

FRANKLIN COUNTY
SPECIAL USE PERMIT APPLICATION

I/We Leonard Capital, LLC 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: Perry Leonard

Petitioner's Address: 7949 Bolling Dr., Alexandria, VA 22308

Petitioner's Phone Number: ██████████

Petitioner's Email Address: ██████████

Property Owner's Name: Leonard Capital, LLC

Property Owner's Address: 7949 Bolling Dr., Alexandria, VA 22308

Property Owner's Phone Number: ██████████

Property Owner's Email Address: ██████████

Property Information:

A. Proposed Property Address: 500 Blue Bend Rd., Rocky Mount, VA 24151
(Blackwater Hollow Lot 4)

B. Tax Map and Parcel Number: 0550400400

C. Election District: Blackwater

D. Size of Property: 4.08 acres

E. Existing Zoning: A-1

F. Existing Land Use: Residential

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: Short-term rental

K. Size of Proposed Use: Approximately 4.08 acres.

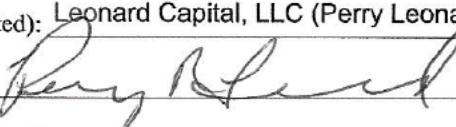
L. Other Details of Proposed Use: Single family visitors, approximately 2-7 people maximum

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): Leonard Capital, LLC (Perry Leonard)

Petitioner's Signature: 

Date: 10/30/2025

Mailing Address: 7949 Bolling Dr.

Alexandria, VA 22308

Phone Number: [REDACTED]

Email Address: [REDACTED]

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

Owner's Name: _____

Owner's Signature: _____

Date: _____

Date Received by Planning Staff: _____

Leonard Capital, LLC
7949 Bolling Dr.
Alexandria, VA 22308

10/30/2025

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

Dear Members of the Department of Planning and Community Development,

I am the owner of Leonard Capital, LLC, and am requesting approval for a special use permit to offer a short-term rental opportunity for the Franklin County area. This residence is a single-family home at 500 Blue Bend Rd., Rocky Mount, VA 24151. If approved, this residence will be available for short-term vacation stays to individuals and families to enjoy the beautiful Rocky Mount surroundings and Blue Ridge Mountain region.

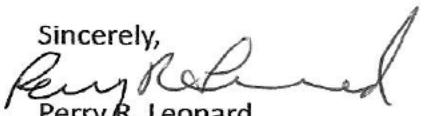
My wife and I built this to be our forever home but we aren't quite able to retire and move yet since our two kids are attending private universities here in Virginia and we need to continue our employment in Northern Virginia. To bridge the time from now until we are able to relocate primary residences, we request to rent the home for short-term stays, thus allowing my family to occasionally visit the rental and update the property. I am a Veteran of the U.S. Army, having retired in 2013 after 24 years of active service. I intend to operate and maintain this short-term rental with the same pride and love of community learned from my honorable military service.

The 4.08 acres wooded property lot features a new construction rambler home with attached garage. The home obtained an approved certificate of occupancy from Franklin County in October 2025. The 3-tank septic system with drainage field, underground electric connections, and well drinking water that is free of coliform group bacteria are all newly installed, safe, and suitable for guests to use.

I do not anticipate the neighbors in the surrounding area to experience any negative effects as a result of this permit being approved. I gave an advance notification to the nearest neighbor down the road and received a favorable response of support. Little to no change will occur in the amount of traffic to the property or sound levels that already exist. There is plenty of forest and distance buffering noise between any of the neighbors.

The local individual managing this short-term rental will be Ms. Jennifer Chapman, from the Evolve Vacation Rental Company, [REDACTED] She and her team members live nearby and are very familiar with the rules and customs for the area.

Thank you for your consideration of my request. I appreciate this planning commission's efforts to support the wonderful community of Franklin County.

Sincerely,

Perry R. Leonard
Principal, Leonard Capital, LLC

Enclosures

Certificate of Occupancy

Building Inspections Department

This certificate issued pursuant to the requirements of the Virginia Statewide Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the jurisdiction regulating building construction or use. For the following:

Description	Single Family Dwelling (5-2-25 renewed permit)		
Owner	LEONARD CAPITAL LLC		
Contractor	SCAMPORINO CONSTRUCTION LLC		
Permit No.	RES-04-2024-36127	Map/Tax #	0550403400
Permit Type	Residential Building	Subdivision	BLACKWATER HOLLOW LOT 4
Work Class	Single Family (Home)		
# Bedrooms	3	Lot:	
USBC Ref	500 BLUE BEND RD Verified ROCKY MOUNT, VA 24151		
Construction Type	5B	Group/Occupancy	R5
Sprinkler Required	No	Sprinkler Provided	No

Franklin County

4 Natural Settings for the Environment

CO Issue Date: 10/16/2025


Building Official



Franklin County Health Department
365 Pell Ave.
Rocky Mount, Virginia 24151
(540) 484-0292 Voice (540) 483-1483 Fax

Sewage Disposal System Operation Permit

Property Owner

Perry Leonard
7949 Bolling Drive
Alexandria, VA 22308

Health Dept. ID: 133 24 0201

Locality: Franklin County

Property Location

Property Address: 500 Blue Bend Road
Rocky Mount, VA 24151
Tax Map: 0550400400

The Property Owner is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location.

