

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued 9-8-16

Application Date: 8/31/16
 Application Accepted: BR-2016-00692
 Old Map Number: 43-37-C-5
 GPIN: 607107-3A-5258

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION

Site Address 1851 Abbeyfield Road Wardsburg, VA 23102		District
Owner Michael Hedrick		Phone # 804-652-9072
Address		
Proposed Use	Current Use	Existing Buildings on Property
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address		Zoning District R-1	
Front Setback 40' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
Side Setback 15'	Side Setback 15'	COA N/A	Flood Zone N/A
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: David Floyd Date: 9/1/16

Applicant/Contact: Michael Hedrick Phone: 804-652-9072
 Email: michaelhedrick10@gmail.com

CONTRACTOR INFORMATION	Contractor owner	Phone
	Address	
	Contractor License Number	Type

Description of Work	Scope of Work: Extending existing 12x12 to 12x24 # deck				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 144	Finished Sq. Ft.	Unfinished Sq. Ft. 144	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	
Building	\$1,500
Excludes All Trades Permits	

Application Fee	\$ 30.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$.60
RLD Total	\$ 55.60

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: M Hedrick

received 9-2-16

BUILDING PERMIT APPLICATION
Goochland County Building Inspection Department
P O Box 119
Goochland VA 23063
(804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued: 9-12-16

Application Date: 8/29/16

Application Accepted: PD-2016-00701

Old Map Number: 111# 30-22-0-4-0-

GPIN: 6758-78-8100

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address: 3125 Hyatt Lane		District: -		
	Owner: Joel Butkiewicz		Phone #: 248-635-9755		
	Address: 3125 Hyatt Lane Goochland, VA 23063				
	Proposed Use	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreage: +/- 21.524	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: N/A	Proffer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District: A-2		
	Front Setback: 25' from Pole	Center Line Setback: -	Rear Setback: 5'	C.U. Permit: N/A	Variance: N/A
	Side Setback: 5'	Side Setback: 5'	COA: N/A	Flood Zone: N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: Daniel Floyd Date: 9/7/16

Applicant/Contact:	PA-Mor Construction	Phone:	804-781-0442
Email:	MaryAnn.pmeadows@gmail.com		
CONTRACTOR INFORMATION	Contractor:	PA-Mor Construction	Phone: 804-781-0442
	Address:	PO Box 295 Mech. VA 23111	
	Contractor License Number:	2705091041A	Type: PO Expiration: 1/31/2017

Description of Work	Scope of Work: 20x40' Inground pool w/ auto cover.			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 800	Finished Sq. Ft.	Unfinished Sq. Ft. 800
			# of Bedrooms	

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

Building	33,500
Excludes All Trades Permits	

Application Fee	\$ 162.76
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 3.25
RLD	\$ 191.01

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: M. Clements

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
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 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued 9-14-110

Application Date: *9.14.110*
 Application Accepted: *BP-2010-00733*
 Old Map Number: *42-1-90-A1*
 GPIN: *60707-06-6600*

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address <i>GOOCHLAND YMCA, 1800 DICKINSON RD, GOOCHLAND, VA 23063</i>		District		
	Owner <i>YMCA OF GREATER RICHMOND</i>		Phone #		
	Address <i>210 FRANKLIN ST, RICHMOND, VA 23220</i>				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

Planning & Zoning Officer _____ Date _____

Applicant/Contact: *NICK MAIOLA DR* Phone: *(804) 670-8831*
 Email: *maiola@ymcarichmond.org*

CONTRACTOR INFORMATION	Contractor		Phone	
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: <i>POT UP AIR STRUCTURE OVER POOL ON SEPT. 28TH WILL CALL FOR INSPECTION OCT. 4TH</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	
Building	<i>\$ 6,500.00</i>
Excludes All Trades Permits	

Application Fee	<i>\$53.75</i>
Zoning Fee	\$-----
Septic/Well Fee	\$-----
State Levy Fee	<i>\$1.08</i>
RLD Total	<i>\$54.83</i>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: *[Signature]* ASSOCIATION PROPERTY & FACILITIES MGR

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
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 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued 9-14-16

Application Date: **received** 8-15-16

Application Accepted: **BP-2016-00636**

Old Map Number: **64-1-48**

GPIN: **773A-12-2293**

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address 12445 PATTERSON AVENUE RICHMOND, VA 23238		District	
	Owner HOPE CHURCH		Phone # (804) 708-5330	
	Address 12445 PATTERSON AVENUE RICHMOND, VA 23238			
	Proposed Use DECK	Current Use N/A	Existing Buildings on Property CHURCH + LODGE	
Proposed Occupant Load (Commercial)	Acreage N/A	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District A-2		
Front Setback 100' from ROW	Center Line Setback -	Rear Setback 5'	C.U. Permit N/A	Variance N/A
Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: *David Taylor* Date: *8/17/16*

Applicant/Contact: **RYAN NEBEL** Phone: **804-414-4795**
 Email: **RLNEBEL@HOURIGANCONSTRUCTION.COM**

CONTRACTOR INFORMATION	Contractor HOURIGAN CONSTRUCTION		Phone 804-282-5300	
	Address 411 EAST FRANKLIN ST. RICHMOND, VA			
	Contractor License Number 2701010019A	Type CLASS A	Expiration	

Description of Work	Scope of Work: INSTALLATION OF ALL TIMBER FOOTBRIDGE OVER CREEK / WITHIN APPROVED IMPACT AREA				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	0	300	0	300	0

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK		Application Fee \$	
Building	\$ 18,000	Zoning Fee	\$ 50.00
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$
		RED Total	\$

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

X [Signature]

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Application Date: 8-1-2010
 Permit Number: BP-2010-00590
 Old Map Number: 58.32.3.A
 GPIN: 7725-33-0619

Issued 9-14-10

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address 15030 Capital One Drive, WC3 Richmond, VA 23238		District	
	Owner Capital One - Ted Tremain		Phone # 855-375-0822	
	Address 15050 Capital One Drive, WC1 Richmond, VA 23238			
	Proposed Use <small>Business, B (No Change)</small>	Current Use <small>Business, B</small>	Existing Buildings on Property <small>Renovation of Existing Building</small>	
	Proposed Occupant Load (Commercial) 1914	Lot Size	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	Census Track	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Howard Dunn	Phone 610-368-5402
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Email: hdunn@gilbaneco.com

