

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 (22)
to Right on Scruggs Rd. Left on Bluewater, Left on Lookout
Pointe.

Tax Map and Parcel Number: 032 04 008 00

Magisterial District: Gills Creek

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: Charpcce@ 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#: _____

RECEIPT.#: _____

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

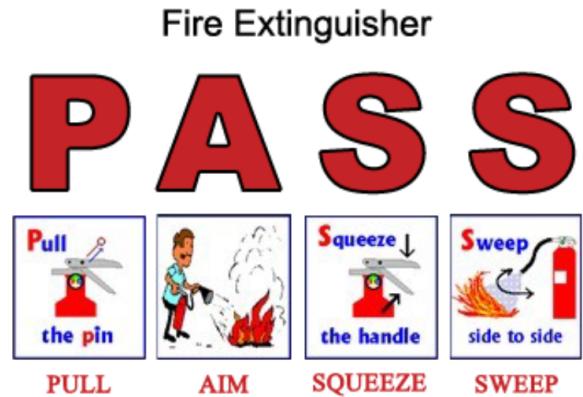
To use a fire extinguisher, remember PASS:

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.



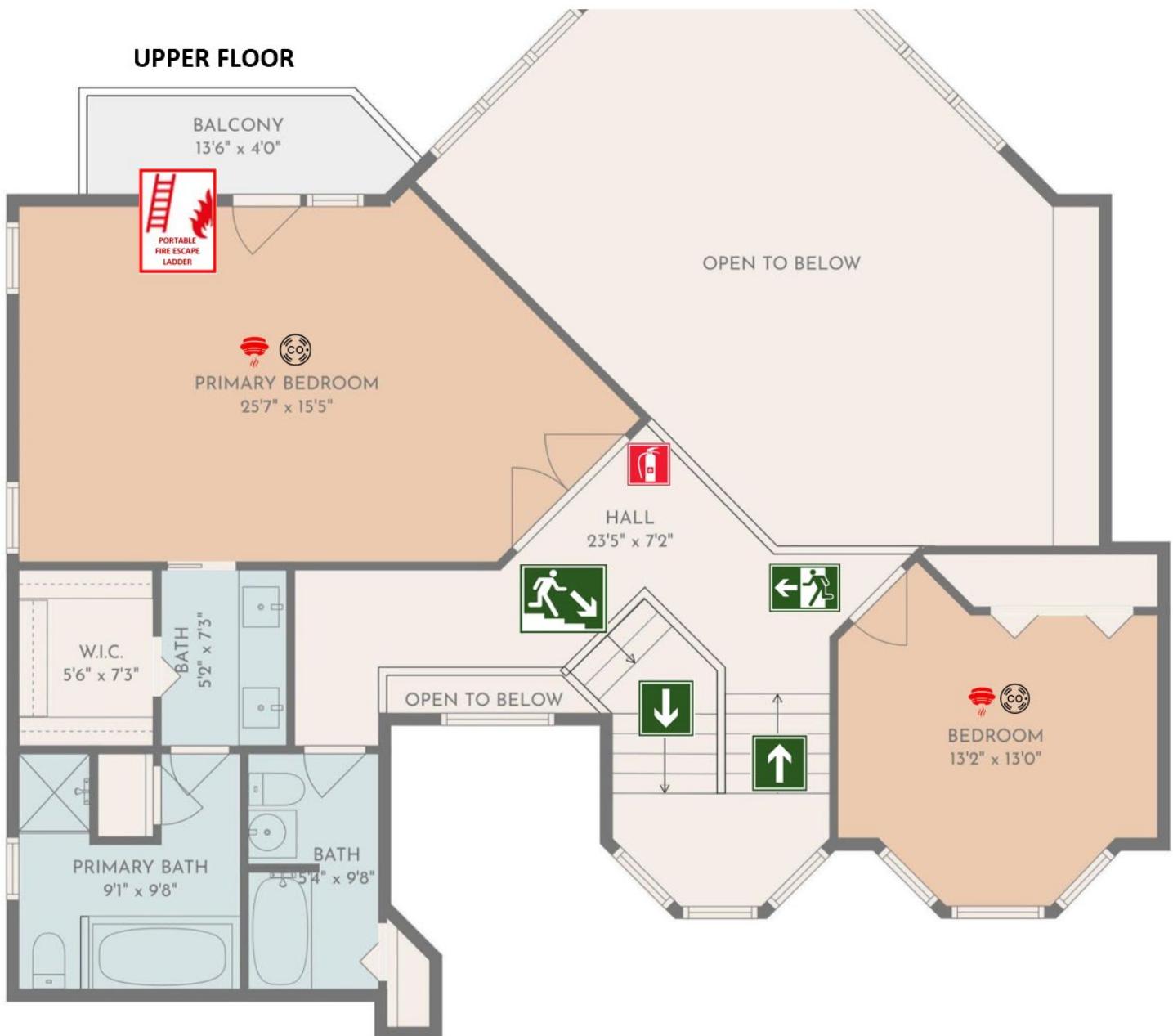
If you cannot easily and safely extinguish a fire, evacuate immediately and call 911. Please make note that you are staying at **104 Lookout Pointe Drive, Moneta VA in FRANKLIN COUNTY**

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.

