

FRANKLIN COUNTY
ZONING MAP AMENDMENT APPLICATION

I/~~We~~ Michael A. Turner as ~~Owner(s), Contract Purchaser(s), or~~ Owner's
Authorized Agent of the property described below, hereby apply to the Franklin County Board of Supervisors
for a zoning map amendment on the property described below:

Petitioner's Name: Michael A. Turner

Petitioner's Address: 330 Island View Dr. Penhook, Va. 24137

Petitioner's Phone Number: 540-493-6014

Petitioner's Email Address: docks4u@gmail.com

Property Owner's Name: Linda B. Simpson

Property Owner's Address: 440 Island View Dr. Penhook, Va. 24137

Property Owner's Phone Number: 540-493-4423

Property Owner's Email Address: LSimpson3060@gmail.com

Property Information:

A. Proposed Property Address: 7550 Old Franklin Tpk. Glade Hill, Va 24092

B. Tax Map and Parcel Number: 0650005601

C. Election District: Union Hall

D. Size of Property: 2.811 ACRES

E. Existing Zoning: B2

F. Existing Land Use: OFFICE SPACE

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

If yes, please explain: _____

Proposed Zoning Map Amendment Information:

I. Proposed Land Use: Single Family Dwelling/revert to 1-A

J. Size of Proposed Use: 36'-10" x 28'-10" house/basement, 28'-10" x 24' garage

K. 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 zoning map amendment and the information submitted is herein complete and accurate.

Petitioner's Name (Printed): Michael A. Turner

Petitioner's Signature: Michael A. Turner

Date: 2/20/25

Mailing Address: 330 Island View Dr.
Penhook, Va. 24137

Phone Number: 540-493-6014

Email Address: docks4u@gmail.com

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

Owner's Name: Linda B. Simpson

Owner's Signature: Linda B. Simpson

Date: 2/19/25

Date Received by Planning Staff: _____



Information Panel

(1 of 1)

[Clear](#)

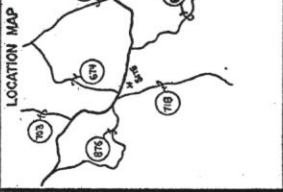
[Zoom to](#)

...

