firm for the following project:

Sewerage System Layout Lot 8, Section 1,

Point, dated August 5, 1992,

prepared by R. A. Shrader, P. E.

Health Department I. O. # 131-92-0586

SIGNED: R. A. Shrader DATE: April 14, 1994

FOR: Shrader Engineering & Land Surveying, Inc.

2100 ADDRESS: 119 South Bridge Street - P. O. Box 647
Bedford, Virginia 24523
(703) 889-6710

ALL WORK SUBJECT TO INSPECTION