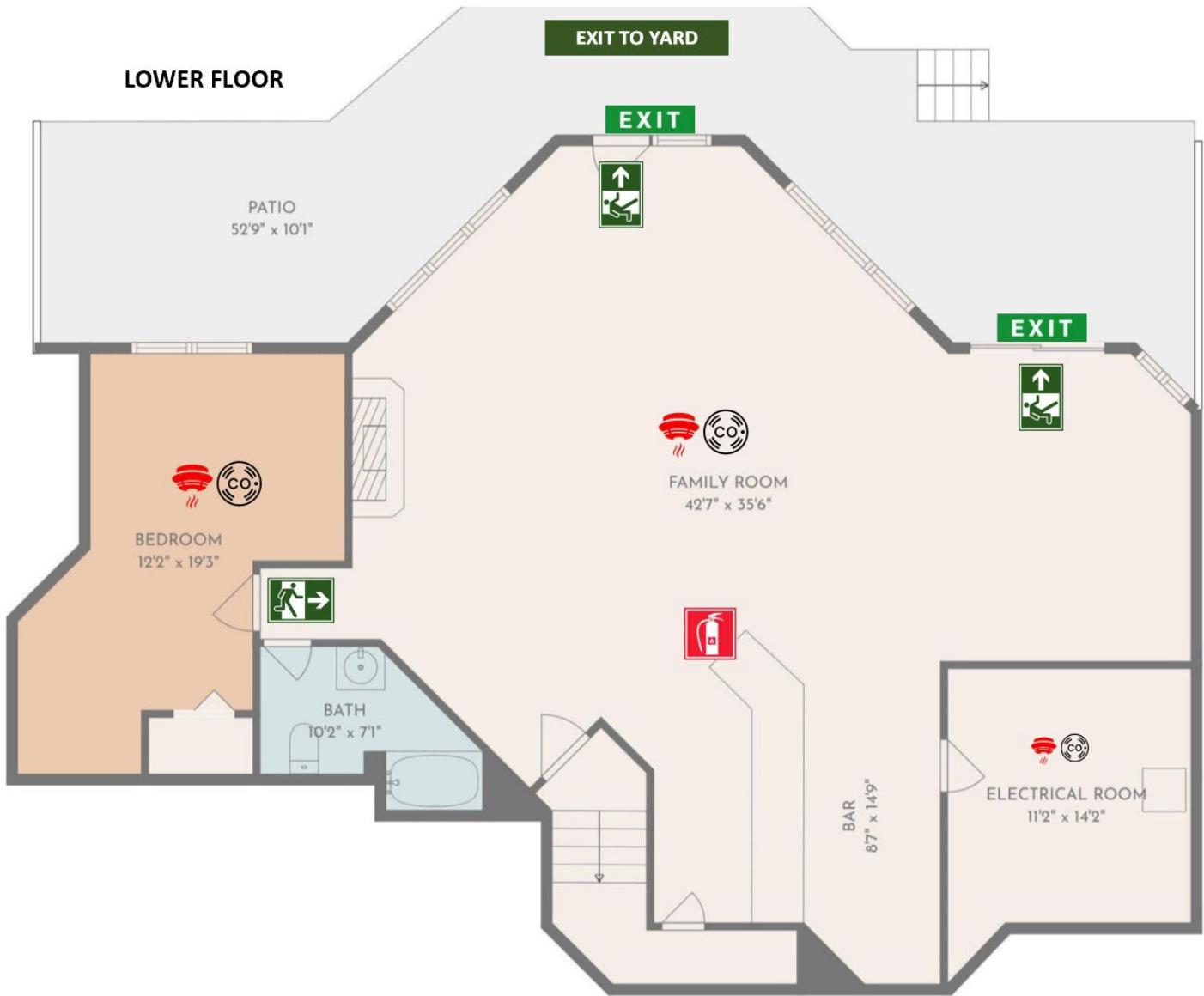
**EVACUATION PLAN
104 LOOKOUT POINTE, MONETA VA**