System Design Flow: 450

Number of Bedroom: 3

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

09/29/2025

Effective Date

Bryce Blake

Environmental Health Spec.

Signed: 09/29/2025

OAKWOOD SCIENTIFIC LABORATORY

State Certified Bacteriological Water Testing



7102 Pole Green Road
Mechanicsville, VA 23116
email: oakwoodlab@verizon.net

(804) 730-3263 Richmond
(804) 598-6462 Powhatan
1-800-582-5211 Toll Free
(804) 730-9379 Fax

Date: 9/19/2025

Bacteriological Examination of Water

Sample Number: 091725-27 Leonard

Sampled by: Scamporino Construction

Sample Origin: Perry Leonard
500 Blue Bend Rd
Rocky Mount, VA 24151

Identification of Coliform Group Bacteria

	Positive	Negative
Total coliforms	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. coli	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Colilert-18 E. coli coliforms per 100 ml.

Test results indicate the sample is free of coliform group bacteria, thus is satisfactory for drinking water. Total coliforms, fecal coliforms and E. coli are absent and passes the potability test required by EPA.



Test results indicate the sample contains coliform group bacteria, thus may not be satisfactory for drinking water supply.

The above services were performed and the report prepared in accordance with accepted laboratory practices, and makes no other warranties, either expressed or implied, as to the professional advice provided herein.

Respectfully,

Ronald R. Weik, Ph.D.

Dr. Ronald R. Weik, Ph.D.
Director, Microbiology

Simone M. Weik

Simone M. Weik
Assistant Director

Standard Methods, 22nd ed. 2012 Method 9223 B Colilert 18. Virginia Lab
Certification #00242. Maryland Lab ID #352

OAKWOOD SCIENTIFIC LABORATORY
State Certified Bacteriological Water Testing



**7102 Pole Green Road (804) 730-3263
Mechanicsville, VA 23116 1-800-582-5211
Fax (804) 730-9379
Email-oakwoodlab@verizon.net**

bill to: *Perry Leonard*
c/o *ScamporinoConstruction@gmail.com* *Invoice Date:* *9/19/2025*

Invoice Number: 214093
Amount due: \$69.00

Payment due within 15 days of invoice date; 1.5% finance charge per
Expert witness in or out of court available @ of \$395 per hour.

Please return copy with payment. *Thank You!*



Franklin County
A Natural Setting for Opportunity
1255 Franklin Street, Suite 103
Rocky Mount, VA 24151
Phone: (540)483-3047 Fax: (540)483-6665

Permit

Permit No. **ZONE-05-2024-66325**

Permit Type: Zoning Form

Work Classification: <None>

Permit Status: Active

Issue Date: 6/6/2024

Expiration: 06/06/2025

Owner Information

LEONARD CAPITAL LLC

Address

7949 BOLLING DR
ALEXANDRIA, VA 22308

Phone

7034051386

Cell

Project Address

LOT 4 BLUE BEND ROAD

Zoning

A1

Parcel Number

0550400400

Applicant

**SCAMPORINO CONSTRUCTION
LLC**

District

Blackwater

Lot/Tract/Section #

BLACKWATER HOLLOW

Subdivision

BLACKWATER HOLLOW

Directions: 40 E, L on Main St., L after KFC on to Grassy Hill Rd., R on to Jamestown, R on Blue Bend.

Mechanics Lien Agent

Address

Phone

Fax

Type of Construction

Use Group

Code

Year

Req. Setback Front

Req. Setback Rear

Req. Setback Right

Prop. Setback Left

Description of Work: ZONING FORM FOR A STICK BUILT HOME ON A-1 PROPERTY. THIS WILL BE THE ONLY HOME ON THE PROPERTY

Valuation: \$0.00

Total Sq Feet: 0

Inspection Requests:

(540) 483-3047

Available Inspections:

Inspection Type:

IVR

Contractor(s)

Address

Phone

Cell

Contractor Type

Number of Stories:

Exterior Wall Type:

Basement Status:

Foundation Type:

Fees Due

Amount

Zoning Form Fee

\$35.00

Total:

\$35.00

Paytype

Amt Paid

Total Fees

\$35.00

Check # 1038

\$35.00

Amount Due:

\$0.00

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Print Name (Owner / Applicant / Contractor / Agen

