

February 4, 2021

Ms. Rebecca Ragsdale  
Mr. Keith Bradshaw  
County of Albemarle, Virginia  
401 McIntire Road  
Charlottesville, VA 22902-45496

Re: Application for Special Exception

Dear Rebecca and Keith:

Thank you again for your continued support as we work to meet the County's guidelines for listing our property as a Homestay. This letter aims to serve as a narrative to our request for special exceptions pursuant to County Code § 18-5.1.48(i)(1)(i) for a Homestay at 3555 Keswick Road. We seek exceptions for the following two items:

- I. To modify County Code §18-5.1.48(j)(1)(iii) to allow an increase in the number of guest rooms associated with a homestay from two guest rooms to five guest rooms.*
- II. To modify County Code §18-5.1.48(j)(1)(v) to reduce the required 125' setback for parking and for structures used in a homestay.*

Our property consists of 9 to 10 bedrooms total, including a 6-bedroom main house (the Main House), a 1-2 bedroom apartment attached but separate from the main house (the Tavern), and 2 one bedroom apartments (the Smokehouse and the Caretaker's Cottage). It is our intention to occupy the Main House with our two children and rent out the additional structures. For several busy weekends though (mostly graduation and reunions), we would like to have the option to rent out up to 5 bedrooms total, including rooms in the Main House. The parcel will remain owner occupied during all homestay use.

We believe increasing the number of guest rooms to five is consistent with the recent use of the property. Conversations with neighbors and previous tenants suggest that the property has been rented regularly over the past 40 years, and thus approval will not adversely affect the neighbors. Septic and well systems were designed to meet full occupancy of the 9-10 bedrooms. Adequate parking exists with ~16 spots available on 4 separate parking areas. We hope that our application brings the property into compliance with current regulations.

Reducing the setback should not present a problem for the surrounding homes. The lot is bordered by Keswick Road to the northwest and East Keswick Road to the southwest, thus creating a natural barrier with neighboring lots across the street. In addition, these borders are landscaped with bushes and trees to help reduce the noise of the road. The lot line to the southeast is greater than 125' and is bordered by Leyland cypresses that provide a significant vegetation barrier. To the northeast, lot 79A1—0B-1 is under our ownership as well, helping

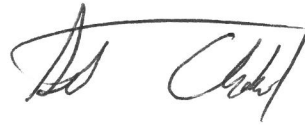
buffer us from our neighbors. We believe the request to reduce the setback offers no detriment to any abutting lots.

Please let us know if there is anything further that we can provide to help clarify our requests. Again, many thanks for all of your support in this process!

Sincerely,

A large, flowing handwritten signature in black ink, likely belonging to Leah Willey. The signature is written in a cursive style with a long horizontal flourish at the end.

Leah Willey & Seth Chokel

A smaller, more compact handwritten signature in black ink, likely belonging to Seth Chokel. It is written in a cursive style with a horizontal line above the letters.

NORTH ENTRANCE

PROPERTY SIGNAGE

MAIN HOUSE  
6 BEDROOMS, (PRIMARYLY  
OWNER OCCUPIED)