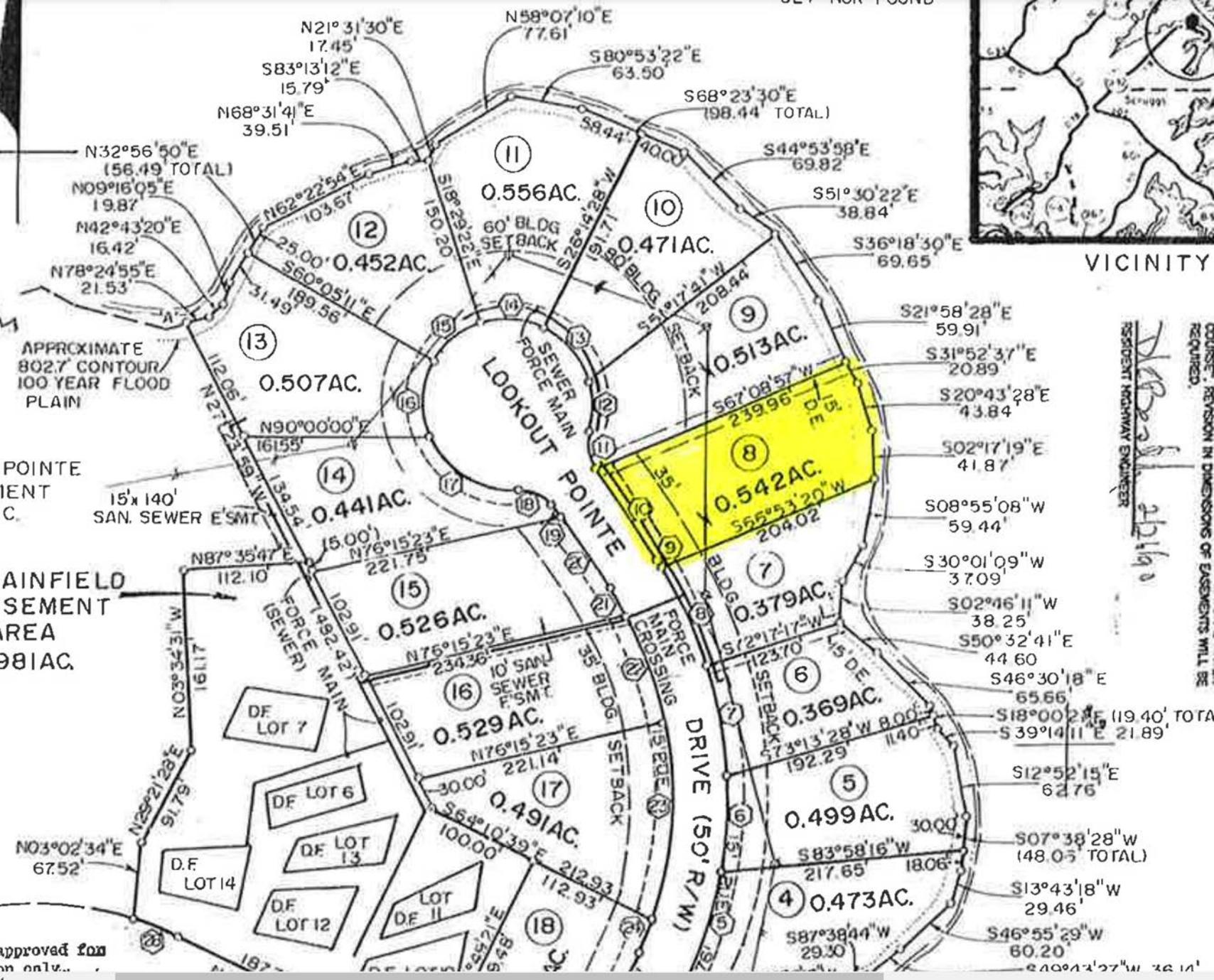


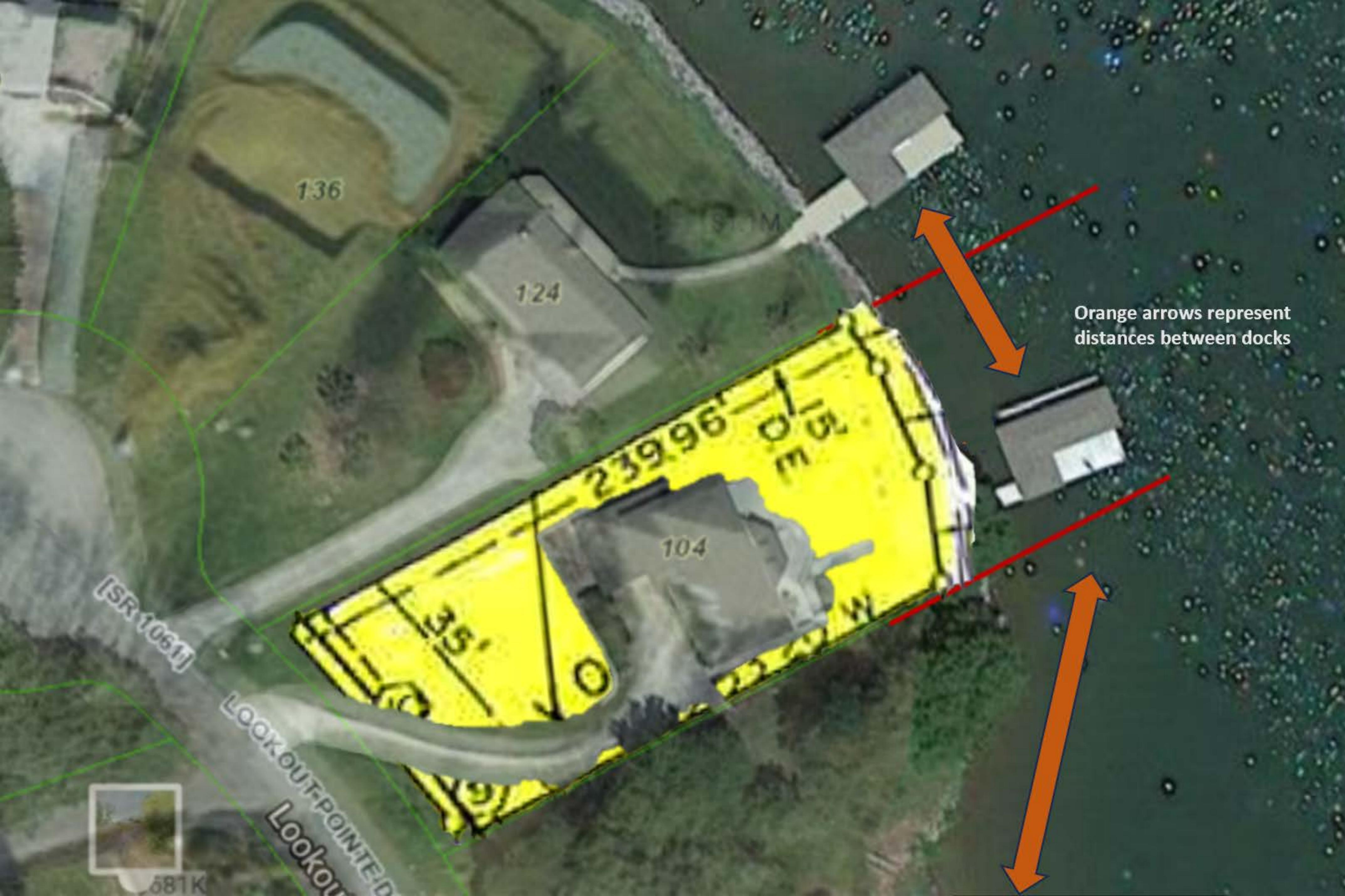
**EVACUATION PLAN
104 LOOKOUT POINTE, MONETA VA**



EVACUATION PLAN 104 LOOKOUT POINTE, MONETA VA







Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Tax Map No. 32

Health Department
Identification No. 133-92-0586

FRANKLIN COUNTY Health Department

to Operate a (Type) 2 Sewage Disposal System Having a Design Capacity of 450 gpd, at 3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and with Previously Issued permits CHS-202a, CHS-202b

| 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

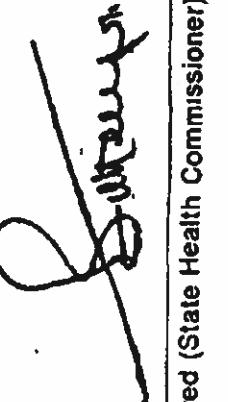
with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted. Issuance of an Operating Permit does not imply or Guarantee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

VARIANCES GRANTED
 NONE SEE ATTACHED

April 15, 1994

Effective Date

C.H.S. 205 Rev. 4/83



John J. Zelke
Recommended (Sanitarian)

SPECIAL CONDITIONS
 NONE SEE ATTACHED

Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 133-92-0584

Franklin Co Health Department

Name of Company/Corporation/Individual:

At 4 Boklo, Bedford

Address: Telephone: 586-1257

Owner's Name Peter Eileen Chacukas

Owner's Address P.O. Box 91C, Moneta, VA

Location of Installation: Lot 8

Section: 1

Subdivision: Lookout Pointe

Other: 122 N, Rte 6, L 942, last lookout Pt. sign 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.

