

**FRANKLIN COUNTY**  
**SPECIAL USE PERMIT APPLICATION**

I/We Robert and Nicole Rakes 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: Robert and Nicole Rakes

Petitioner's Address: 112 Ramsey Mtn. Rd.

Petitioner's Phone Number: Max Meadows VA 24360

Petitioner's Email Address: nicole.rakes@wythe.k12.org

Property Owner's Name: Robert and Nicole Rakes

Property Owner's Address: 112 Ramsey Mtn. Rd. Max Meadows, VA 24360

Property Owner's Phone Number: [REDACTED]

Property Owner's Email Address: [REDACTED]

**Property Information:**

A. Proposed Property Address: 5199 Scruggs Road, Moneta VA 24121

B. Tax Map and Parcel Number: 0320004401

C. Election District: Gills Creek

D. Size of Property: 1 acre

E. Existing Zoning: A1

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: 1 acre

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): Robert Rakes , Nicole Rakes

Petitioner's Signature: [Signature] [Signature]

Date: 1/13/26

Mailing Address: 112 Ramsey mtn. Rd.  
May Meadows, VA 24360

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: \_\_\_\_\_

## Letter of Application for Short-Term Rental Approval

To Whom It May Concern,

I am writing to formally request approval from the county to operate a short-term rental at my property. This home was purchased as a secondary residence with the intention that it will eventually become our full-time retirement home. Until that time, we are seeking permission to responsibly use the property as a short-term rental.

Allowing this home to operate as a short-term rental would provide several benefits to the county and local community. First, it would contribute to local tourism by offering quality lodging to visitors, which in turn supports local businesses such as restaurants, shops, and service providers. Second, the property would be well-maintained year-round, as we are committed to preserving the home and ensuring it meets all safety, health, and property standards. Third, the rental would generate additional tax revenue for the county through lodging and sales taxes, contributing to public services and infrastructure.

We are dedicated to being responsible property owners and respectful neighbors. We will ensure that all guests are informed of county regulations, noise ordinances, parking guidelines, and community expectations. Our goal is to operate the rental in a way that reflects positively on the county while maintaining the character and integrity of the neighborhood. We, Robert and Nicole Rakes, will be the property managers. In the event of an emergency, Rob and Michelle Underwood would be available to help. Their address is 1125 Hidden Lane, Moneta VA, 24121.

Thank you for your time and consideration of this request. Please feel free to contact me should you need any additional information. I appreciate the opportunity to apply and look forward to your response.

Sincerely,  
Robert and Nicole Rakes



Comprehensive Viewer

For Industry Professionals

Click to visit the Franklin County, VA Homepage

5199 SCRUGGS RD

Show search results for 5199 S.

5123

5129

0320004401

0320004300

5187

0320004401

0225

0320004500

5199

SCRUGGS RD (SR 616)

See attached  
septic permit

DF

Parking

Concept plan  
prepared by:  
NICOLE RAKES  
1/20/24

Franklin County, VA GIS, 2022 | Franklin County VA, 2019 | Fran

Side Info Panel

(1 of 1)