Parcels: 0650005601

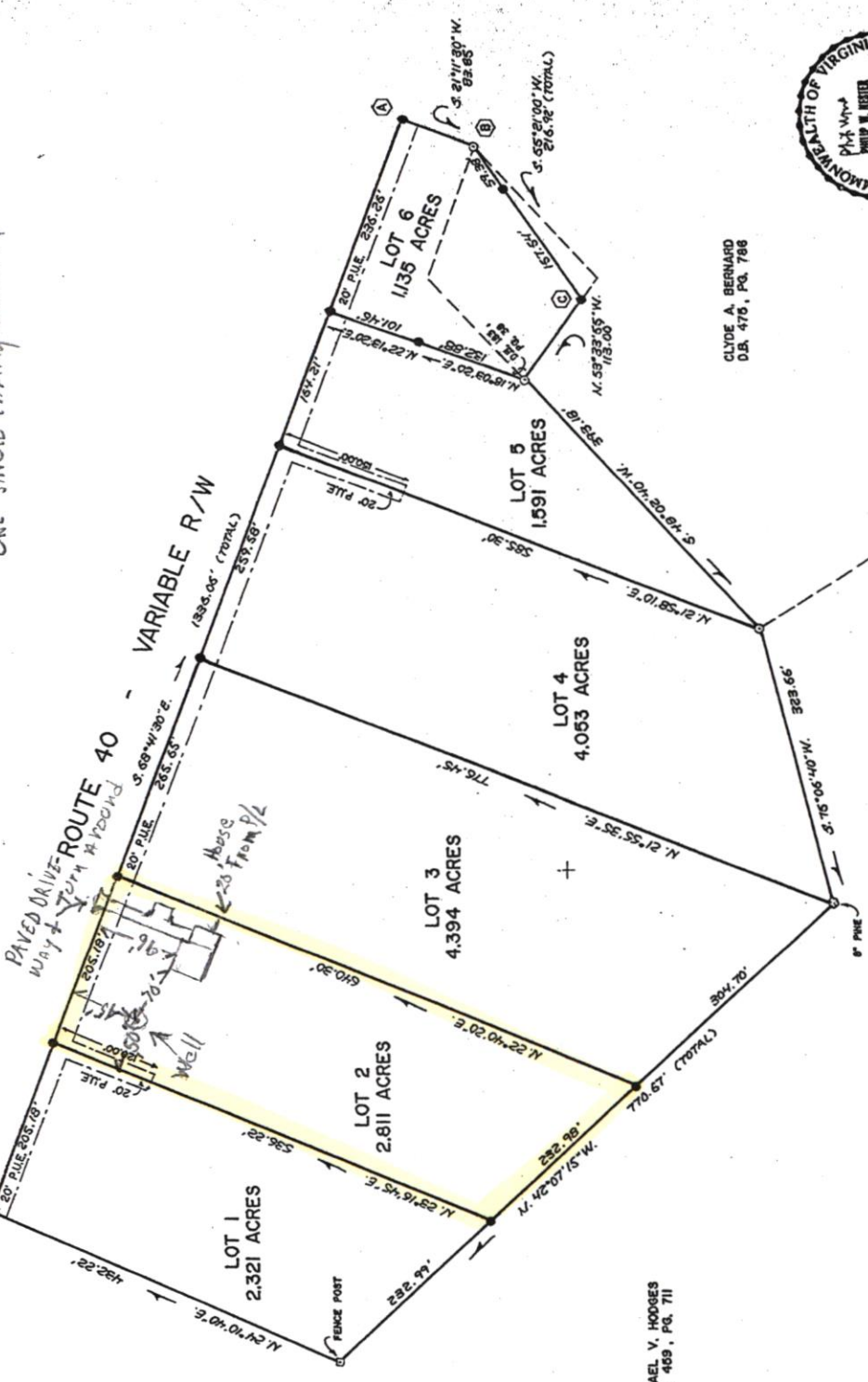
Primary Details

Parcel ID	0650005601
Map Number	065.00
Parcel Number	056.01
Owner	SIMPSON LINDA B
Owner Address	440 ISLAND VIEW DR
City	PENHOOK
State	VA
Zip Code	24137
Physical Address	7550 OLD FRANKLIN TPKE 24092
Legal Description 1	HOMEPLACE
Legal Description 2	LOT 2
Zoning	B2
District	UNION HALL
Acreage	2.81
Land Value	\$60,900.00
Building Value	\$112,100.00
Assessed Total	\$173,000.00
Land Use Value	\$0.00
Grantor	SIMPSON CARL E & LINDA B
Consideration	\$0.00
Consideration Date	3/10/2020, 8:00 PM
Instrument Yr	2020
Instrument No	67465
Subdivision	HOMEPLACE
Deed Book	
Deed Page	0
Plat Book	518
Plat Page	495
Property Card	View Card



2/19/25
 HOUSE 36'-10" X 28'-10"
 GARAGE 24' X 28'-10"
 Building height 23'
 ONE SINGLE FAMILY Dwelling

PAVED DRIVE-ROUTE 40
 WAY TO YETTA HOUND
 VARIABLE R/W
 (334.06' TOTAL)
 259.38'



CLYDE A. BERNARD
 D.B. 475, PG. 788

MICHAEL V. HOOSES
 D.B. 459, PG. 711

HOMEPLACE

- LEGEND
- SURVEYED PROPERTY LINE
 - DEED LINE
 - SET 1/2" IRON REBAR
 - EXISTING FOUND 1/2" IRON REBAR
 - POINT
 - TREE MARKER
 - FENCE POST