John H. Jones
4/4/94

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 32-355 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 915 MONETA, VA.
For a Type II Sewage disposal system which is to be constructed on/at 122N, R616, C942,
Last Line to Lookout Pointe - Follow to lot on R
Subdivision LOOKOUT POINTE Section/Block 1 Lot 8
Actual or estimated water use 450 GPD (3 BEDROOMS)

| DESIGN | NOTE: INSPECTION RESULTS |
|---|--|
| Water supply, existing: (describe) <u>Public</u> | Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments |
| To be installed: class _____ cased _____ grouted _____ | G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/> |
| Building sewer: <u>3" or 4" I.D. PVC 40, or equivalent.</u> <u>Slope 1.25" per 10' (minimum).</u> <input type="checkbox"/> Other _____ | Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____ | Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>1000 plus pump tank</u> |
| Inlet-outlet structure: <u>PVC 40, 4" tees or equivalent.</u> <input type="checkbox"/> Other _____ | Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Pump and pump station: <u>No</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: <u>SEE ENGINEER'S PLANS</u> <input type="checkbox"/> Other <u>force main</u> | Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>Hand letter</u> |
| Gravity mains: <u>3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.</u> <input checked="" type="checkbox"/> Other <u>force main</u> | Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>Need approval letter</u> |
| Distribution box: <u>Precast concrete with 10 ports.</u> <input type="checkbox"/> Other _____ | Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>10 port</u> |
| Header lines: <u>Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench.</u> <u>Slope 2" minimum.</u> <input type="checkbox"/> Other _____ | Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Percolation lines: <u>Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.</u> <input type="checkbox"/> Other _____ | Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Absorption trenches: <u>Square ft. required 1050; depth from ground surface to bottom of trench 60"; aggregate size 1/2" to 1 1/2"; Trench bottom slope 2" - 4" / 100'; center to center spacing 9"; trench width 3'; Depth of aggregate 13"; Trench length 70'; Number of trenches 5</u> | Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>2 ft. of fill dirt in bottom per contractor</u> |
| Date <u>4/4/94</u> Inspected and approved by: <u>Smith Farris</u> Sanitarian | |

Installed

HD 42
ID 78.5

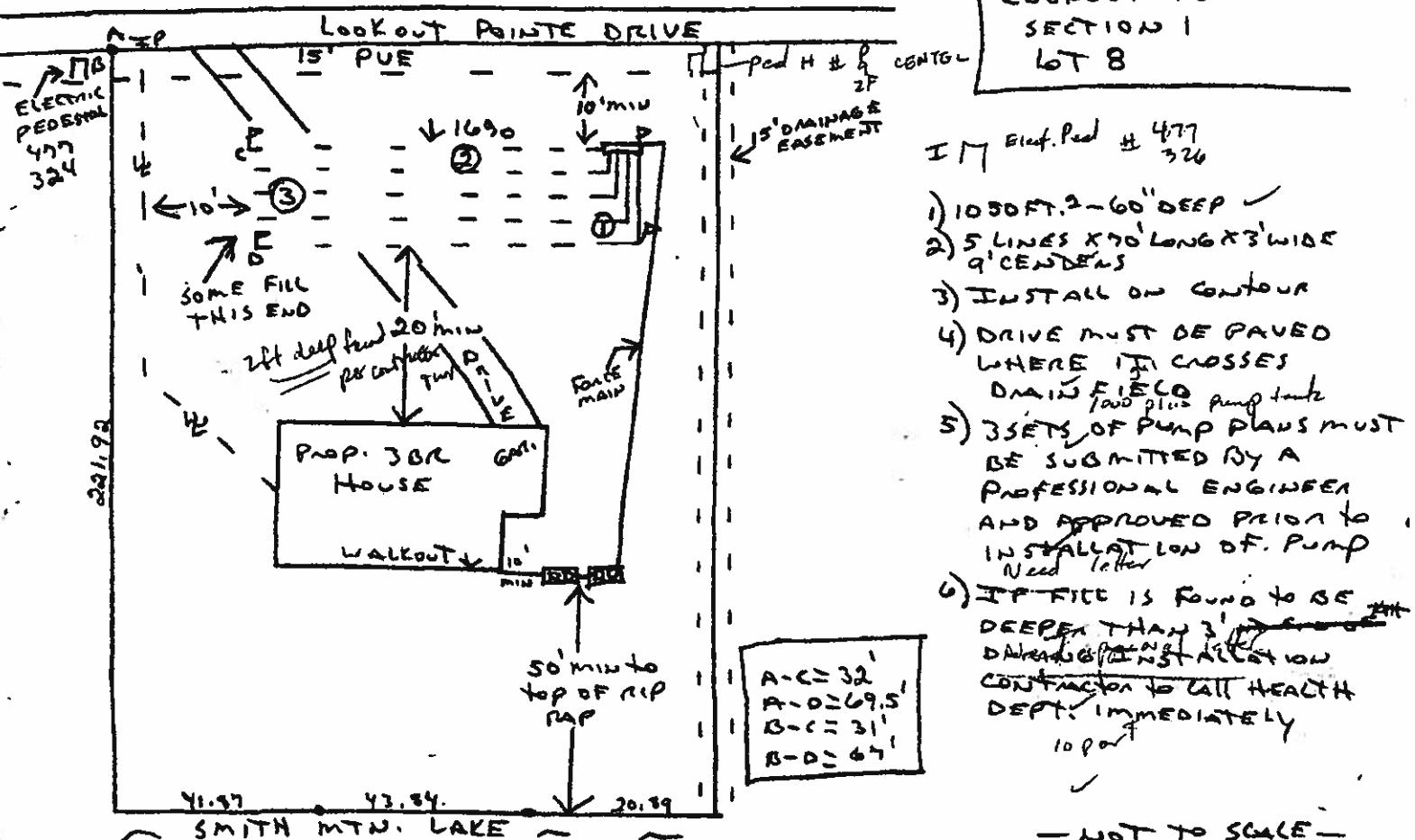
Health Department
Identification Number 133-92-0586