CONTRACTOR INFORMATION	Contractor Gilbane Building Co.	Phone (804) 782-6518
	Address 1001 Boulders Parkway, Suite 101, Richmond, VA 23225	
	Contractor License Number	Type

Description of Work	Scope of Work: Renovation of existing 4 floor, 145,756sf office building. Replacing four(4) roof top units. Renovating all gang bathrooms.				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	4	156,720	145,756	10,964	N/A

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK

Building	\$7,911,176.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ 76,651.14 75,148.11
Septic/Well Fee	\$
State Levy Fee	\$ 1502.90
Zoning Fee	\$
Total	\$ 76,651.14

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant Howard L. Dunn III

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued: 9.21.16

Application Date: Sept 7, 2016
 Application Accepted: BP-2016-00714
 Old Map Number: 2-5-0-2-0
 GPIN: 6814-63-2216

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address <u>5008 FLEMING CROSSROADS LANE</u>		District	
	Owner <u>WHEELER JAMES L</u>		Phone #	
	Address <u>5008 FLEMING CROSSROADS LANE KENT STONE VA 23084</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District <u>RR</u>		
Front Setback <u>55' from Rd</u>	Center Line Setback	Rear Setback <u>5'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>
Side Setback <u>5'</u>	Side Setback <u>5'</u>	COA <u>1</u>	Flood Zone <u>N/A</u>	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: [Signature] Date 9/12/16

Applicant/Contact: Howard Smith Phone 804 647-3601
 Email: homecreationLLC@gmail.com

CONTRACTOR INFORMATION	Contractor <u>Home Creation LLC</u>		Phone <u>804 647-3601</u>	
	Address <u>3044 HADENSVILLE FIFE RD GOOCHLAND VA 23063</u>			
	Contractor License Number <u>2705130187</u>	Type <u>CLASS A</u>	Expiration <u>1-31-17</u>	

Description of Work	Scope of Work: <u>INSTALL DECK AROUND POOL (BP-2016-00628) FOR ACCESS AND PROTECTION. (SEE DRAWING)</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>412</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>412</u>	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	
Building	<u>\$9842</u>
Excludes All Trades Permits	

Application Fee	\$ <u>56.28</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>1.13</u>
BLD Total	\$ <u>82.41</u>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature]

4-20-16

BUILDING PERMIT APPLICATION

Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

IM # 261-0-60-0

Application Date: 4-22-16

Application Accepted: BP-2016-00270

GPIN: 6719-13-2303-9999

Issued: 9.21.2016

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION

Site Address	2397 Hadensville-Fife Road		District	Byrd
Owner	Goochland Fire Dept. ASC INC #4		Phone #	804-347-8421
Address				
Proposed Use	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreeage	Commercial Use		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Street Address		Zoning District	
		A-2	
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
100'	CL ROW	35	
Side Setback	Side Setback	C O A	Flood Zone
20	20		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: *J. Burns* Date: 4-26-2016

Applicant/Contact: Brenda L. Stephens Phone: 804-347-8421

Email: Fife Fire Aux #4 @ Gmail.com

CONTRACTOR INFORMATION	Contractor	Gordon Brothers Construction		Phone	804-556-8180
	Address	1820 Rock Castle Road, Goochland, VA 23063			
	Contractor License Number	2705144137	Type	class A	Expiration

Description of Work	Scope of Work: Kitchen and Bunk Room Addition				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		1130	950	180	

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

Application Fee	\$ 4132.00
Zoning Fee	\$ 50.00
Septic/Well Fee	\$
State Levy Fee	\$ 22.64
RLB Total	\$ 4204.64

VALUE OF WORK

Building	\$120,000.00
Excludes All Trades Permits	

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

John Lion Smoke

BUILDING PERMIT APPLICATION Goochland County Department Of Building Inspection P O Box 119 Goochland VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay TM: 58-48-8-9	Application Date: 9-13-16
	Application Accepted: BP-2016-00735
	GPIN: 7715-56-5891
	Issued: 9.22.16

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address 843 ELMSLIE LANE		District		
	Owner RICH + LINDA GOSTANZO		Phone #		
	Address 843 ELMSLIE LANE				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Kiploch	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer _____ Date _____

Applicant/Contact: TOM Homer	Phone: 804-426-7846
Email: TOM@knebuilt.com	

CONTRACTOR INFORMATION	Contractor LANE HOMES + REMODELING	Phone 804-784-0012
	Address 12536 PATTERSON AVE.	
	Contractor License Number 2701-029-125-A	Type A

Description of Work	Scope of Work: FINISH BONUS SPACE over GARAGE TO WORK SHOP. <i>1 existing</i> <i>1 attached</i>				
	<input checked="" type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 6010	Finished Sq. Ft. 610	Unfinished Sq. Ft.	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK Building \$ 52,050.00 Excludes All Trades Permits		Application Fee \$ 246.23 Zoning Fee \$ _____ Septic/Well Fee \$ _____ State Levy Fee \$ 4.92 RLD Total \$ 251.15
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

X Thomas G Homer 11/16

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued 9.22.16

Application Date: 9-19-16

Application Accepted: BP-2016-00744

Old Map Number: 43-38-A-15-0

GPIN: 6777-47-1769

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION

Site Address	<u>1667 Indy's Run</u>	District	
Owner	<u>Susan Brett + Lisa Strauss</u>	Phone #	<u>8048390490</u>
Address	<u>1667 Indy's Run 1350 Westwood Ave., Unit 309 Richmond, VA</u>		
Proposed Use	Current Use	Existing Buildings on Property	
<u>Solar PV system</u>		<u>residence</u>	
Proposed Occupant Load (Commercial)	Acreege	Commercial Use	
	<u>3.2</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Street Address		Zoning District	
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
Side Setback	Side Setback	C O A	Flood Zone
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer _____ Date _____

Applicant/Contact:	<u>David Schul</u>	Phone	<u>804-464-5600</u>
Email:	<u>david.s@ipsotva.com</u>		

CONTRACTOR INFORMATION	Contractor	<u>Integrated Power Sources of VA Inc.</u>		Phone	<u>804-464-5600</u>
	Address	<u>2260 Dabney Rd Richmond VA 23230</u>			
	Contractor License Number	<u>2705036575</u>	Type	<u>AES</u>	Expiration