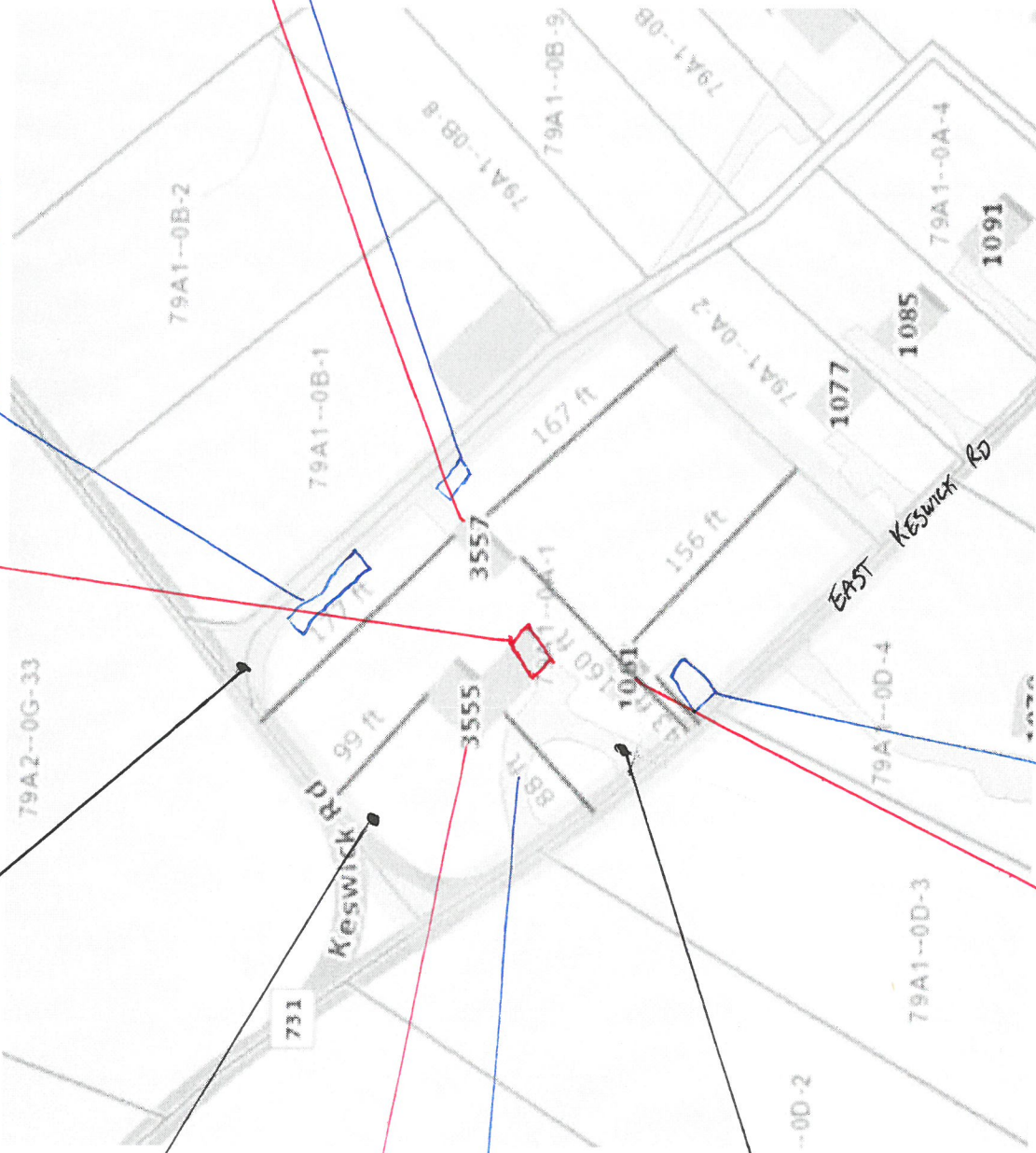
~10 PARKING SPACES

SOUTH ENTRANCE

TAVELN  
1-2 BEDROOMS, (PRIMARYLY HOMESTAY)  
~4 PARKING SPACES

SMOKEHOUSE - 1 BEDROOM  
2 PARKING SPACES (PRIMARYLY  
HOMESTAY)

CARETAKER'S COTTAGE  
1 BEDROOM (PRIMARYLY  
HOMESTAY)



# COUNTY OF ALBEMARLE

## APPLICATION FOR A SPECIAL EXCEPTION

- ☒ Request for a waiver, modification, variation or substitution permitted by Chapter 18 = \$457
- ☐ Variation to a previously approved Planned Development rezoning application plan or Code of Development = \$457

OR

- ☐ Relief from a condition of approval = \$457

### Provide the following

- ☐ 3 copies of a written request specifying the section or sections being requested to be waived, modified, varied or substituted, and any other exhibit documents stating the reasons for the request and addressing the applicable findings of the section authorized to be waived, modified, varied or substituted.

### Provide the following

- ☐ 3 copies of the existing approved plan illustrating the area where the change is requested or the applicable section(s) or the Code of Development. Provide a graphic representation of the requested change.
- ☐ 1 copy of a written request specifying the provision of the plan, code or standard for which the variation is sought, and state the reason for the requested variation.

Project Name : LA FOURCHE

Current Assigned Application Number (SDP, SP or ZMA) \_\_\_\_\_

Tax map and parcel(s): 79A1--OA-1

Applicant / Contact Person SETH CHOKELE + LEAH WILLEY

Address 3555 KESWICK RD City KESWICK State VA Zip 22947

Daytime Phone# ( 216 ) 832-9062 Fax# ( \_\_\_\_\_ ) Email SETH.CHOKELE@GMAIL.COM

Owner of Record SETH CHOKELE + LEAH WILLEY (CONTACT PERSON)

Address 3555 KESWICK RD City KESWICK State VA Zip 22947

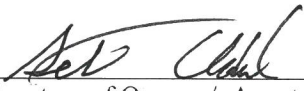
Daytime Phone# ( 216 ) 832-9062 Fax# ( \_\_\_\_\_ ) Email SETH.CHOKELE@GMAIL.COM

**COUNTY OF ALBEMARLE****APPLICATION FOR A SPECIAL EXCEPTION****APPLICATION SIGNATURE PAGE**

If the person signing the application is someone other than the owner of record, then a signed copy of the "CERTIFICATION THAT NOTICE OF THE APPLICATION HAS BEEN PROVIDED TO THE LANDOWNER" form must be provided in addition to the signing the application below. (page 3)

**Owner/Applicant Must Read and Sign**

By signing this application, I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner of the subject parcel(s) listed in County Records. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge. By signing this application, I am consenting to written comments, letters and or notifications regarding this application being provided to me or my designated contact via fax and or email. This consent does not preclude such written communication from also being sent via first class mail.