Authorized Signature

June 06, 2024

Date

Franklin County Building Department

Authorized Signature

June 06, 2024

Date

Public Records Copy

THE PROPERTY UNDERTAKERS
AT THE WATER TOWER
AS IT APPEARS

55-23.2
T 5 R
ACRES
Description
500001134
1 135C15
475 - 47 495
P. 325

PLAT OF SURVEY

Sect. No. 55-3
Stevan T. Lem
D.B. 301-A-11
D.B. 318-A-11
432-4 D.B. 355

HOLLOW SUBDIVISION

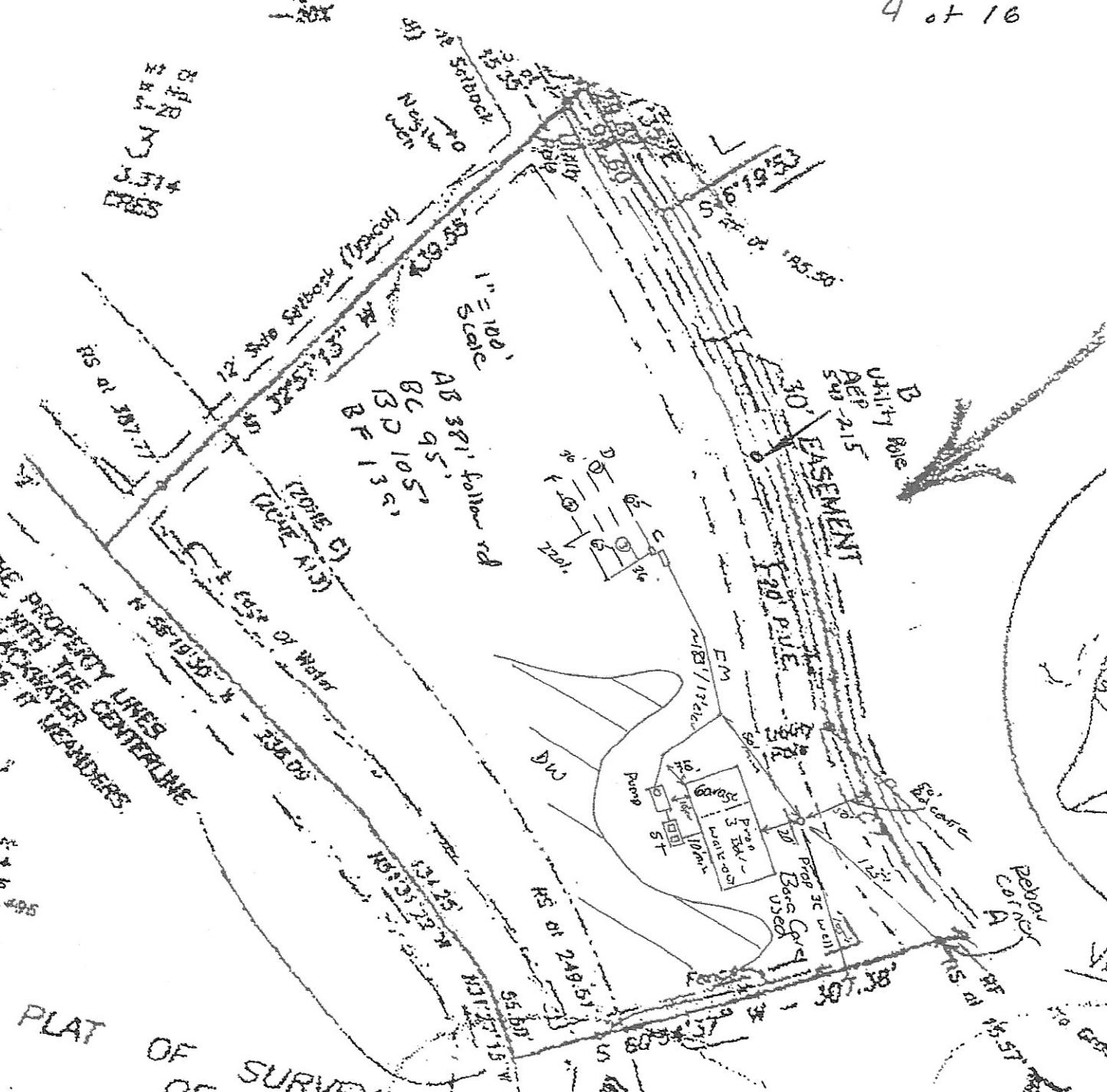
Blackwater River

On The West And East Sides Of Blue Bend Road, And
District, Franklin County, Virginia.

BLACKWATER River CLOW SUBDIVISION On The West And East Sides Of Blue Bend Road, And Along r District, Franklin County, Virginia.

West Sides Of Blue Bend R.
Franklin County, Virginia.

52-16. 55-58
Stevan T. Lewis
D.B. 3000-1135 3nd
D.B. 378-1109
D.B. 378-1109
D.B. 378-1109



Site and Soil Evaluation Report

VDH Use Only

HDIN: _____

General Information

Date: May 24, 2024 Franklin County Health Department

Owner: Perry Leonard Phone: 703-405-1386

Owner Address: 7949 Bolling Drive, Alexandria, VA 22308

Property Address: _____

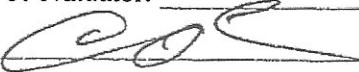
Tax Map/GPN #: 0550400400

Subdivision: Blackwater Hollow Section: _____ Block: _____ Lot: 4

Soil Information Summary

1. Position in landscape satisfactory: Yes No Describe landscape position: Side slope
2. Slope: 23 %
3. Depth to rock/impervious strata: Max. _____ in. Min. _____ in. Not observed
4. Free Water Present: Yes No Range in inches: _____
5. Depth to seasonal water table (gray mottling or gray color): _____ inches Not observed
6. Soil percolation rate estimated: Yes No Estimated rate: 45 min/in at 40 inches depth
7. Percolation test performed: Yes No If yes, provide additional data on percolation test results.