Clear

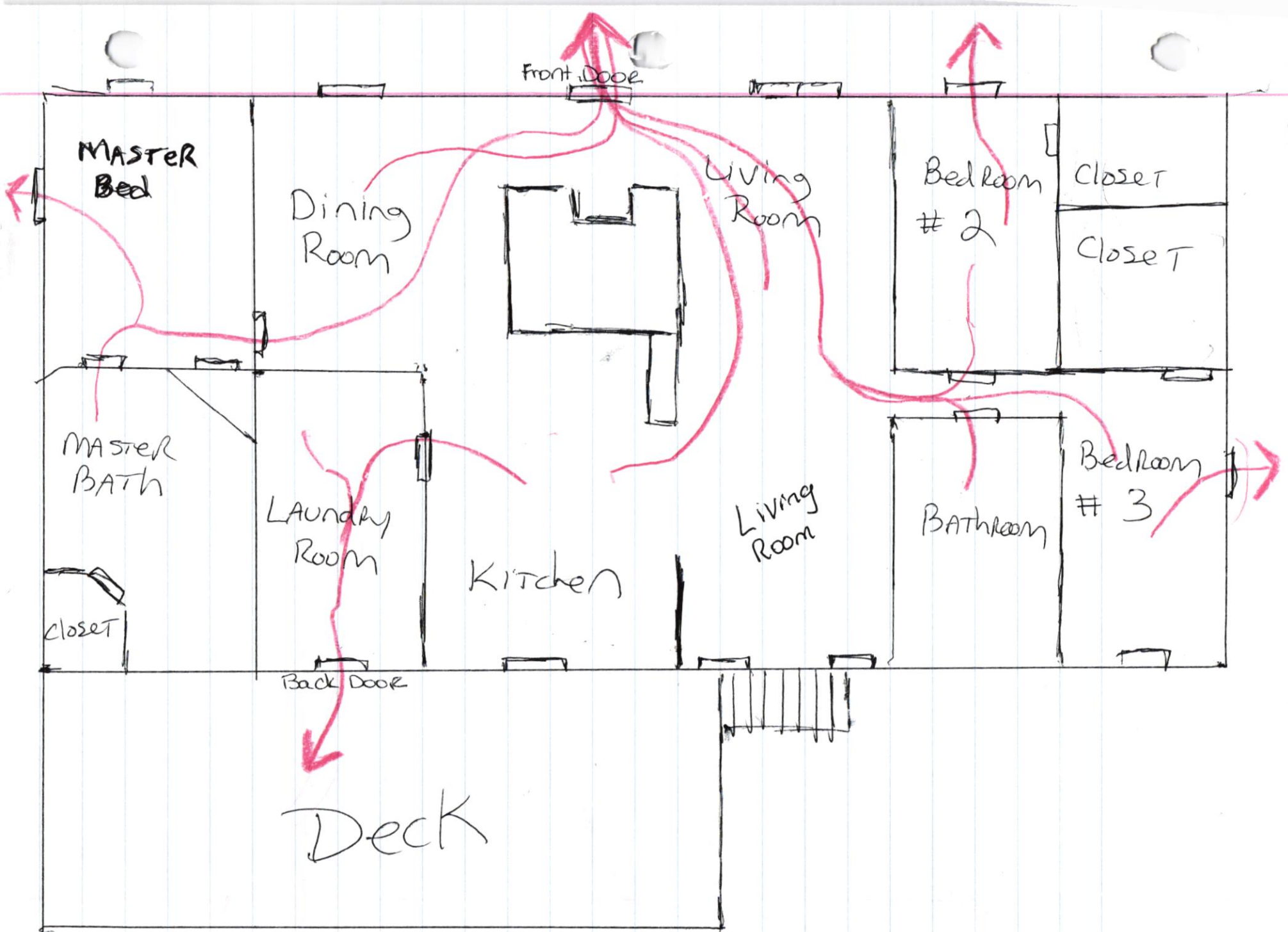
Zoom to

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Tax Parcel: 0320004401

County Parcel Data Are Once Again Being Updated.

Parcel ID	0320004401
PID	
Owner	RAKES ROBERT THOMAS JR & NICOLE L
Owner Address	112 RAMSEY MTN RD
City	MAX MEADOWS
State	VA
Zip Code	24360
Physical Address	5199 SCRUGGS RD 24121
Unit (If Any)	
Legal Description 1	RT 616
Legal Description 2	
Zoning	A1
District	GILLS CREEK
Legal Acreage	1.00
Land Value	\$37,000.00
Building Value	\$145,700.00
Assessed Total	\$182,700.00
Grantor	
Sale Price	\$222,000.00
Sale Date	1/17/2025
Instrument Yr	2025
Instrument No	0
Subdivision	
Deed Book	1223
Deed Page	1691
Plat Book	1088
Plat Page	1975
Property Card	<a href="#">View Card</a>



# Sewage Disposal System Operation Permit

Commonwealth of Virginia  
Department of Health

Health Department  
Identification No. 133-85-0223  
FRANKLIN COUNTY Health Department



Tax Map No. 32. par. 44.1

VICKY & DEWEY SMITH, JR. is Hereby Granted Permission  
to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 450 gpd, at  
22,R616, approx. 5 miles on left just past Mt. Ivy Baptist Church

SUBDIVISION	SECTION/BLOCK	LOT

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 4-19-85

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

## SPECIAL CONDITIONS

☒ NONE ☐ SEE ATTACHED

JULY 10 1985

Effective Date

Recommended (Sanitarian)

Approved (State Health Commissioner)



# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 133-85-0223

FRANKLIN CO Health Department

Name of Company/Corporation/Individual: D. RAY PHILLIPSON

Address: Rocky Mount Telephone: \_\_\_\_\_

Owner's Name Vicky & Debra Smith

Owner's Address RT 3, Box 517, Rocky Mount, VA

Location of Installation: Lot \_\_\_\_\_ Block \_\_\_\_\_

Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Other: 12.2 N. R. 111, 5 miles or 1.21

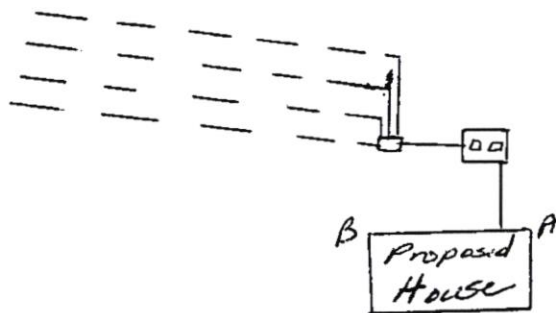
I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4/19/85 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

6-18-85  
Date

Reece Phillipson  
Signature and Title

133-85-0223  
Vicky & Dewey Smith

FINAL Inspection 6-18-85  
PJB



$A \leftrightarrow \text{TANK} = 19'$   
 $A \leftrightarrow \text{box} = 25'$   
 $B \leftrightarrow \text{TANK} = 53'$   
 $B \leftrightarrow \text{box} = 46'$

616

Owner advised to remove maple trees within 10' of system.



# Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia  
Department of Health

Franklin County Health Department



Health Department  
Identification Number  
Map Reference

133-85-0223  
M 32; P 44.1

## 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 Vicki & Henry J. Smith Jr. Telephone 721-2481  
Address RT 3 Box 517 Monticello VA 24121  
For a Type I Sewage disposal system which is to be constructed on/at 122 N. Main St. 1st Floor  
5000 N. Main St. 1st Floor  
Subdivision N/A Section/Block N/A Lot N/A  
Actual or estimated water use 450 gpd (3 Bedrooms)

## DESIGN

Water supply, existing: (describe) EXISTING WELL

To be installed: class \_\_\_\_\_  
cased \_\_\_\_\_ grouted \_\_\_\_\_

Building sewer:  
3-4" 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: \_\_\_\_\_

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

Distribution box:  
Precast concrete with 8 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 40"; aggregate size .5-1.5".  
Trench bottom slope 2-4" / 100'  
center to center spacing 9'; trench width 3'.  
Depth of aggregate 13".  
Trench length 80'; Number of trenches 4

## NOTE: INSPECTION RESULTS

Water supply location: Satisfactory yes ☒ no ☐  
comments \_\_\_\_\_

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

Building sewer: yes ☒ no ☐ comments  
Satisfactory

3" "Stubbed off"