- NOTES
- LEGAL REFERENCE: DEED BOOK 501, PAGE 1106
 - TAX REFERENCE: 65.00 - 096
 - PROPERTY LOCATED IN HUD FLOOD HAZARD ZONE C.
 - SURVEY PERFORMED WITHOUT BENEFIT OF A TITLE REPORT AND MAY NOT INCLUDE ALL ENCUMBRANCES ON THE PROPERTY.
 - PROPERTY LINE FROM CORNER A TO CORNER B TO CORNER C IS AN AGREED TO PROPERTY LINE WITH CLYDE A. BERNARD.
 - CHORD BEARINGS & DISTANCES, PROPERTY LINE FOLLOWS R/W LINE OF ROUTE 40 FROM CORNER D TO CORNER A.
 - SEE WELL AND SEPTIC PERMIT AND DRAINFIELD PLAT ON FILE AT FRANKLIN COUNTY HEALTH DEPARTMENT FOR WELL AND SEPTIC APPROVALS.
 - SEE FRANKLIN COUNTY ZONING ORDINANCES FOR MINIMUM BUILDING LINES.

UNION HALL MAGISTERIAL DISTRICT
 FRANKLIN COUNTY, VIRGINIA
 SURVEYED JULY 07, 1992
 JOB NUMBER 198-92
 SHEET 2 OF 2
 REVISED SEPTEMBER 26, 1992

Letter of Application

Dear Planning Commission and Board of Supervisors:

The proposed use of the property will be for a single-family dwelling. The house was built in 1994 to be the office for a business. It was designed that it could be used as a three (3) bedroom residence with a two-car garage. Nothing outside will change. The drain field was installed for a three (3) bedroom home. The driveway has a commercial approved entrance with proper sight distance. The house has been well kept outside since it was built, and we do not anticipate any changes.

Sincerely,

A handwritten signature in cursive script that reads "Michael Turner". The signature is written in dark ink and includes a long, sweeping flourish at the end.

Michael Turner

February 19, 2025

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. 133-93-0825
FRANKLIN COUNTY Health Department



Tax Map No. 65

CARL SIMPSON

is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
HOMEPLACE		2

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 2-3-94

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

May 25, 1994

Effective Date

SPECIAL CONDITIONS

☒ NONE ☐ SEE ATTACHED

RLG
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 133-94-0055

Franklin Co. Health Department

Name of Company/Corporation/Individual: O. Ray Prillaman

Address: _____ Telephone: _____

Owner's Name Carl Simpson

Owner's Address 306 Island View Dr. Fern Hook, VA.

Location of Installation: Lot 2 Block _____

Section: _____ Subdivision: Hemplice

Other: 40E, 1/2 mile past Rt. 718 on R

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 2/3/94 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

2/16/94

Date

Shaker M. H. H. H.

Signature and Title

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia

Department of Health

FKLN Co

Health Department

Health Department

Identification Number

133940055

Map Reference

65-file

General Information

Water Supply System: New ☐ Repair ☐ Public ☐ FHA ☐ VA ☐ Case No.

Sewage Disposal System: New ☒ Repair ☐ Expanded ☐ Conditional ☐ Public ☐

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner CARL Simpson Telephone 576 3060

Address 306 Island View Dr Penhook VA For a Type 1 Sewage Disposal System or Well to

be constructed on/at 402 1/2 m past RT 718 on R

Subdivision Homeplace Section/Block Lot 2 Actual or estimated water use 450 gpd

DESIGN

Water supply, existing: (describe) 3 wells
133930825

To be installed: class

cased ☒ grouted ☒

Building sewer:

3" min I.D. PVC Schedule 40, or equivalent.

Slope 1.25" per 10' (minimum).

☐ Other

Septic tank: Capacity 1000 gals. (minimum).

☐ Other

Inlet-outlet structure:

PVC Schedule 40, 4" tees or equivalent.

☐ Other

Pump and pump station:

No ☒ Yes ☐ describe and show design.

if yes:

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

☐ Other

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 960; depth from ground surface to bottom of trench 60"; aggregate size 1/2-1 1/2";

Trench bottom slope 2-4"/100';

center to center spacing 9'; trench width 3';

Depth of aggregate 12";

Trench length 80'; Number of trenches 4

NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply location: Satisfactory yes ☐ no ☐ comments

Completion Report

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

Building sewer: yes ☒ no ☐ comments

Satisfactory

Pretreatment unit: yes ☒ no ☐ comments

Satisfactory

Inlet-outlet structure: yes ☒ no ☐ comments

Satisfactory

Pump & pump station: yes ☐ no ☐ comments

Satisfactory

Conveyance method: yes ☒ no ☐ comments

Satisfactory

Distribution box: yes ☒ no ☐ comments

Satisfactory

Header lines: yes ☒ no ☐ comments

Satisfactory

Percolation lines: yes ☒ no ☐ comments

Satisfactory

Absorption trenches: yes ☒ no ☐ comments

Satisfactory

Date 2/16/94 Inspected and approved by:

Rodney Hughes
Sanitarian

3AR
potential

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.