Description of Work	Scope of Work: <u>Installation of 10kW Solar PV electric system (roof mounted), rafter reinforcements</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	
Building	<u>\$16,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>84.00</u>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>1.68</u>
BLD Total	\$ <u>85.68</u>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: _____

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

TM: 26-1-49

Application Date: SEPTEMBER 7, 2016
 Application Accepted: BP-2016-00710
 GPIN: 6719-30-9761
 Issued: 9-23-16

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION

Site Address <u>5171 RIVER ROAD WEST</u>	District <u>BYRD</u>
Owner <u>BROOKE A RODGERS</u>	Phone # <u>(434) 996-3542</u>
Address <u>16 PIN OAK Rd NEWPORT NEWS VA</u>	
Proposed Use <u>RESIDENTIAL dwelling</u>	Current Use <u>dwelling</u>
Proposed Occupant Load (Commercial) <u>N/A</u>	Acreage <u>1.865</u>
Existing Buildings on Property <u>single story dwelling, shed.</u>	
Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address		Zoning District	
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
Side Setback	Side Setback	C O A	Flood Zone
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer _____ Date _____

Applicant/Contact: <u>OWNERS ADVOCATE / design Jim COOPER</u>	Phone <u>(202) 550-2219</u>
Email: <u>JECIMAGES@gmail.com</u>	

Contractor <u>OWNER</u>	Phone <u>(434) 996-3542</u>
Address	
Contractor License Number <u>N/A</u>	Expiration

Description of Work	Scope of Work: <u>TEAROUT EXISTING LAUNDRY/BATH, INSTALL FULL BATH & KITCHEN IN SAME AREA. TEAROUT TWO NON-BEARING WALLS TO OPEN UP KITCHEN TO DINING ROOM & LIVING ROOM - INSTALL 4 NEW WINDOWS, TEAROUT TWO BRICK FLUES (ABANDONED), HANG DRYWALL, INSTALL TRIM & PAINT</u>				
	SEWER Public/Private	WATER Public/Private	interior renovation, no new footage		# of Bathrooms
	# of Floors <u>ONE</u>	Total Sq. Ft. <u>1569 FIN. & UNFIN.</u>	Finished Sq. Ft. <u>1008</u>	Unfinished Sq. Ft. <u>PORCH 161 ATTIC 400</u>	# of Bedrooms <u>TWO</u>

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	
Building	<u>\$15,500</u>
Excludes All Trades Permits	

Application Fee	<u>\$81.75</u>
Zoning Fee	<u>\$</u>
Septic/Well Fee	<u>\$</u>
State Levy Fee	<u>\$1.64</u>
-RLD Total	<u>\$83.39</u>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 X Brooke Rodgers

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

received
 8-22-16

Application Accepted: DP-2016-00653
 Old Map Number: 45-1-0-17-0
 GPIN: 6797-09-8816

Issued: 9-26-16

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address <u>1345 BROAD STREET RD</u>			District	
	Owner <u>3815 MEADOWBRIDGE LLC</u>			Phone # <u>804-519-3230</u>	
	Address <u>11701 BOSWORTH DRIVE DRIVE GLEN ALLEN, 23059</u>				
	Proposed Use	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:		
New Street Address			Zoning District <u>B-1</u>		
Front Setback <u>55' from lot line</u>	Center Line Setback <u>-</u>	Rear Setback <u>30'</u>	C.U. Permit <u>77-00001</u>	Variance <u>N/A</u>	
Side Setback <u>20'</u>	Side Setback <u>30'</u>	COA <u>Yes 2016-00609</u>	Flood Zone <u>N/A</u>		
APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS:	

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: David Floyd Date: 8/26/16

Applicant/Contact: ROY SPROUSE Phone: 804-901-0515

Email: rdsprouse@7@gmail.com

CONTRACTOR INFORMATION	Contractor <u>RMS CONSTRUCTION GROUP, INC</u>		Phone <u>804-901-0515</u>		
	Address <u>CBC, GFC, RBC</u>				
Contractor License Number <u>2705150998</u>		Type <u>Painting</u>	Expiration <u>5-31-2017</u>		

Description of Work: NEW FRONT DOOR, DRYVIT, +STONE(CAST) OUTSIDE, FLOORING, CEILING, LIGHTING, HVAC, AND PAINT, ADA REST ROOM

SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <u>1</u>		
# of Floors <u>1</u>	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	
Building	<u>57,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>533.50</u>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>10.67</u>
RLD Total	\$ <u>544.17</u>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

[Signature]

<p align="center">BUILDING PERMIT APPLICATION Goochland County Department Of Building Inspection P O Box 119 Goochland VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay</p> <p style="font-size: 1.5em; font-weight: bold;">TM: 43.1.80</p>	<p>Application Date: 9/14/16</p> <p>Application Accepted: BP-2016-00739</p> <p>GPIN: 6767-93-1086</p> <p>Issued: 9.27.16</p>
---	--

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address 2458 Sheppard Town Road		District		
	Owner Maidens VA 23102 Juanita H. Coles		Phone # (804) 556-4129		
	Address 2458 Sheppard Town Road Maidens VA 23102				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Juanita H. Coles Phone (804) 556-4129

Email: _____

CONTRACTOR INFORMATION	Contractor owner	Phone (804) 556-4129
	Address 2458 Sheppard Town Road Maidens VA 23102	
	Contractor License Number	Type

Description of Work	Scope of Work: add roof over existing deck				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	
Building	1,000.00
Excludes All Trades Permits	

Application Fee	\$ 30. ⁰⁰
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$.60
RLD Total	\$ 30.60

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

A. - ST. TH. (D. L.)

received
9-21-16

BUILDING PERMIT APPLICATION
Goochland County Department Of Building Inspection
P O Box 119
Goochland VA 23063
(804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 9-21-16
Application Accepted: BP-2016-00765
GPIN: 6850-70-6221
Issued: 9.27.2016