Name and title of evaluator: Dennis Childress, MAOSE, LPSS

Signature: 

Site approved: Absorption laterals with EZflow (describe dispersal area, e.g. absorption trenches) dispersing primary (proposed level of treatment at time of evaluation) to be placed at 40 (inches) depth at site designated on permit. Site provides a total of 780 square feet of absorption area for primary and reserve (if applicable).

Site disapproved: Reasons for rejection (check all that apply)

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 absorption area, and/or reserve area.
6. Proposed system too close to well.
7. Other (specify) _____

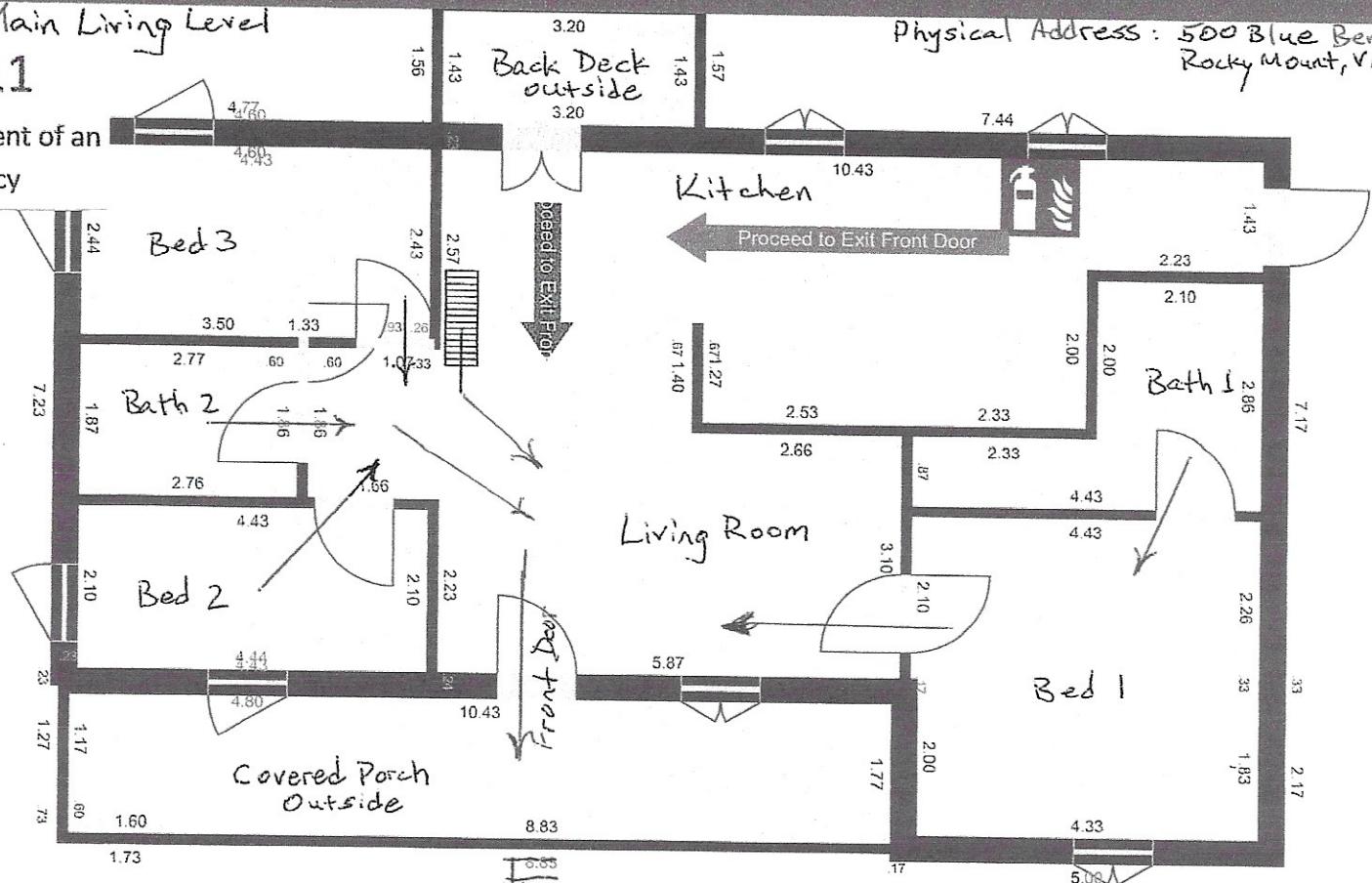
EVACUATION/ESCAPE PLAN

Main Living Level

CALL 911

in the event of an emergency

Physical Address: 500 Blue Bend Rd
Rocky Mount, VA 24151