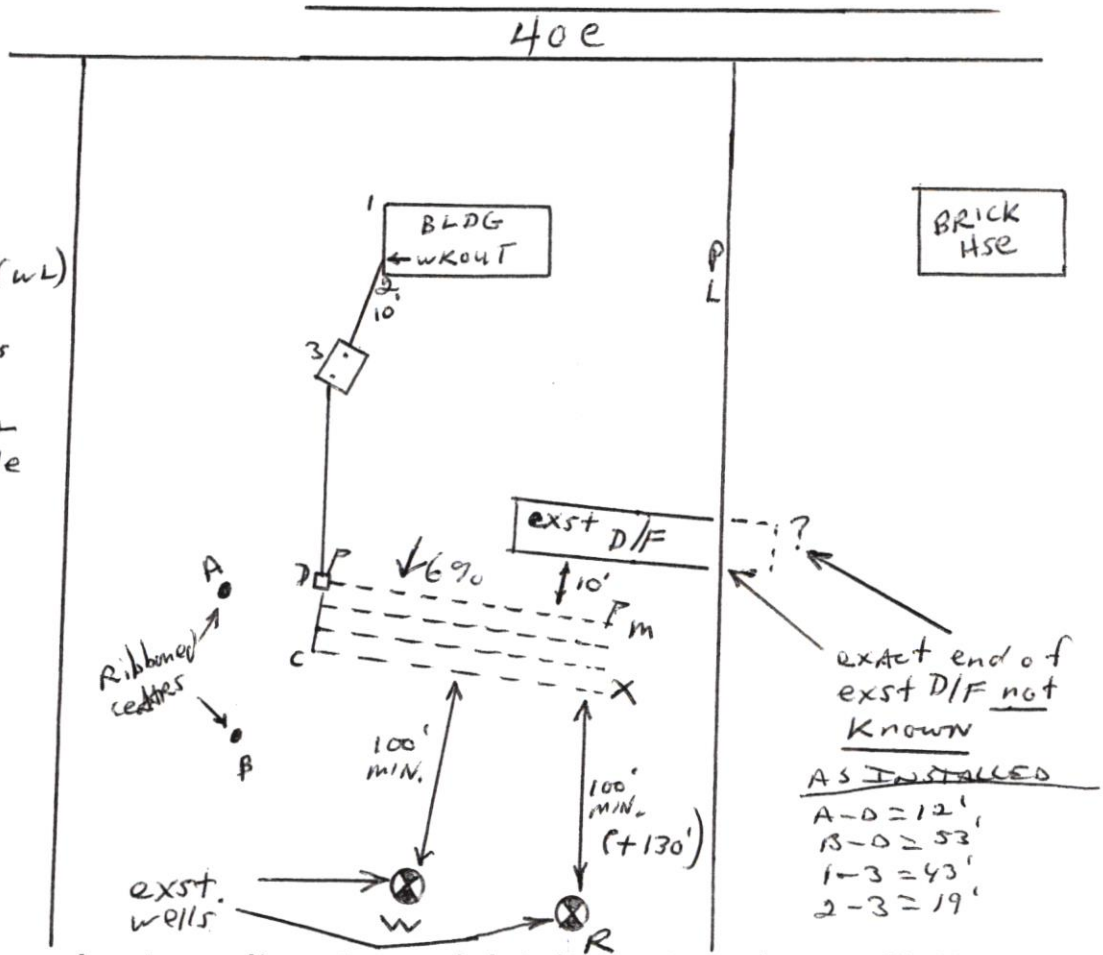
5' off PL
100' min. to all wells

960#
4 lines

80'x3'x5' deep

- Route waterline (WL)
10' min. off exst +
proposed drainfields
- once exst. D/F is no
longer in service WL
may cross it via double
piped conduit.