TM# 219-0-61-0

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION

Site Address	2763 CHECKETTS SANDY HOOK		District	21C
Owner	KEN & MAUREEN COPPER		Phone #	804-339-4736
Address	2763 CHECKETTS DR. SANDY HOOK VA 23153			
Proposed Use	Current Use	Existing Buildings on Property		
RESIDENTIAL	RES.	SINGLE FAMILY HOME		
Proposed Occupant Load (Commercial)	Acreage	Commercial Use		
	3.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Street Address		Zoning District	
		RR	
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
55' FROM ROW	—	35'	N/A
Side Setback	Side Setback	COA	Flood Zone
15/35'	15'/35'	N/A	N/A
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: David Floyd Date: 9/22/16

Applicant/Contact: LEIGH GORDON Phone: 804-972-3877

Email: GORDON BROTHERS CONSTRUCTION @ YAHOO.COM

CONTRACTOR INFORMATION

Contractor	GORDON BROTHERS CONSTRUCTION		Phone	804-972-3877
Address	1820 ROCK CASTLE RD. GOOCHLAND, VA. 23063			
Contractor License Number	Type	Expiration		
2705144137	CLASS "A"	12-31-2017		

Description of Work

Scope of Work:

BUILD AN ATTACHED ALL SEASONS PORCH APPROX 168 SQ FT.

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	168	168		

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK

Building	\$20,000.00
Excludes All Trades Permits	

Application Fee	\$ 100.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 2.04
RLD Total	\$ 129.04

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

received

BUILDING PERMIT APPLICATION

Goochland County Department Of Building Inspection
P O Box 119
Goochland VA 23063
(804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 9-27-16 9/27/16

Application Accepted: BP-2016-00764

GPIN: 7733-18-7700

Issued: 9.27.16

TM# 64-22-B-4-0

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION

Site Address 13295 BECKFORD LANE		District	
Owner TODD & MELINDA SLEDD		Phone #	
Address 13295 BECKFORD LANE			
Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage 3.704 ac.	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision RIVERGATE	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address		Zoning District	
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
Side Setback	Side Setback	COA	Flood Zone
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer _____ Date _____

Applicant/Contact: JOHN EZZELL Phone 804-405-6462

Email: ezelljnr@gmail.com

Contractor EZZELL CON. INC.	Phone 804-405-6462
Address 2300 DOWA LANE	
Contractor License Number 2705021543 A	Type CLASS A
Expiration 7-31-17	

Description of Work REFURBISH EXISTING BRICK. BUILT POST TO SUPPORT FRAME RAMP, SUPPORT STEPS ADD TRUSSES TO JOIST.				
SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. 324	Finished Sq. Ft.	Unfinished Sq. Ft. 324	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK	APPROVED 9/23/2016	Application Fee \$ 30.00
Building 600.5		Zoning Fee \$
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$.60
		RLD Total \$ 30.60

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

X

Application Date: 8-1-2016 **received** 8-5-2016
 Application Accepted: BP-2016-00609
 GPIN: 7707-73-8043
 Issued: 9.27.16

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

TM: 46.33.4

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address 1831 RABBIT WARREN RD		District		
	Owner Paula Mallory		Phone # 804-972-2079 804-212-5232		
	Address same				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District A-2	
	Front Setback 55' from Row	Center Line Setback	Rear Setback 5'	C.U. Permit None	Variance None
	Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: * Survey locate setback on RT. side of structure.

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: [Signature] Date: 8/8/16

Applicant/Contact: Paula Mallory Phone: 804-212-5232
 Email: DENNIS W ADAMS @ EARTH LINK, net 770772 1990

CONTRACTOR INFORMATION	Contractor owner		Phone	
	Address			
	Contractor License Number #	Type	Expiration	

Description of Work	Scope of Work: 4B x 4B Detached GARAGE w 20' LEAN TO				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 3744	Finished Sq. Ft. 128	Unfinished Sq. Ft. 3744 4176	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK 4304
 Building 45,000 \$166,200.00
 Excludes All Trades Permits

Application Fee	\$ 759.90
Zoning Fee	\$ 75.00
Septic/Well Fee	\$
State Levy Fee	\$ 15.20
RFD Total	\$ 800.10

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

X [Signature]

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 9.28.10

Application Accepted: BP-2010-00779

Old Map Number: 46.23.24

GPIN: 7707-83-6718

Issued 9.29.10

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

OWNER INFORMATION	Site Address 603 Fords Rd. Manakin Sabot		District	
	Owner Stephen Beer		Phone # (804) 319-6482	
	Address Same			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
Side Setback	Side Setback	C O A	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Patricia Kropac Phone: 804 387-1435 cell
 Email: kropac@aol.com

CONTRACTOR INFORMATION	Contractor Taylor Made Kitchens & Baths, Inc		Phone 804 893-3576	
	Address 1700 Haguenot Rd Suite 1-B Middleburg VA 23113			
	Contractor License Number 2705126947	Type BCD, TIC	Expiration 11/31/17	

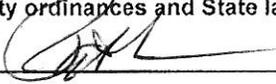
Description of Work: Enlarge 1st Floor bathroom, make walk in closet

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK		Application Fee	\$ 163.66
Building	# 33,702	Zoning Fee	\$
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$ 3.27
		RTD Total	\$ 166.93

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: 



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

00090
GLI-2016-

Date	9/1/16
Permit #	
GPIN	0177-25-4654
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

LOCATION

Street Address 2200 Parkers Hill Dr.	District
---	----------

PROPERTY OWNERSHIP

Name Bonnie Gordon	Phone (804) 556-4229
Mailing Address 2200 Parkers Hill Dr.	

APPLICANT

Name MW BUTLER ELECTRICAL, LLC.	Phone 804-746-2240
E-Mail Address JENNIFER@MWBUTLERELECTRICAL.COM	

CONTRACTOR

Name MW BUTLER ELECTRICAL, LLC.	Phone 804-746-2240			
Mailing Address 8420 MEADOWBRIDGE RD ~ SUITE G MECHANICSVILLE, VA 23116	E-mail address: JENNIFER@MWBUTLERELECTRICAL.COM			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705110673 A	Expiration 01/31/2018	License Type ELECTRIC	Class A

DESCRIPTION OF WORK

Wire 11kw generator w/ 100 amp ATS			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

_____(Notary)

My commission expires _____

Signature of Applicant [Signature]

Value of Work: \$ 2400.00

Permit fee: \$ 35.19

Approval [Signature] Date 8/20/2016

Issue date: 9/1/16

9/1/16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date	9-2-16
Permit #	ELI-2016-00097
GPIN	7715-8e6521
Tax Map	