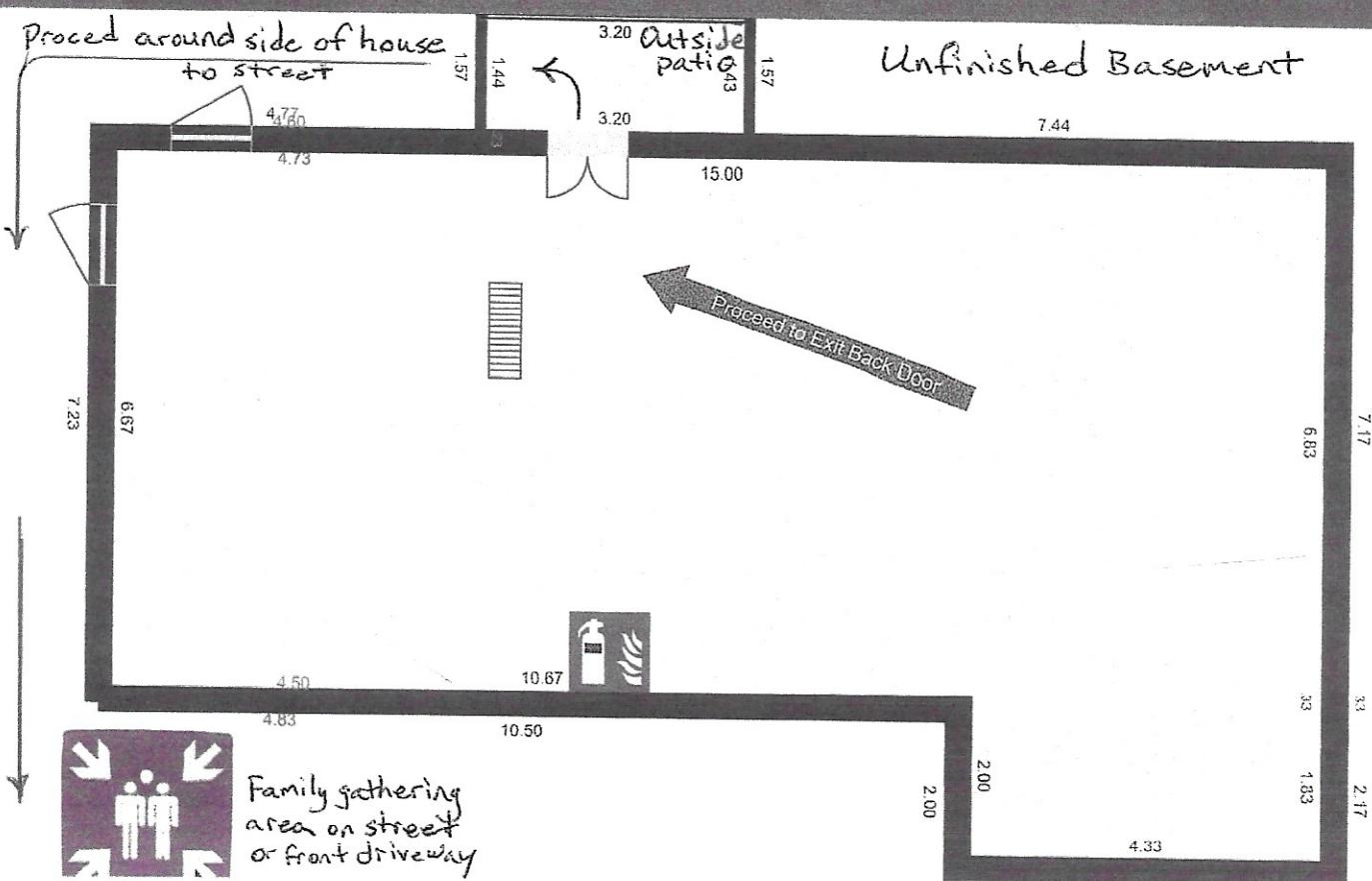


EVACUATION/ESCAPE PLAN

Proceed around side of house to street

Unfinished Basement

Family gathering area on street or front driveway



Smart Search >

New Search Owner Name, Address, Parcel Id

Basemap >

Overview

Water

Create Map

Add Waypoint

Parcel Overview

Leonard Capital Llc

Blue Bend Rd, Rocky Mount, VA, 24151

Outdoors

Water

Owner Information

Leonard Capital Llc

1232

Land Information

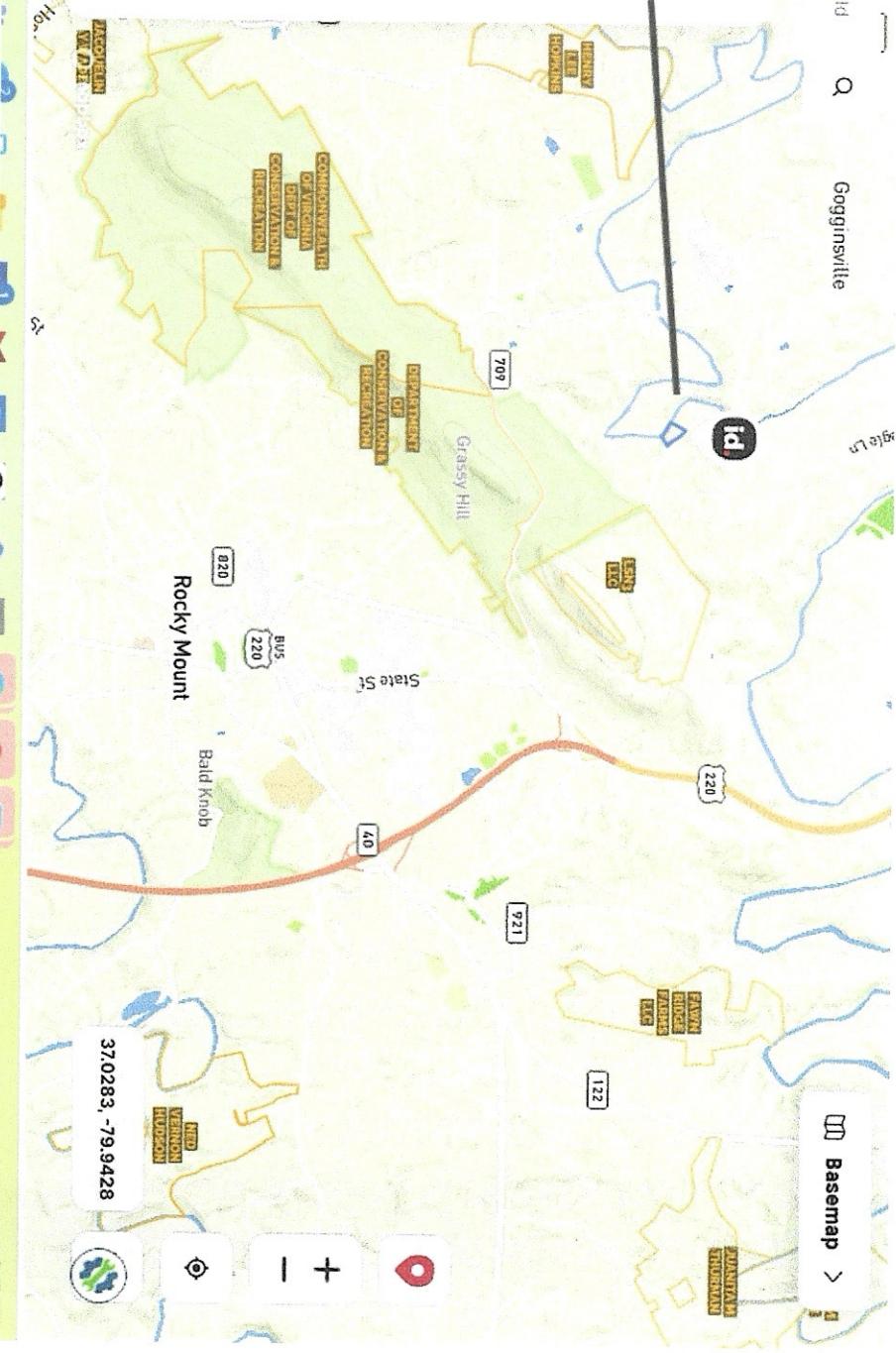
Soil

37.02925, -79.90883

Total acres 4.08

Land sqft. 177,855

Asessed year 2024



Smart Search >

New Search Owner Name, Address, Parcel Id



Basemap >

Parcel Overview

Overview

Leonard Capital Llc

Blue Bend Rd, Rocky Mount, VA, 24151

Water

Create Map

Add Waypoint

Owner Information

Outdoors

Leonard Capital Llc

7949 Bolling, Alexandria, VA, 22308-