Pretreatment unit: yes ☒ no ☐ comments  
Satisfactory

Inlet-outlet structure: yes ☒ no ☐ comments  
Satisfactory

Pump & pump station: yes ☐ no ☐ comments  
Satisfactory

N/A

Conveyance method: yes ☒ no ☐ comments  
Satisfactory

Distribution box: yes ☒ no ☐ comments  
Satisfactory

Header lines: yes ☒ no ☐ comments  
Satisfactory

Percolation lines: yes ☒ no ☐ comments  
Satisfactory

Remove manholes within 10'  
of drainfield

Absorption trenches: yes ☒ no ☐ comments  
Satisfactory

See 2nd Insp. sketch

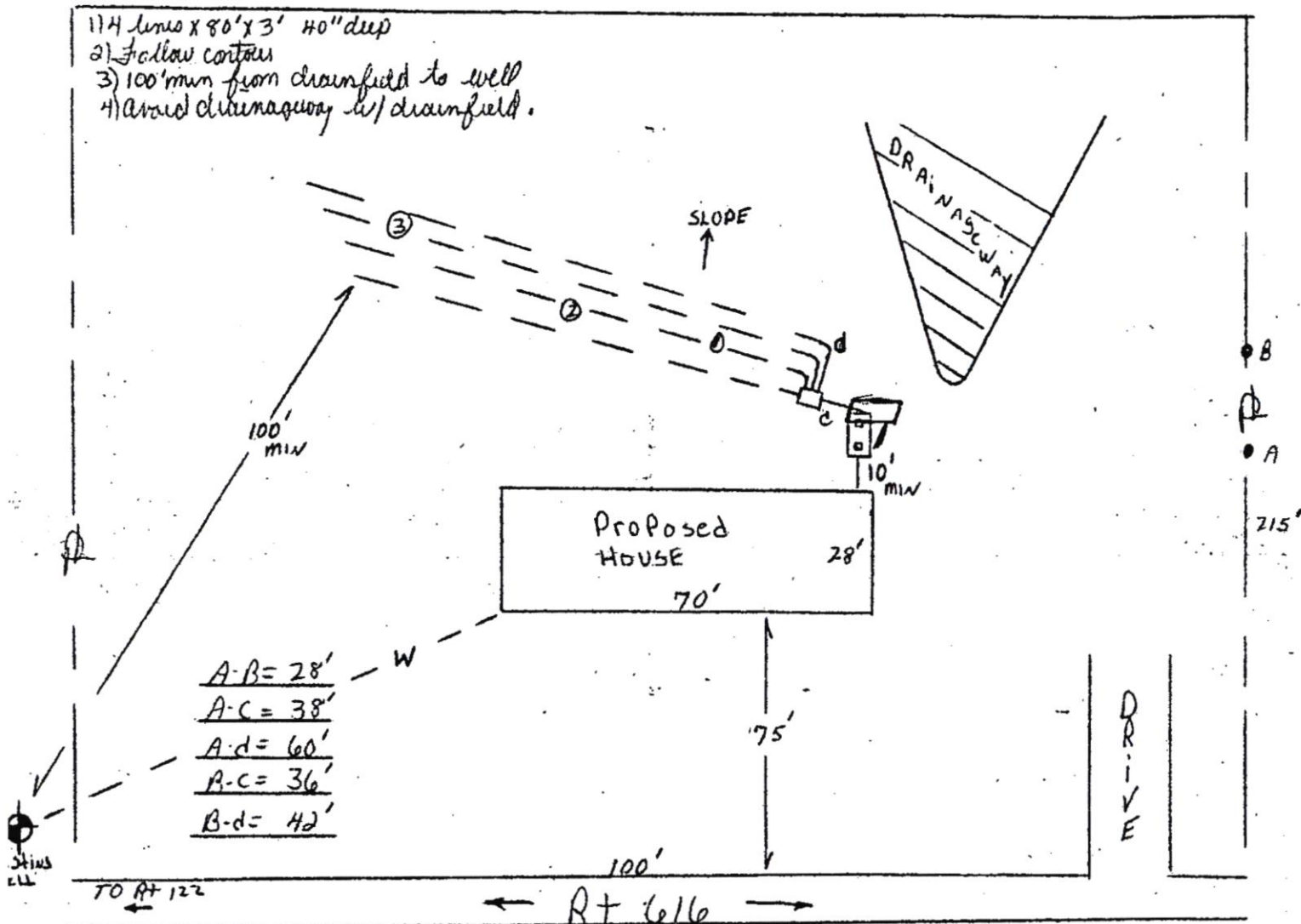
Date 6/18/85 Inspected and approved by:

Sanitarian  
Contractor - D. Ray Prillman

**Schematic drawing of sewage disposal system and topographic features.**

How 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: 4/19/85 Issued by: Tim Baker  
Sanitarian

Date: 4-22-85 Reviewed by: W. T. Shiner  
Supervisory Sanitarian

This Construction  
Permit Valid until  
10/19/85

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_  
Supervisory Sanitarian Regional Sanitarian



# Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number 133-85-0223  
Tax Map Number M-32, P-44.1

## General Information

Date 4/19/85 Franklin County Health Department  
Applicant Vicky + Dewey Smith Jr Telephone No. 721-2481  
Address Rt 3 Box 517 Moneta Va 24121  
Owner \_\_\_\_\_ Address \_\_\_\_\_  
Location \_\_\_\_\_  
Subdivision N/A Block/Section N/A Lot N/A

## Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe \_\_\_\_\_
2. Slope 420 %
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 40-45 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: \_\_\_\_\_

Tim Baker Sanitarian

Signature: \_\_\_\_\_

Tim Baker

## Department Use

- ☒ Site Approved: Drainfield to be placed at 40" 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 \_\_\_\_\_

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	0-10	V-B Lm	II
	B	10-26	R-y SCLm	II
	C	26-60	R-y mod Lm w/ few C flows	II
2	A	0-8	V-R Lm	II
	B	8-28	R-y SCLm w/ loose quartz	II
	C	28-60	R-y Lm - SCLm w/ c flows & loose quartz	II
3			Same as #2	

**Remarks:**



# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department  
Identification Number 133-85-0223  
Map Reference \_\_\_\_\_

Franklin County

Health Department

Date Received 3-27-85  
for pd.