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.



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: Reiley, Douglas

This Construction
Permit Valid until
1/31/97

Date: 7/31/92 Reviewed by: John Bader
Supervisory Sanitarian

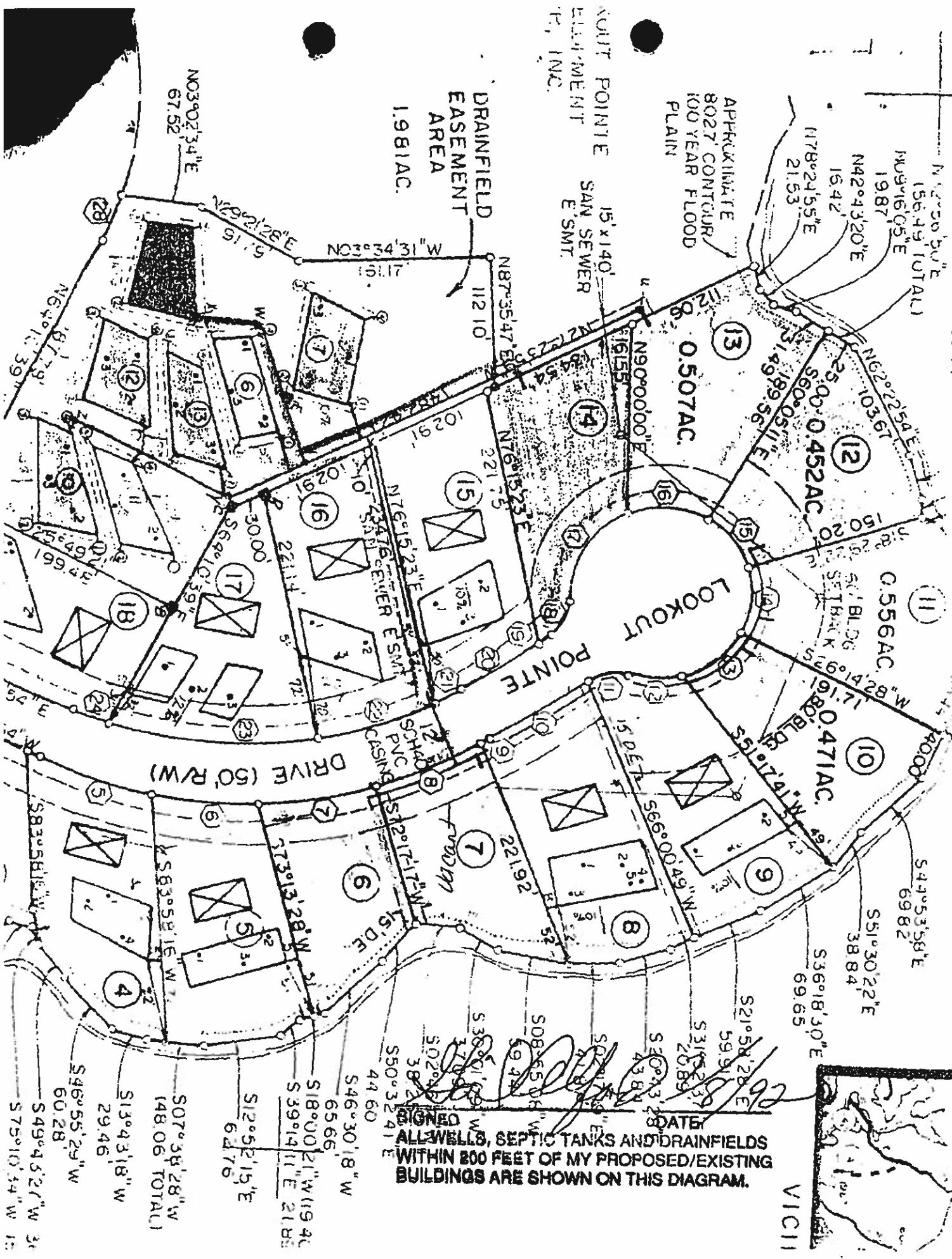
If FHA or VA financing

Reviewed by Date

Supervisory Sanitarian

11-2A

Regional Sanitarian



Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health 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 & LEEN CHURKWA Address P.O. BOX 91C MONETA, VA.