1232

Boundaries

Land Information

Soil

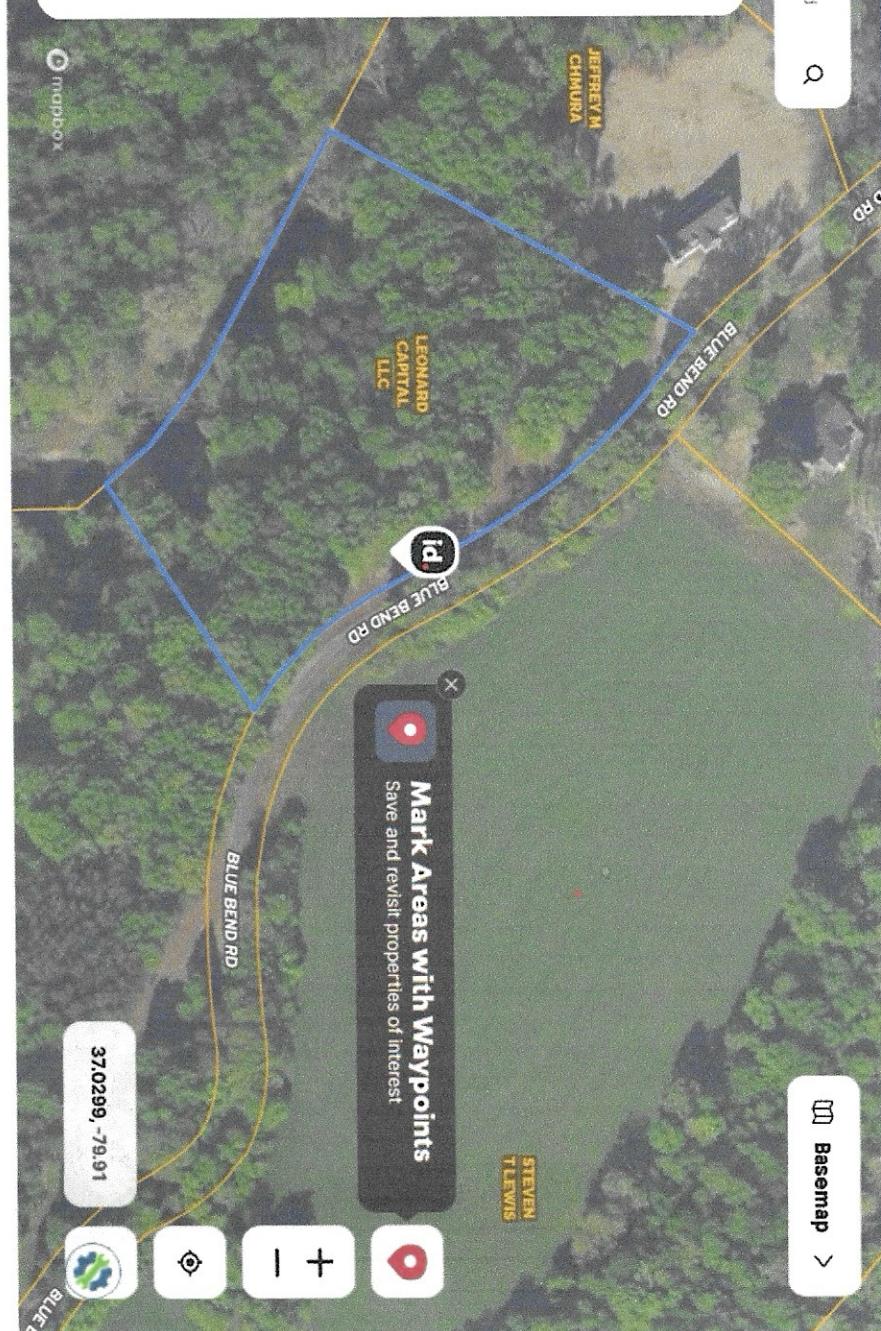
37.02925, -79.90883

Total acres 4.08

Land sqft. 177,855

Infrastruc...

Assessed year 2024





OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

133-24-0201 0550400400

Health Department Identification Number: _____ Tax Map: _____

Franklin Co _____ Health Department

Name of OSE/PE: Dennis Childress License Number: 1940001035

Address: 236 White Tail Road, Concord, VA 24538 Telephone: 434-941-1881

Contractors Name: Frank Scamperini, JV.

Owner's Name: Leonard Capital, LLC

Owner's Address: 7949 Bolling Dr, Alexandria, VA 24151

Location of Installation: Subdivision: Bluestone Hollow Section: _____ Block: _____ Lot: 4

Other: _____

Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	Okay 3C	9-3-25
Building Sewer	Okay	9-3-25
Septic Tank	Okay Plastic 1000s	9-3-25
Inlet-Outlet Structure	Okay	9-3-25
Pump and Pump Station	Okay Plastic 1000s	9-3-25
Conveyance Method	Okay	9-3-25
Distribution Box or Pressure Manifold	Okay Plastic, 9 part, 12" dia	9-3-25
Header, Conveyance, Return, etc. Lines	Okay	9-3-25
Percolation Lines, Drip, Chambers, etc.	Okay 52 ft long	9-3-25
Absorption Trenches and Dispersal Field	Okay 4 x 70' linear	9-3-25
(Other Components: treatment unit, etc.)	Swing box only	9-3-25

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.

This form contains personal information subject to disclosure under the Freedom of Information Act.

Revised 12/1/2014

OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 133-24-0201 Tax Map: 0550 400 400

Triangulate critical system components to fixed reference points.