LOCATION

Street Address 837 ELMSTREE LAVE	District
-------------------------------------	----------

PROPERTY OWNERSHIP

Name Clifton + Cinda Hickman	Phone
Mailing Address 837 ELMSTREE LAVE MANASSAS VA 23103	

APPLICANT

Name	Phone
E-Mail Address	

CONTRACTOR

Name LUCK ELECTRICAL	Phone 804-370-1681			
Mailing Address 439 HOLLAND CREEK RD LOUISA VA	E-mail address: ARCESSLUCK@GMAIL.COM			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705068261	Expiration 6-30-2018	License Type: ELC	Class: B

DESCRIPTION OF WORK

INSTALL NEW 22KW STANDBY GENERATOR			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

_____(Notary)

My commission expires _____

Signature of Applicant [Signature]

Approval [Signature] Date 9/2/16

Value of Work: 8,500

Permit fee: 62.73

Issue date: 9/2/16



RESIDENTIAL TRADES PERMIT APPLICATION

received
9-7-16

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date	9-7-16
Permit #	EL-2016-00706
GPIN	
Tax Map	

LOCATION

Street Address 5528 Lewismill Road, Goochland VA 23063	District
--	----------

PROPERTY OWNERSHIP

Name Douglas Hayden	Phone 8043047774
Mailing Address same	

APPLICANT

Name Robert Hooe, Electrician	Phone 8043574202
E-Mail Address woodwardinc@earthlink.net	

CONTRACTOR

Name Woodward, Inc	Phone 8047843327			
Mailing Address 910 Three Chopt Road, Manakin-Sabot VA 23103	E-mail address: woodwardinc@earthlink.net			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705040641	Expiration 07-31-2017	License Type ele n/h B	Class:

DESCRIPTION OF WORK

Install customer supplied Generac 22kw generator with ATS			
# of Baths Dominion	Service Size Dominion	Power Company Dominion	Inquiry # Dominion N/A

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

(Notary)

My commission expires _____

Value of Work: 1,500.⁰⁰

Signature of Applicant [Signature]

Permit fee: _____

Approval [Signature] Date 9-7-16

Issue date: 9-7-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

received
9-7-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date	9.1.16
Permit #	16-707
Old Map #	
G-Pin	

LOCATION

Street Address	1454 River Road West	District	
----------------	----------------------	----------	--

PROPERTY OWNERSHIP

Name	William Henson	Phone	804.784.3819
Mailing Address	1454 River Road West; Crozier VA 23039		

APPLICANT

Name	Teddi Bartlett	Phone	804.231.9684
E-Mail Address	teddi@dgelectrical.com		

CONTRACTOR

Name	Davis & Green		Phone	804.231.9684	
Mailing Address	PO Box 35418; RVA 23235		License Type	Class	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2701 026667	Expiration	8/31/17
			ELE	A	

DESCRIPTION OF WORK

Furnish and install 7kW generator and 8 circuit load center			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____
I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

(Owner)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

(Notary) My commission expires _____

Signature of Applicant T Bartlett
Approval Fisher Date 9.7.16

Value of work: \$5,875.00
Permit fee: \$48.96
Issue date: 9-8-16



TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

(804) 556-5305 Fax (804) 556-5651 TDD (804) 556-5317

TYPE

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work.
 No work shall start until a permit is posted on the job site.
 No inspections will be made until the permit
 has been issued.

Date	9/09/16
Permit #	16-1224A
Map #	

LOCATION

Street Address	49 E SQUARE LANE	District	
----------------	------------------	----------	--

PROPERTY OWNERSHIP

Name	Dennis & Jan Moseley	Phone	804-677-4851
Mailing Address	49 E SQUARE LANE RICHMOND 23238		

CONTRACTOR

Company Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. Hamilton St.	License Type	Contractor
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
		Expiration	11-30-2016
		Class	A

DESCRIPTION OF WORK

INSTALL 22 KW NATURAL GAS GENERATOR, 200 AMP ATS SURGE PROTECTOR			
# of baths	Service size	Power Company	Inquiry #
	200	DOM	N/A

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ OF (address) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ AND THAT I HAVE APPLIED FOR A BUILDING PERMIT. I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA.

_____ (OWNER)

SIGNED AND ACKNOWLEDGED BY _____ IN THE CITY OR COUNTY OF _____ VIRGINIA ON THE _____ DAY OF _____, 20____ IN THE PRESENCE OF THE _____ (NOTARY) MY COMMISSION EXPIRES _____

Signature of Applicant [Signature]
 Approval Fisher Date 9-13-16

Cost of Job \$9475.00
 Permit Fee \$67.32
 Issue Date 9-13-16



TRADES PERMIT APPLICATION

Goochland County Building Inspection Department
P. O. Box 119
Goochland, VA 23063
(804) 556-5305 Fax (804) 556-5651 TDD (804) 556-5317

X

TYPE	
<input checked="" type="checkbox"/>	Electrical
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Gas

This application is not authorization to start work.
No work shall start until a permit is posted on the job site.
No inspections will be made until the permit has been issued.

Date	9/09/16
Permit #	16-0072-5
Map #	

LOCATION

Street Address	47 E Square Lane	District	
----------------	------------------	----------	--

PROPERTY OWNERSHIP

Name	Suzy Schreibfeder	Phone	804-784-0360
Mailing Address	47 E Square Lane		

CONTRACTOR

Company Name	Woodfin Heating	Phone	804-764-4533
Mailing Address	1823 N. Hamilton Street Richmond 23230	License Type	ELE, GFC
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
		Expiration	11-30-2016
			HIC HVA PUB
			Class A

DESCRIPTION OF WORK

Install 22 kw generator Natural Gas, Surge Protector			
200 Amp ATS			
# of baths	Service size	Power Company	Inquiry #
	200	DOM	N/A

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ OF (address) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ AND THAT I HAVE APPLIED FOR A BUILDING PERMIT. I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA.