AD 17'
BD 55'
AC 24'
BC 25'
WX 115'
WM 145'
RX +130'



This sewage disposal system and/or water supply is to be constructed as specified by the permit ☒ or attached plans and specifications.

This sewage disposal system and/or well 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: 2/3/94 Issued by: RL Luyken

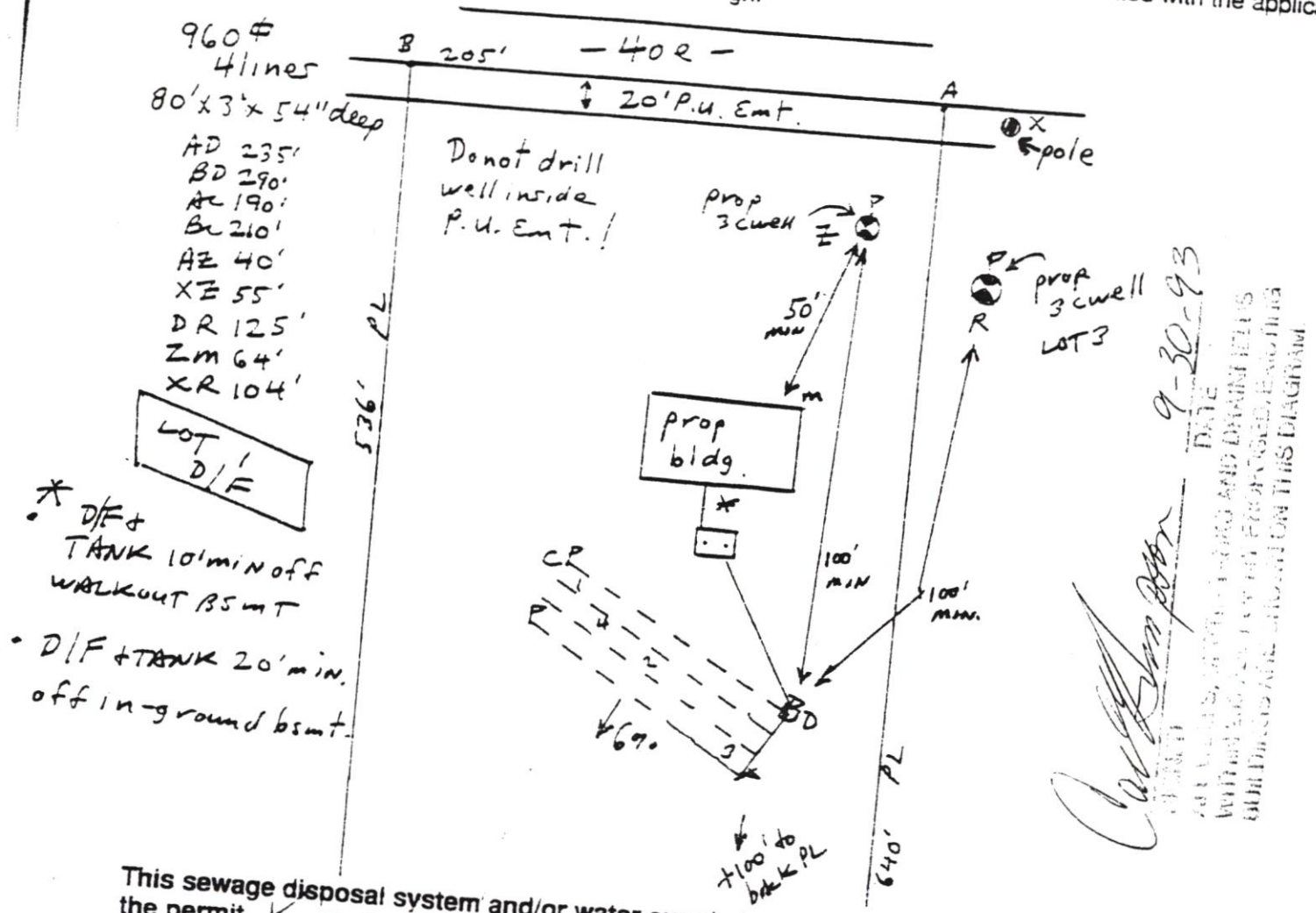
Date: 2/3/94 Reviewed by: Jim Baker
Supervisory Sanitarian EHM