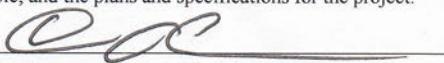
See attached



Check here if as-built drawing is on a separate page attached to this form

(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

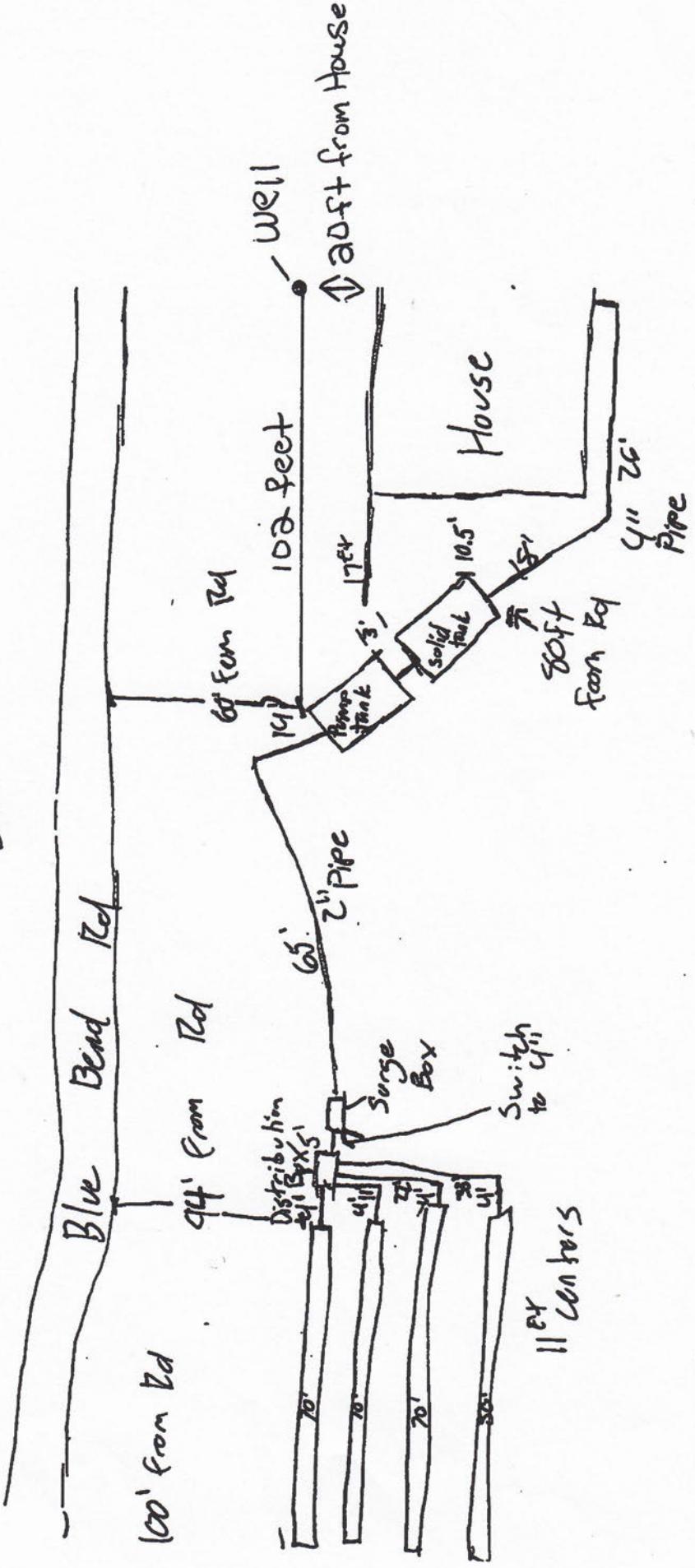
I hereby certify that on 9-3-25 (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on 6-12-24 (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), the *Regulations for Alternative Onsite Sewage Systems* (12VAC5-613 et seq), when applicable, the *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature:  Date: 9-6-25
Print Name: Dennis Childress

120' from edge of house to
septic field

500 Blue Bend Road Rocky Mount, VA 24151
Blackwater Hollow Lot 4
Parcel ID: 0550400400
Health Department ID Number: 133 24 0201

Frank Scarpino Jr



9 part Plastic - body

Plaster ST loads

pigsty - *Prunus* *tarus* 1000g

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department

Identification Number: 133 24 0201

Franklin County

Health Department

Name of Company/Corporation/Individual: Frank Scamporino Jr

Address: 747 Bowles Valley Road Rocky Mount VA 24151 Telephone: 540-403-8615

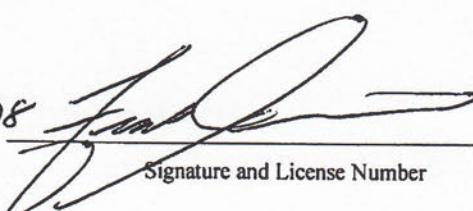
Property Owner's Name: Leonard Capital, LLC

Property Owner's Address: 7949 Bolling Drive Alexandria, VA 22308

Location of Installation: Subdivision: Blackwater Hollow Section: _____ Block: _____ Lot: 4

Property Address: 500 Blue Bend Road Rocky Mount, VA 24151

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6/12/2024 and is in compliance with Part V (12VAC5-610-660 et seq.) of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

9/3/25 #1944002528 
Date Signature and License Number