_____ (OWNER)

SIGNED AND ACKNOWLEDGED BY _____ IN THE CITY OR COUNTY OF _____ VIRGINIA ON THE _____ DAY OF _____, 20____ IN THE PRESENCE OF THE _____ (NOTARY) MY COMMISSION EXPIRES _____

Signature of Applicant
Approval Date 9.13.16

Cost of Job \$9475.00
Permit Fee \$167.32
Issue Date 9.13.16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Date 09/12/2016

Permit # 16-126

GPIN

Tax Map

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

LOCATION

Street Address	4828 BRADSHAW ROAD	District
----------------	---------------------------	----------

PROPERTY OWNERSHIP

Name	SANDRA WRIGHT	Phone	804-852-9946
Mailing Address	4828 BRADSHAW RD GUMSPRINGS, VA 23065		

APPLICANT

Name	WOODFIN HEATING	Phone	804-764-4533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	VPITTMAN@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2016	License Type:	CONTRACTOR Class: A

DESCRIPTION OF WORK

INSTALL 22KW PROPANE GAS GENERATOR, 200 AMP ATS AND SURGE PROTECTOR			
# of Baths	Service Size	Power Company	Inquiry #
	200A	Rappahannock	

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

_____(Notary)

My commission expires _____

Signature of Applicant

Value of Work: **9650.00**

Permit fee: **67.32**

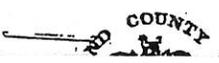
Approval

Date

9.13.16

Issue date:

9.13.16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department received



(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

received 9-13-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date
Permit # E11-2016-00119
Old Map #
G-Pin

LOCATION

Street Address 1531 WINDSOR WAY MANAKIN SABOT, VA 23103	District
--	----------

PROPERTY OWNERSHIP

Name PAUL W TIMMRECK and JENNIFER L TIMMRECK	Phone 804-784-5935
Mailing Address 1531 WINDSOR WAY	

APPLICANT

Name Marcie Haynie	Phone 804-276-5580
E-Mail Address jmelectrical@comcast.net	

CONTRACTOR

Name Haynie Electrical Services Inc dba J&M Electrical Services	Phone 804-276-5580
Mailing Address 400 Turner Road N Chesterfield, VA 23225	License Type ELEC
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705099807
Expiration 10/31/2017	Class A

DESCRIPTION OF WORK

install (1) 16kw Automatic Standby Generator w/ (1) 100amp ATS Switch			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia. _____ (Owner)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

_____(Notary) My commission expires _____

Signature of Applicant M. Haynie Value of work: \$7300.00

Approval A. Shel Permit fee: \$58.14

Date 9-14-16 Issue date: 9-14-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD 711 (Va. Relay)

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date	9.19.16
Permit #	2016-007AS
Old Map #	
G-Pin	

LOCATION

Street Address	1670 Fox Downs Lane, Oilville, VA. 23139
District	

PROPERTY OWNERSHIP

Name	Peggy Shults	Phone	804-784-4664
Mailing Address	1670 Fox Downs Lane, Oilville, VA. 23139		

APPLICANT

Name	Richard Medeiros	Phone	540-718-7505
E-Mail Address	richieneverdark@gmail.com		

CONTRACTOR

Name	Never Dark Whole House Generators		Phone	434-975-3275			
Mailing Address	2293 Seminole Lane, Charlottesville, VA 22901		License Type	contractors			
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2710025076	Expiration	8-31-17	Class	A

DESCRIPTION OF WORK

wiring 22kw automatic generator with 400amp service disconnect transfer switch with load share modules			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia. _____ (Owner)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary. _____ (Notary) My commission expires _____

Signature of Applicant: Richard Medeiros
R. Medeiros
 Date: 9.19.16
 Value of work: 1800
 Permit fee: 30.00
 Issue date: 9.19.16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

PL-2016-0753

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date	9/15/16
Permit #	
Old Map #	47-2-0-9-0
G-Pin	7723-54-8891

LOCATION

Street Address 215 Sweetbriar Drive	District
--	----------

PROPERTY OWNERSHIP

Name Glenn Diersen	Phone 804-971-7343
Mailing Address 215 Sweetbriar Drive Richmond, VA 23238	

APPLICANT

Name	Phone
E-Mail Address	

CONTRACTOR

Name Tribble Electric, Inc.	Phone 804-266-4704
Mailing Address 1575 Mountain Rd. Glen Allen, VA 23060	License Type Electrical
Class A	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2701034592
	Expiration 6-30-2017

DESCRIPTION OF WORK

Install 22KW Generator + 200 Amp Transfer switch			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia. _____ (Owner)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary. _____ (Notary) My commission expires _____

Signature of Applicant	Value of work: \$1000.00
Approval <u>[Signature]</u>	Permit fee: 30.00
Date 9/20/16	Issue date: 9/20/16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Date	9/20/16
Permit #	611-2016-07516
GPIN	6810-98-7887
Tax Map	18-70-A-C

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

LOCATION

Street Address 4904 Whitehall Road, Goochland, VA 23063	District Byrd
--	------------------

PROPERTY OWNERSHIP

Name P. Deloris G. Shelton	Phone 804.457.2131
Mailing Address 4904 Whitehall Road, Goochland VA 23063	

APPLICANT

Name James H. Shelton, Sr	Phone 804.457.2131
E-Mail Address dzerts77@asl.com	

CONTRACTOR

Name LCS Electric Communications	Phone 434.589.4850			
Mailing Address 357 Rollins Lane, Louisa, VA 23093	E-mail address:			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2710024130	Expiration 9-30-17	License Type: 1	Class: B

DESCRIPTION OF WORK 2705004612 9-30-17 PLB ELE RBC CBC

Install ^{Whole} House Generator & Transfer Panel & Disconnect Breaker			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I P. Deloris G. Shelton of (address) 4904 Whitehall Rd affirm that I am the owner of a certain tract or parcel of land located at 4904 Whitehall Rd, Goochland VA 23063. I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1-1111 of the Code of Virginia.