This Construction
Permit Valid until
8/3/98

If FHA or VA financing

Reviewed by Date _____ Date _____

Schematic drawing of sewage disposal and/or water supply system and topographic features.
 Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 feet.
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Date: 9/24/93 Issued by: R. L. L.
 Date: 9/24/93 Reviewed by: [Signature]
 Sanitarian
 Supervisory Sanitarian

This Construction Permit Valid until
9-24-98

If FHA or VA financing
 Reviewed by Date Date
 Supervisory Sanitarian Regional Sanitarian

Well

133-93-0825
9-30-93

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID

To Be Completed By The Applicant

Type of sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Case No. _____

Owner

Carl Simpson

Address

306 Island View Dr
Penhook VA 24139

Phone

703 4830489

Agent

Same as above

Address _____

Phone _____

Directions of Property

Older Hill - RT. 40 E.
12 mi from Rocky Mount, VA

Subdivision _____

Section _____

Block _____

Lot _____

Other Property Identification _____

Dimension/size of Lot/Property _____

Other Application Information

I. Building/facility

Intermittent Use

☒ New

☐ Yes

☐ Existing

☒ No If yes, describe _____

II. Residential Use

Termite Treatment

☒ Yes

☒ Yes

☒ Single Family

(Number of Bedrooms 3)

☐ No

☐ No

☐ Multi-family

(Number of Units _____)

Basement

☒ Yes

☐ No

Fixtures in Basement

☒ Yes

☐ No

III. Commerical Use

☐ Yes

☒ No

Describe:

OFFICE NOW
RESIDENCE LATER

Commerical/Wastewater

☐ Yes

☒ No

Number of Patrons _____

Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply:

☐ Public

☒ Private

☐ New

☒ New

☐ Existing

☐ Existing

Describe: _____

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ☒ Septic Tank Drainfield ☐ LPD ☐ Mound ☐ Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Signature of Owner/Agent

Date

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Health Department

Identification Number 139930825

Map Reference 65 file

FKLN Co

Health Department

General Information

Water Supply System: New ☒ Repair ☐ Public ☐ FHA ☐ VA ☐ Case No. ☐

Sewage Disposal System: New ☐ Repair ☐ Expanded ☐ Conditional ☐ Public ☐

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner Carl Simpson Telephone 4830489

Address 306 Island View Dr Pentack VA For a Type Sewage Disposal System or Well to

be constructed on/at 402, 1/2 n part R+718 on R

Subdivision Homeplace Section/Block ☐ Lot 2 Actual or estimated water use ☐

DESIGN

Water supply, existing: (describe) ☐

To be installed: class 3 c wells
cased 20' min grouted 20' min

Building sewer: ☐ I.D. PVC Schedule 40, or equivalent.
Slope 1/25" per 10' (minimum).
☐ Other ☐

Septic tank: Capacity ☐ gals. (minimum).
☐ Other ☐

Inlet-outlet structure:
PVC Schedule 40, 4" tees or equivalent.
☐ Other ☐

Pump and pump station:
No ☐ Yes ☐ describe and show design.
if yes: ☐

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

Distribution box:
Precast concrete with ☐ 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 ☐: depth from ground surface to bottom of trench ☐; aggregate size ☐:
Trench bottom slope ☐;
center to center spacing ☐; trench width ☐;
Depth of aggregate ☐;
Trench length ☐; Number of trenches ☐

NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply location: Satisfactory yes ☐ no ☐ comments