## To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional  
FHA/VA yes ☐ no ☐  
Owner ~~ROBERT S. COOPER~~ Address RT. 3. BOX 517 Phone 721-2481  
VICKY & DEWEY S. SMITH JR. MONETA VA. 24121

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to Property ROUTE #122 NORTH TO ROUTE #616 - RIGHT ON 616 -  
GO APPROX. 5 MILES - PROPERTY ON LEFT SIDE OF ROAD - BELOW  
MT. IVY BAPTIST CHURCH  
Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification \_\_\_\_\_

Dimensions/size of Lot/Property APPROX. 100' x 215'

## Other Application Information

I. Building/facility ☒ New ☐ Existing  
Intermittent Use ☐ Yes ☒ No If yes, describe: \_\_\_\_\_  
II. Residential Use ☒ Yes ☐ No  
Termite Treatment ☐ Yes ☒ No  
☒ Single Family ☐ Multifamily Number of Units \_\_\_\_\_ Number of Bedrooms 3  
Basement ☐ Yes ☒ No  
Fixtures in Basement ☐ Yes ☒ No  
III. Commercial Use ☐ Yes ☒ No Describe: \_\_\_\_\_  
Commercial/Wastewater ☐ Yes ☒ No Number of Patrons \_\_\_\_\_ Number of Employees \_\_\_\_\_  
If yes, give volumes and describe \_\_\_\_\_

IV. Water Supply: ☐ Public ☐ New Describe: \_\_\_\_\_  
☒ Private ☒ Existing

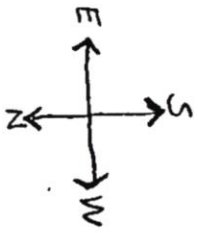
V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other  
If other, describe \_\_\_\_\_

SITE Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and  
PLAN driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells  
and springs within 200 feet radius of the center of the proposed building 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.

Frank D. Cooper  
Signature of owner/agent

3-26-85  
Date



OPEN LAND

PHONE LINE  
(UNDERGROUND)

ROUTE # 616

EXISTING  
DRIVEWAY

APPROXIMATELY 1000'

PROPOSED DRIVEWAY

105 FT.

100 FT.

APPROX.  
75'-100'

APPROX. 50'-60'

APPROX. 100'

WELL LINE

120'

EXISTING  
DWELLING

PROPOSED  
DWELLING

28'

OPEN  
FIELD

215'

TREES

POWER LINE

SEPTIC  
SEPTIC  
LINES

OPEN  
WOODS

APPROX. 600'  
TO BRANCH  
(DRAINAGE)

OPENING BRANCH

EXISTING

FRANKLIN COUNTY

302 VIRGIL H. GOOD BUILDING

ROCKY MOUNT, VIRGINIA 24151

PHONE (703) 483-1315

M E M O

TO: Franklin County Health Department

FROM: Billy P. Beckett, County Administrator

DATE:

March 26, 85 pd

REF: Authority to Inspect for Installation of a Septic Tank

Please conduct an inspection of the following described property:

Dwight S. Smith, Jr.  
Rt. 3, Box 533-2  
Moneta, VA 721-2644

The inspection fee has been paid and it has been determined that this property meets the following requirement:

- ☒ parcel is located in an approved subdivision
- ☒ parcel meets an exemption to the Franklin County Subdivision Ordinance
- \* ☐ enclosed is a preliminary plat reflecting information required for health department inspections
- ☐ conveyance of land predates the September 18, 1961 establishment of the Franklin County Subdivision Ordinance
- ☐ appropriate judicial action requires or permits division of property contrary to the Franklin County Subdivision Ordinance

\*I certify that the enclosed preliminary plat has been reviewed and qualifies for submission to the Franklin County Health Department for the purpose of obtaining a permit for sewerage disposal. Approval of the plat is solely limited to purposes associated with review of plans for the provision of sewerage disposal only and in no way does this approval convey any other privilege or authorization, either expressed or implied.

St. Rt #616 100' road frontage  
1 acre 3-bedroom mobile home (double-wide)

SUBDIVISION AGENT

\$10.00 pd.