[Signature] (Signature)
 Signed and acknowledged by Deloris Shelton in the city or county of Goochland, Virginia on the 20 day of Sept, 2016 in the presence of the undersigned notary Doretta Sawyer (Notary) My commission expires _____

Signature of Applicant [Signature] Value of Work: \$4,270
 Permit fee: 44.37
 Approval _____ Date _____ Issue date: _____



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Date	9/21/16
Permit #	16-762
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

LOCATION

Street Address	404 WellField Rd	District	
----------------	------------------	----------	--

PROPERTY OWNERSHIP

Name	Stan Fischer	Phone	708 0909
Mailing Address	404 WellField Rd Manakin Sabot VA 23103		

APPLICANT

Name	J. S. Schiess Elec	Phone	784 6774
E-Mail Address	selec21@aol.com		

CONTRACTOR

Name	J. S. Schiess Elec	Phone	784 6774
Mailing Address	P.O. Box 231 Manakin Sabot	E-mail address:	selec21@aol.com
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705046710
		Expiration	10/31/16
		License Type:	ELE
		Class:	B

DESCRIPTION OF WORK

22 KW Generator &			
Automatic Transfer SW			
# of Baths	Service Size	Power Company	Inquiry #
	400A	DOMINION	NA

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

(Notary) My commission expires _____

Signature of Applicant _____
Approval FISHER Date 9/21/16

Value of Work: 10500
Permit fee: 71.91
Issue date: 9.21.16



COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date: 9/20/16

Permit #: 16-~~10019~~ 269

Old Map #

G-Pin

LOCATION

Street Address: 58 East Square Lane

District

PROPERTY OWNERSHIP

Name: Ham Scherer

Phone

Mailing Address: 58 East Square Lane

APPLICANT

Name: Chris Humphrey

Phone: 794-4877

E-Mail Address: CHRIS@humphreyelectric.com

CONTRACTOR

Name: Humphrey Electric Co

Phone: 794-4877

Mailing Address: 724 Grove Rd Midlothian VA 23114

License Type: ELE

Class: A

Gas Certification: YES NO

State License Number: 2701017076A

Expiration: 5/17

DESCRIPTION OF WORK

Replace ^{existing} 12kw Gen and Transfer switch with Generac 22kw /w Automatic transfer switch (service rated)

of Baths: _____ Service Size: _____ Power Company: _____ Inquiry #: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia. _____ (Owner)

Signed and acknowledged by _____ in the city or county of _____ Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary. _____ (Notary) My commission expires _____

Signature of Applicant: Chris Humphrey Value of work: 10,150.00
Approval: Fisher Date: 9.23.16 Permit fee: 71.91
Issue date: 9.23.16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Date	9/26/16
Permit #	E11-2016-00759
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

LOCATION

Street Address	8 RED FOX ROAD	District	
----------------	----------------	----------	--

PROPERTY OWNERSHIP

Name	PATTI NUNNALLY	Phone	
Mailing Address	8 RED FOX ROAD, MANAKIN SAZOT, VA 23003		

APPLICANT

Name	RIC SEABORN	Phone	804 389-4242
E-Mail Address	RICHARD SEABORN		

CONTRACTOR

Name	MANAKIN ELECTRIC CONTRACTORS	Phone	804 389-4242
Mailing Address	P.O. Box 147 ROCKVILLE VA 23146	E-mail address:	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705018630
		Expiration	12/31/16
		License Type:	ELE
		Class:	B

DESCRIPTION OF WORK

INSTALL TWO 20KW GENERATORS AND ^{replacing existing} one 200AMP ATS w/ 30 CIRCUIT PANEL AND 1 ATS w/ 16 CIRCUIT PANEL			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

_____(Notary)

My commission expires _____

Signature of Applicant RICHARD SEABORN

Value of Work: 17,520

Permit fee: 104.04 / 12.00

Approval [Signature] Date 9-27-16

Issue date: 9-27-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department
P. O. Box 119 Goochland, VA 23063
(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

received
9-26-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date	9-26-16
Permit #	E11-2016-00771
Old Map #	
G-Pin	

LOCATION

Street Address 1611 GENITO ROAD CROZIER, VA. 23039	District
---	----------

PROPERTY OWNERSHIP

Name FRANK CARNEY	Phone 804-749-3067
Mailing Address 1611 GENITO ROAD CROZIER, VA. 23039	

APPLICANT

Name H.O. FELD ELECTRIC	Phone 804-365-0263
E-Mail Address SERVICE @ HOFEC.COM	

CONTRACTOR

Name H.O. FELD ELECTRIC CO. INC.	Phone 804-365-0263
Mailing Address PO BOX 291 STUDLEY, VA. 23162	License Type ELE
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705123991
Expiration 8/31/18	Class B

DESCRIPTION OF WORK

INSTALL 20KW GENERATOR w/ 2-200AMP TRANSFER SWITCHES			
# of Baths	Service Size 400	Power Company DOMINION	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia. _____ (Owner)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary. _____ (Notary) My commission expires _____

Signature of Applicant:

Approval: fisher Date: 9-26-16

Value of work: \$10,900.00

Permit fee: \$71.91

Issue date: 9-26-16



RESIDENTIAL TRADES PERMIT APPLICATION

39.78

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Date	9/26/16
Permit #	211-2016-00763
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

LOCATION

Street Address	2551 Blacksmith Shop Rd	District	
----------------	-------------------------	----------	--

PROPERTY OWNERSHIP

Name	Richard Martin Johnny Yarns	Phone	
Mailing Address	2551 Blacksmith Shop Rd		

APPLICANT

Name	Lipscomb Electric / Robert Lipscomb	Phone	804-347-8880
E-Mail Address	rklipscomb@live.com		

CONTRACTOR

Name	Lipscomb Electric		Phone	
Mailing Address	231 Mattley Mill Rd		E-mail address:	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type: Class:
		2705116236	9/30/17	ELE A

DESCRIPTION OF WORK

Install Standby Generator			
# of Baths	Service Size	Power Company	Inquiry #
	200	Dominion	N/A

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

_____(Notary)

My commission expires _____

Signature of Applicant [Signature]

Approval fisher Date 9-26-16

Value of Work: \$3,900.00

Permit fee: 39.78 / 1.98

Issue date: 9-26-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

Date	9/26/16
Permit #	EM-2016-746
GPIN	
Tax Map	

Type: /

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

LOCATION

Street Address 3640 FOREST GROVE ROAD	District
--	----------

PROPERTY OWNERSHIP

Name MILTON CONAREY	Phone
Mailing Address 3640 FOREST GROVE RD. SANDY HOOK, VA 23153	

APPLICANT

Name RIC SEASORN	Phone 804 389-4242
E-Mail Address RICSEASORN@MANAKINELECTRICAL.NET	