Completion Report

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

Building sewer: yes ☐ no ☐ comments
Satisfactory

Pretreatment unit: yes ☐ no ☐ comments
Satisfactory

Inlet-outlet structure: yes ☐ no ☐ comments
Satisfactory

Pump & pump station: yes ☐ no ☐ comments
Satisfactory

Conveyance method: yes ☐ no ☐ comments
Satisfactory

Distribution box: yes ☐ no ☐ comments
Satisfactory

Header lines: yes ☐ no ☐ comments
Satisfactory

Percolation lines: yes ☐ no ☐ comments
Satisfactory

Absorption trenches: yes ☐ no ☐ comments
Satisfactory

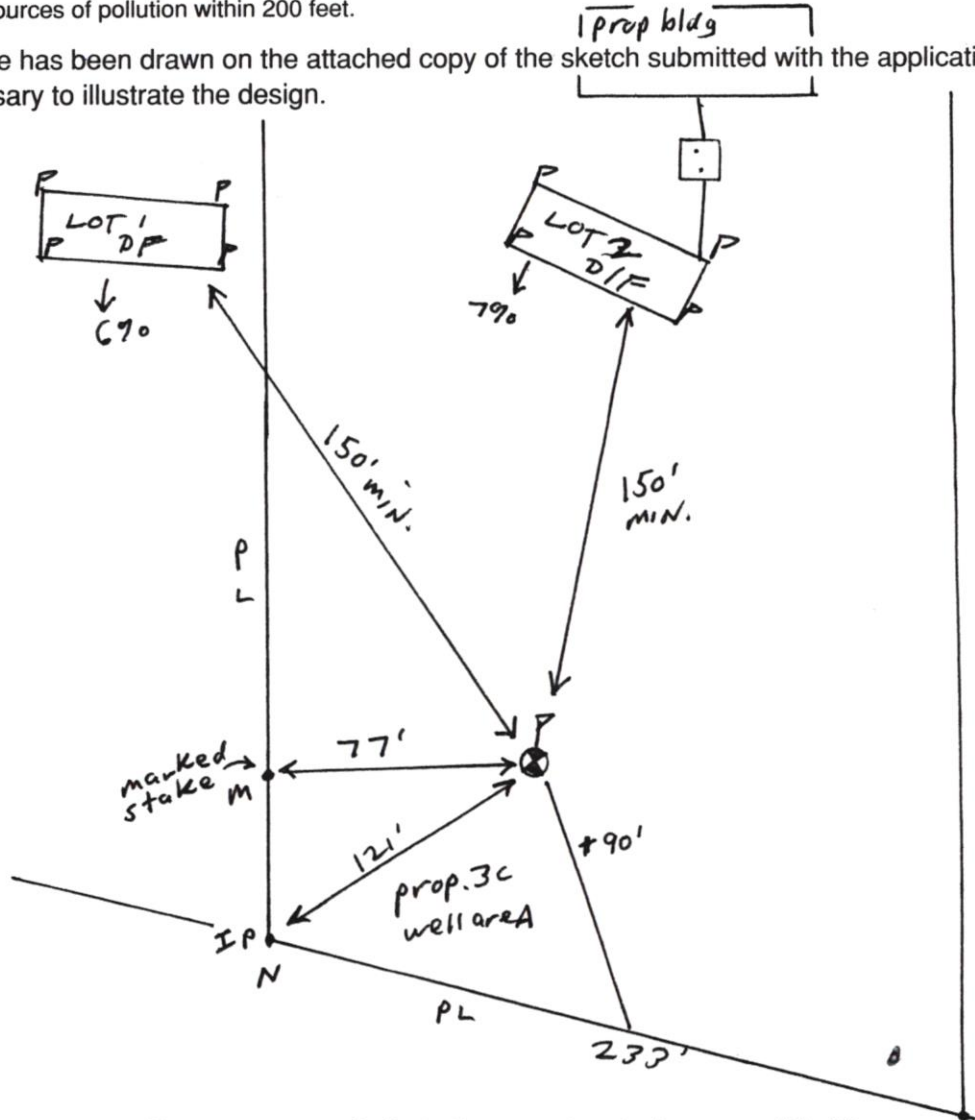
Date ☐ Inspected and approved by:

Sanitarian

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.



This ~~sewage disposal system and/or~~ water supply is to be constructed as specified by the permit ☒ or attached plans and specifications _____.