Location 122N, R616, L942, Last 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 1% %

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 45

Name and title of evaluator: ROONEY HUGHES SAN EPD. HEALTH SPEC.

Signature: Rooney Hughes

Department Use

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

Site Disapproved:

Reasons for rejection:

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

Date of Evaluation 5/30/92Profile Description
SOIL EVALUATION REPORTHealth Department
Identification No. 133-92-05 86Page 2 of 2

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e. sewage disposal systems, wells, etc. within 100 feet of site (See section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

 See application sketch See construction permit See sketch on reverse side or page attached to this form.

| Hole # | Horizon | Depth (Inches) | Description of, color, texture, etc. | Texture Group |
|---------|----------------|----------------|--|---------------|
| 1 | A | 0-3 | Br. Lm | II |
| | B ₁ | 3-30 | red clay Lm | II |
| | B ₂ | 30-42 | red mic. sandy clay Lm | II |
| | C ₁ | 42-60 | red clay mic. Lm w/ some clay flows | II |
| | C ₂ | 60-72 | yellow. Mic. Lm to sandy Lm | II |
| 2 | A | 0-3 | Br. Lm | II |
| | B ₁ | 3-36 | red clay Lm | II |
| | C | 36-72 | yellow Lm - (cattle w/ depth) | II |
| 3 | A ₁ | 0-36 | Full | II |
| | B ₁ | 36-42 | red clay Lm | II |
| | C ₁ | 42-54 | yellow mic. Lm - HIGHLY weathered rock | II |
| | C ₂ | 54-72 | red mic. clay Lm w/ some clay flows | II |
| Remarks | | | | |

Soil Evaluation Form

PAGE ____ OF ____

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

| General Information | |
|--|--|
| Date <u>7/5/92</u> | Health Department _____ |
| Applicant <u>Peter C. & Eileen Charuka</u> | Telephone No. <u>call agent/703-297-1496</u> |
| Address <u>Rt. 4 Box 91C</u> | <u>Moneta, Va. 24121</u> |
| Owner <u>Hague Bowman</u> | Address <u>NA</u> |
| Location <u>Lot 8 Lookout Pointe</u> | |
| Subdivision <u>Lookout Pointe</u> | Block/Section <u>1</u> |
| | Lot <u>8</u> |
| Soil Information Summary | |
| 1. Position in landscape satisfactory Yes <input type="checkbox"/> No <input type="checkbox"/> Describe _____ | |
| 2. Slope _____ % | |
| 3. Depth to rock/impervious strata Max. _____ Min. _____ None _____ | |
| 4. Depth to seasonal water table (gray mottling or gray color) No <input type="checkbox"/> Yes <input type="checkbox"/> _____ inches | |
| 5. Free water present No <input type="checkbox"/> Yes <input type="checkbox"/> _____ range in inches | |
| 6. Soil percolation rate estimated Yes <input type="checkbox"/> Texture group I II III IV No <input type="checkbox"/> Estimated rate _____ min/inch | |
| 7. Percolation test performed Yes <input type="checkbox"/> Number of percolation test holes _____ No <input type="checkbox"/> Depth of percolation test holes _____ Average percolation rate _____ | |
| Name and title of evaluator: _____ | |
| Signature: _____ | |
| Department Use | |
| <input type="checkbox"/> Site Approved: Drainfield to be placed at _____ depth at site designated on permit. <input type="checkbox"/> Site Disapproved: | |
| Reasons for rejection: | |
| 1. <input type="checkbox"/> Position in landscape subject to flooding or periodic saturation. 2. <input type="checkbox"/> Insufficient depth of suitable soil over hard rock. 3. <input type="checkbox"/> Insufficient depth of suitable soil to seasonal water table. 4. <input type="checkbox"/> Rates of absorption too slow. 5. <input type="checkbox"/> Insufficient area of acceptable soil for required drainfield, and/or Reserve Area. 6. <input type="checkbox"/> Proposed system too close to well. 7. <input type="checkbox"/> Other Specify _____ _____ _____ | |