CONTRACTOR

Name MANAKIN ELECTRICAL CONTRACTORS	Phone 804 389-4242			
Mailing Address P.O. Box 147 ROCKVILLE VA 23146	E-mail address:			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705018630	Expiration 12/31/16	License Type: ELE	Class: B

DESCRIPTION OF WORK

INSTALL 20KW GENERATOR WITH 200AMP ATS AND			
200 AMP MANUAL TRANSFER SWITCH			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____
I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

(Notary)

My commission expires _____

Signature of Applicant RIC SEASORN Value of Work: 8800
Permit fee: 62.73

Approval [Signature] Date 9-26-16 Issue date: 9-28-16



Mike Loving
Project Manager

Master Electrical Services, LLC
1735 Arlington Road
Richmond, Virginia 23230
Office: (804) 231-1973
Fax: (804) 231-1984
Mobile: (804) 400-9224
Email: mloving@master-electrical.com

TRADES PERMIT APPLICATION

County Building Inspection Department
P. O. Box 119
Goochland, VA 23063
Fax (804) 556-5651 TDD (804) 556-5317

14973

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work.
No work shall start until a permit is posted on the job site.
No inspections will be made until the permit has been issued.

Date	9-26-16
Permit #	E11-2016-0075
Map #	46-21-B-3-0
	7718-00-0020

LOCATION

Street Address	District
581 Nelwood Pl	

PROPERTY OWNERSHIP

Name	Phone
Andy Bettinger	833-8160
Mailing Address	
581 Nelwood Pl	

CONTRACTOR

Company Name	Phone	
Master Electrical Services	804-231-1973	
Mailing Address	License Type	Class
1735 Arlington Rd Richmond, Va 23230		A
Gas Certification	State License Number	Expiration
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2705 067 673	3-31-18

DESCRIPTION OF WORK

Install 22kw generator with 200 Amp ATS			
# of baths	Service size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ OF (ADDRESS) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA. _____ (OWNER)

SIGNED AND ACKNOWLEDGED BY _____ IN THE CITY OR COUNTY OF _____ VIRGINIA ON THE _____ DAY OF _____ 20____ IN THE PRESENCE OF THE _____ (NOTARY) MY COMMISSION EXPIRES _____

Signature of Applicant: Cost of Job: 8,000
Permit Fee: ~~58.00~~ 58.14
Date: 9-27-16



14863

RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

(804) 556-5305 Fax (804) 556-5651 TDD (804) 556-5317

TYPE
<input checked="" type="checkbox"/> Electrical
<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Gas

This application is not authorization to start work.
No work shall start until a permit is posted on the job site.
No inspections will be made until the permit has been issued.

Date	9-26-16
Permit #	E11-2016-00776
Map #	58-37-5-33-0

LOCATION

Street Address	504 Huntfield Rd	District
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PROPERTY OWNERSHIP

Name	Jeff Wells	Phone
Mailing Address	504 Huntfield Rd	

CONTRACTOR

Company Name	Master Electrical Services	Phone	804-231-1973		
Mailing Address	1735 Arlington Rd Richmond, Va 23230		License Type	A	
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705 067 673		Expiration

DESCRIPTION OF WORK

Install 22kw generator to 200 Amp ATS			
# of baths	Service size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ OF (ADDRESS) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA. _____ (OWNER)

SIGNED AND ACKNOWLEDGED BY _____ IN THE CITY OR COUNTY OF _____ VIRGINIA ON THE _____ DAY OF _____ 20____ IN THE PRESENCE OF THE _____ (NOTARY) MY COMMISSION EXPIRES _____

Signature of Applicant:

Approved: Date: 9-27-16

Cost of Job: 10,000
Permit Fee: ~~50.00~~ - 67.16 = 67.32
Issue Date: 9-27-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

(804) 556-5305 Fax (804) 556-5651 TDD (804) 556-5317

14971

TYPE	
<input checked="" type="checkbox"/>	Electrical
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Gas

This application is not authorization to start work.
No work shall start until a permit is posted on the job site.
No inspections will be made until the permit has been issued.

Date	9-26-16
Permit #	E11-2016-771
Map #	

LOCATION

Street Address	1305 Sabot Creek Ct	District	
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PROPERTY OWNERSHIP

Name	Daryl Crone	Phone	400-3090
Mailing Address	1305 Sabot Creek Ct		

CONTRACTOR

Company Name	Master Electrical Services	Phone	804-231-1973
Mailing Address	1735 Arlington Rd Richmond, Va 23230	License Type	A
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	
		Expiration	3-31-18

DESCRIPTION OF WORK

Install 22kw generator with 200 Amp ATS			
# of baths	Service size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ OF (ADDRESS) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA.

(OWNER)

SIGNED AND ACKNOWLEDGED BY _____ IN THE CITY OR COUNTY OF _____ VIRGINIA ON THE _____ DAY OF _____ 20____ IN THE PRESENCE OF THE _____ (NOTARY) MY COMMISSION EXPIRES _____

Signature of Applicant: *[Signature]*
Date: 9-27-16

Cost of Job: 7,000
Permit Fee: 53.92 53.55
Date: 9-27-16

9001665-



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

received
9.14.16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be made until the permit has been issued.

Date	4/21/16
Permit #	BP-2013-00734
Old Map #	
G-Pin	7723-06-2992

LOCATION

Street Address	282 Vinita Rd. Richmond, VA 23228	District	
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PROPERTY OWNERSHIP

Name	Callaghan, Brian Joseph & Melissa W	Phone	804-784-9952
Mailing Address	13284 Barkstone Ct. Richmond, VA 23238		

APPLICANT

Name	Rachel Sorensen	Phone	804-266-4704
E-Mail Address	rachel.s@tribbleelectric.com		

CONTRACTOR

Name	Tribble Electric, Inc.		Phone	804-266-4704	
Mailing Address	1575 Mountain Rd. Glen Allen, VA 23060		License Type	Elec.	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2701034592	Expiration	6/30/2017
			Class	A	

DESCRIPTION OF WORK

Furnish, wire, install 100 kW Generator & 600 Amp			
Transfer switch (Indoor)			
# of Baths	Service Size	Power Company	Inquiry #

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____(Owner)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary.

_____(Notary) My commission expires _____

Value of work: \$40,000⁰⁰

Signature of Applicant

Permit fee: 205.02

Approval Fisher Date 10.3.16

Issue date: 10.3.16