  
Signature of Owner / Agent ~~Contract Purchaser~~

SETH CHOKE  
Print Name

 2/4/21  
Date

216-832-9662  
Daytime phone number of Signatory

FOR OFFICE USE ONLY APPLICATION# SE2021-10 Fee Amount \$ 457.<sup>00</sup> Date Paid 2/16/21  
By who? \_\_\_\_\_ Receipt # 122859 Ck# 466 By efa

## Building Official and Fire Rescue Safety Checklist

- ☐ Post the address of the property at the driveway and on all structures, if the property has more than two structures. Each structure used for sleeping must have its own address. Contact County GIS division at [remrick@albemarle.org](mailto:remrick@albemarle.org) to obtain additional address numbers if needed.
- ☐ Install a 2A-10BC fire extinguisher in the kitchen area, preferably on a wall and not in a cabinet. Fire extinguisher ratings are located on the fire extinguisher.
- ☐ Post an emergency evacuation floor plan showing direction to the exterior and containing the 911 address of the property in each guest room. This is similar to the diagram you see on the back of your hotel room door showing where to go in an emergency.
- ☐ Ensure each bedroom has at least one window or second door that can open large enough to permit escape in the case of a fire. Windows may not be painted shut.
- ☐ Ensure no extension cords are used in lieu of permanent wiring. Power strips are allowed if sized properly and contain overcurrent protection built into the strip.
- ☐ Make access to the electrical panel box available to the guests at all times.
- ☐ Install and connect smoke alarms per the code sections below:

### R314.3 Location

Smoke alarms shall be installed in the following locations:

1. In each sleeping room.
2. Outside each sleeping area in the immediate vicinity of the bedrooms.
3. On each additional story of the dwelling, including basements and habitable attics and not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.
4. Smoke alarms shall be installed not less than 3 feet (914 mm) horizontally from the door or opening of a bathroom that contains a bathtub or shower unless this would prevent placement of a smoke alarm required by Section R314.3.

### R314.3.1 Installation near cooking appliance

Smoke alarms shall not be installed in the following locations unless this would prevent placement of a smoke alarm in a location required by Section R314.3.

1. Ionization smoke alarms shall not be installed less than 20 feet (6096 mm) horizontally from a permanently installed cooking appliance.
2. Ionization smoke alarms with an alarm-silencing switch shall not be installed less than 10 feet (3048 mm) horizontally from a permanently installed cooking appliance.
3. Photoelectric smoke alarms shall not be installed less than 6 feet (1828 mm) horizontally from a permanently installed cooking appliance.

### R314.4 Interconnection

Where more than one smoke alarm is required to be installed within an individual dwelling unit in accordance with Section R314.3, the alarm devices shall be interconnected in such a manner that the activation of one alarm will activate all the alarms in the individual dwelling unit. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

### R314.6 Power Source

Smoke alarms shall receive their primary power from the building wiring where such wiring is served from a commercial source and, where primary power is interrupted, shall receive power from a battery. Wiring shall be permanent and without a disconnecting switch other than those required for overcurrent protection.

### R314.7 Fire alarm systems

Fire alarm systems shall be permitted to be used in lieu of smoke alarms and shall comply with Sections R314.7.1 through R314.7.4.

#### R314.7.1 General

Fire alarm systems shall comply with the provisions of this code and the household fire warning equipment provisions of NFPA 72. Smoke detectors shall be listed in accordance with UL 268.

#### R314.7.2 Location

Smoke detectors shall be installed in the locations specified in Section R314.3.

#### R314.7.3 Permanent fixture

Where a household fire alarm system is installed, it shall become a permanent fixture of the dwelling unit.

#### R314.7.4 Combination detectors

Combination smoke and carbon monoxide detectors shall be permitted to be installed in the fire alarm systems in lieu of smoke detectors, provided that they are listed in accordance with UL 268 and UL 2075.