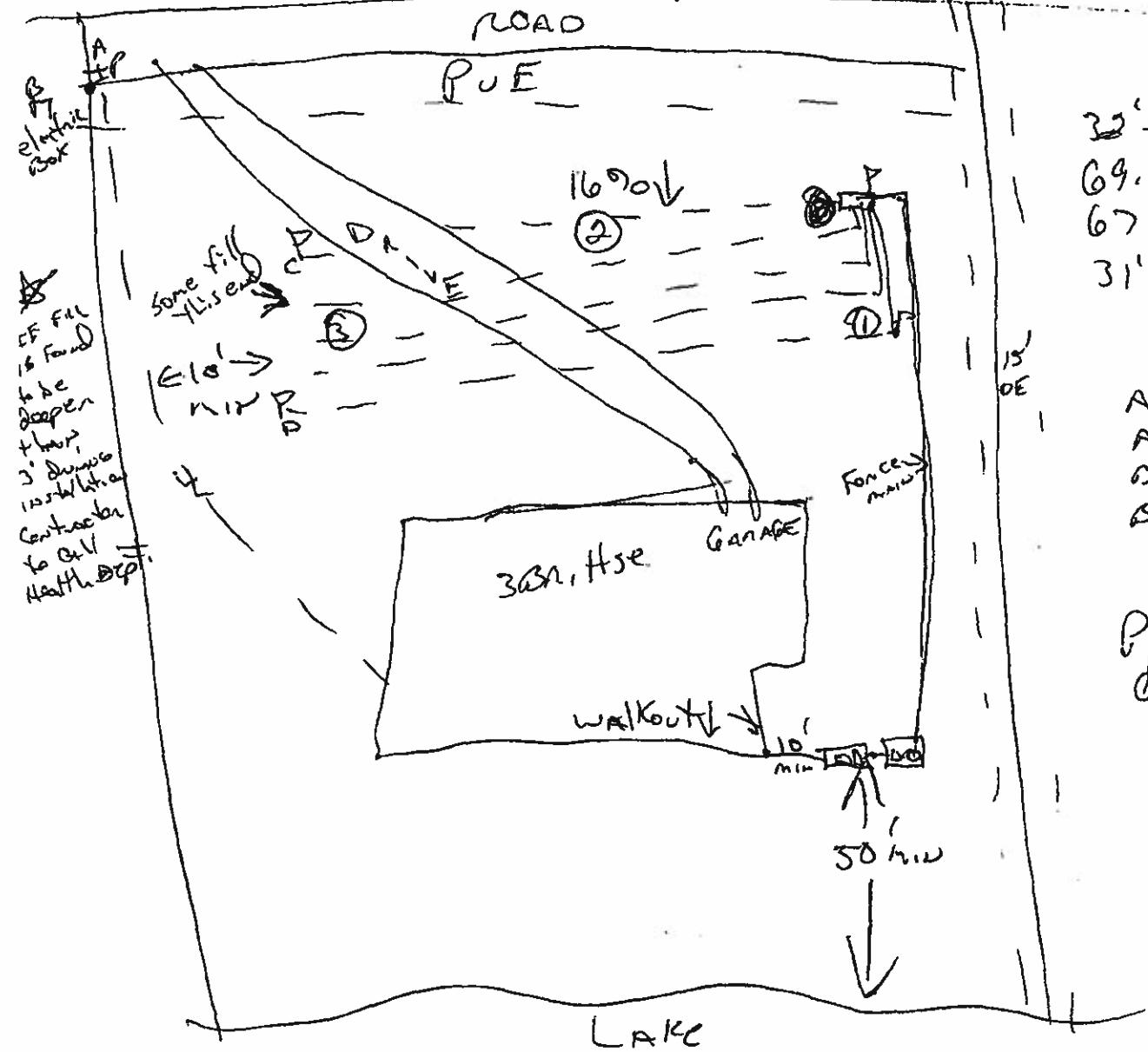
PETER CHARNKA
133-92-0586
7/30/92 ~~Sett~~

- 1) 0-3-3n. (m)
3-30-red clay m
- 20 - 42 red m. (c. sandy clay m)
- 42 - 60 - red ^{blue} ~~blue~~ m. (c. sandy clay m. w/ few clay flats)
- 60 - 72 - y6n. m. (c. m. to sandy m)

- 2) 0-3-3n. (m)
3-36-red clay m
36-72 yellow m
light to w/ depth

- 3) 0-36-Fick
36-42-red clay m
42-54-yellow m
(highly weathered rock)
54-72 - red m.
blue m. w/ some clay m. flows

5x20' x 3' 60" Deep



14

ENGINEER'S CERTIFICATE OF INSPECTION/APPROVAL

TO: Franklin County Health Department
P. O. Box 242
New Mount, Va. 24102

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

Wastewater System Layout, Lot 2, Section 3
Lynn, at Pointe, dated August 14, 1994
Prepared by R. B. Shrader, P. E.

Health Department I. D. # 133-22-0586

SIGNED: R. B. Shrader DATE: Aug 14, 1994
FIRM NAME: Shrader Engineering & Land Surveying, Inc.

HOME ADDRESS: 119 South Bridge Street - P. O. Box 647
Bedford, Virginia 24523
(703) 866-6719

ATTACHMENT