This sewage disposal system and/or well 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: 9/30/93 Issued by: RL Luffman
Date: 9/30/93 Reviewed by: [Signature]
Sanitarian
Supervisory Sanitarian

This Construction
Permit Valid until
3/30/98

If FHA or VA financing

Reviewed by Date _____ Date _____

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when
water supply constructed in con-
junction with an on-site sewage
disposal system, or when FHA, VA
financing is involved.

Health Department

I.D. Number

133930825

Map Reference

65 file

F.H.A. or V.A. Case Number
If Applicable

Date 5/20/94

Local Health Department Fkenco

Owner C. Simpson

Address 306 Island View
Pembroke VA 24137

Phone

Exact Location of Premises

Subdivision

Section/Block

Lot

Class of nonpublic drinking water well.

1) Class III C A. (drilled well) ☒

2) Class III B. (bored well) ☐

3) Class III C. (jetted well) ☐

4) Class III D. (dug well) ☐

5) Other E. ~~10-4-93~~ ☐

Date of installation 10-4-93

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e.) well log, etc., so note.

1. Water well completion report filed as required by 18.02.07. Yes ☒ No ☐

2. Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.

Building Sewer +50' Pretreatment Unit +50' Conveyance System +50' Subsurface
Soil Absorption System +100' (nearest point). Property Line +10' Other
Site graded where necessary to divert water away from well? Yes ☐ No ☐ n.a. ☐

3. Construction, General: (see Section 18.02.05, and 18.02.02)

Total depth of well 500 feet. Type of casing plastic. Depth of casing 100 feet. Diameter
of casing 6 1/4 inches. Casing extends inches above ground 12. Exterior space around casing sealed
with neat cement grout to a depth of 20 feet. Screens constructed of
free of rough edges and irregularities, with positive watertight seal between screen and casing? ☐ yes ☐ no ☐
n.a. ☒ Well head and opening to the interior protected? yes ☒ no ☐ Type of well seal L.P.G.
Pitless adapter used? yes ☒ no ☐ n.a. ☐ Properly installed? yes ☐ no ☐ n.a. ☐ Proper venting?
yes ☒ no ☐ n.a. ☐

4. Quantity: Yield and drawdown determined by continuous pumping of 1 1/2 hours. Drawdown feet.

Yield 2 1/2 GPM. Type of storage Tank

5. Quality: Sample tap provided at entry into system? yes ☐ no ☐ Sample(s) collected? yes ☒ no ☐

Results of samples. Satisfactory ☒ Unsatisfactory ☐ (attach copy of results to this form)

Based on the inspection of this water supply system and the information contained on the water well completion report
attached, this water supply is approved. ☒ meets regulations

Remarks:

Date 5/20/94

Signed

RLG

Sanitarian

Date

Signed

Supervisory Sanitarian

Date

Signed

Regional Sanitarian (If V.A. or F.H.A.)

PLAN DETAILED REPORT REZO-02-2025-18230 FOR FRANKLIN COUNTY

Plan Type: Re-Zoning Request	Project:	App Date: 02/19/2025
Work Class: None	District: Union Hall	Exp Date: 02/18/2030
Status: Under Review	Square Feet: 0.00	Completed: NOT COMPLETED
Valuation: \$0.00	Assigned To:	Approval
Description:		Expire Date:

Parcel: 0650005601	Main	Address: 7550 Old Franklin Tpke Glade Hill, VA 24092	Main	Zone: A1(A1 - IMPORTED FOR ENERGGOV) B2(B2 - IMPORTED FOR ENERGGOV)
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Owner LINDA B SIMPSON 440 ISLAND VIEW DR PENHOOK, VA 24137	Applicant MICHAEL A TURNER 330 ISLAND VIEW DR PENHOOK, VA 24137 Mobile: 5404936014
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Invoice No.	Fee	Fee Amount	Amount Paid
00058499	Residential/Agricultural - Rezoning	\$265.00	\$265.00
Total for Invoice 00058499		\$265.00	\$265.00
Grand Total for Plan		\$265.00	\$265.00