Questions? Contact the Building Official at [mcdellinger@albemarle.org](mailto:mcdellinger@albemarle.org) or 434-296-5832 x3228



## Homestay Zoning Clearance Application



Albemarle County  
Community Development  
401 McIntire Rd., North Wing  
Charlottesville, VA 22902  
Phone 434-296-5832 | Fax 434-972-4126

Submit this completed application with the following online or to the address above:

1. Floor plan/property sketch with labeled structures used for the homestay, guest bedrooms, owner's bedroom, outdoor lighting and signage for the homestay, labeled setbacks, and parking (minimum 2 + 1 spot/guest bedroom).
2. Copies of two forms of verification of residency (one government issued with photo ID + one listing the address - acceptable forms include driver's license, voter registration card, U.S. passport, others as approved by the Zoning Administrator)

### 1. Homestay Information

Residentially zoned and rural area parcels of less than 5 acres may have 2 guest bedrooms by right. Use of accessory structures (if built before August 7, 2019) is only permitted by right on rural area parcels of 5+ acres. Whole house rental is only permitted on rural area parcels of 5+ acres.

|                                              |                                                                     |                             |                                                                     |
|----------------------------------------------|---------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------|
| ADDRESS:                                     | 3555 KESWICK RD                                                     |                             |                                                                     |
| CITY, STATE, ZIP:                            | KESWICK, VA 22947                                                   |                             |                                                                     |
| TAX MAP PARCEL (IF KNOWN):                   | 79A1--OA-1                                                          |                             |                                                                     |
| ADVERTISED NAME OF HOMESTAY (IF APPLICABLE): | LA FOURCHE                                                          |                             |                                                                     |
| NO. OF GUEST BEDROOMS:                       | 5                                                                   | USING ACCESSORY STRUCTURES? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| ZONING (IF KNOWN):                           | RURAL                                                               |                             |                                                                     |
| ACREAGE OF PARCEL:                           | 2.025                                                               |                             |                                                                     |
| WHOLE HOUSE RENTAL?                          | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                             |                                                                     |

### 2. Property Owner/Operator Information

|                   |                                               |  |  |
|-------------------|-----------------------------------------------|--|--|
| NAME:             | LEAH WILLEY + SETH CHOKEL (CONTACT PURCHASER) |  |  |
| HOME ADDRESS:     | 3555 KESWICK RD                               |  |  |
| CITY, STATE, ZIP: | KESWICK, VA 22947                             |  |  |
| PHONE NUMBER:     | 703-731-9465-LEAH                             |  |  |
| EMAIL:            | LEAH.WILLEY@GMAIL.COM                         |  |  |
| PHONE NUMBER:     | 216-932-9062-SETH                             |  |  |
| EMAIL:            | SETH.CHOKEL@GMAIL.COM                         |  |  |

The responsible agent must be available within 30 miles of the homestay at all times during or homestay use, and must respond and attempt in good faith to resolve any complaints within 60 minutes of being contacted.

3. Responsible Agent Information

|                   |                           |  |  |
|-------------------|---------------------------|--|--|
| NAME:             | LEAH WILLEY + SETH CHOKEL |  |  |
| HOME ADDRESS:     | 3555 KESWICK RD           |  |  |
| CITY, STATE, ZIP: | KESWICK, VA 22947         |  |  |
| PHONE NUMBER:     | 703-731-9465-LEAH         |  |  |
| EMAIL:            | LEAH.WILLEY@GMAIL.COM     |  |  |
| PHONE NUMBER:     | 216-932-9062-SETH         |  |  |
| EMAIL:            | SETH.CHOKEL@GMAIL.COM     |  |  |

4. Signature

I hereby apply for approval to conduct the homestay identified above, and certify that this address is my legal residence, and that I own the property or that I have received a special exception to operate the homestay as a resident manager. I also certify that I have read the restrictions on homestays, that I understand them, and that I will abide by them.

|            |             |       |        |
|------------|-------------|-------|--------|
| SIGNATURE: | Leah Willey | DATE: | 2/4/21 |
|------------|-------------|-------|--------|

### FOR OFFICE USE ONLY

|                |                    |                                              |                                                                              |
|----------------|--------------------|----------------------------------------------|------------------------------------------------------------------------------|
| Fee Amt: \$158 | Date Paid: 2/15/21 | Safety inspection date:                      | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail       |
| Receipt #:     | 122859             | VDH Food Service (if necessary):             | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> ID         |
| City:          | 4066               | Notes:                                       | <input checked="" type="checkbox"/> Nooplan <input type="checkbox"/> Parking |
| Received by:   | Sen A.             | Reviewed By:                                 |                                                                              |
| HIS #:         | 2021-0003          | Date:                                        |                                                                              |
|                |                    | <input checked="" type="checkbox"/> Approved | <input checked="" type="checkbox"/> Denied                                   |