

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: 10.13.16

Application Date: 8-8-16
 Application Accepted: BY 2016-00614
 Old Map Number: 19-1-0-51-0
 GPIN: 6830-76-4694

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 4220 WHITE HALL RD, SANDY HOOK, VA ²³¹⁵²		District 2			
	Owner JAMES + HEATHER LASTER		Phone # 804-457-2857			
	Address 2540 SPYGLASS BRANCH LN, GOOCHLAND, VA 23063					
	Proposed Use RESIDENTIAL	Current Use FARM	Existing Buildings on Property BARN, SHEDS			
	Proposed Occupant Load (Commercial)	Acreage 6.58	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 A-1		
	Front Setback 35' from ROW	Center Line Setback -	Rear Setback 35'	C.U. Permit None	Variance None	
	Side Setback 20'	Side Setback 20'	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: [Signature] Date: 8/10/16

Applicant/Contact: JAMES LASTER Phone: 804-457-2857
 Email: M LASTER @ LAZARUS SYSTEMS .COM

CONTRACTOR INFORMATION	Contractor OWNER / CONTRACTING		Phone	
	Address			
	Contractor License Number		Type	Expiration

Description of Work	Scope of Work: NEW RESIDENTIAL CONSTRUCTION Sfd W attached garage				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 4		
	# of Floors 2	Total Sq. Ft. 8764	Finished Sq. Ft. 4000	Unfinished Sq. Ft. 4764	# of Bedrooms 5
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Fee 2,116.13	Application Fee \$ 2,000.00
Building	441915		Zoning Fee \$ 50.00
Excludes All Trades Permits			Septic/Well Fee \$ 25.00
			State Levy Fee \$ 40.51
			RLD Total \$ 2,116.13

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]

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Darrin Satterwhite Telephone: (804) 556-4012

Mailing Address: P.O. Box 325 - goodland, VA. 23063

OWNER'S AFFIDAVIT

I JAMES LASTER of (address) 2540 SADDLE BROOK LN affirm that I am the owner of a certain tract of parcel of land located at 4220 WIFEHALL RD 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.

[Signature] Owner's Signature

Signed and acknowledged by James Laster in the city/county of Richmond Virginia on the 8 Day of August, 2016. In the presence of the undersigned, my commission expires 07/31/16.



[Signature] (Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job. \$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee
Commercial fee is based on the building value of the job. \$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee
RLD \$ 100.00
Septic & well \$ 40.80 For Commercial & Residential
Septic only \$ 25.44 for Commercial & Residential
Zoning Commercial \$ 100.00
Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

* Stormwater

received 8-18-16

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

Application Date: 8/18/16

Application Accepted: DP-2016-00650

Old Map Number: 45-31-B-11-0

GPIN: 6767-43-8797

Issued: 10.6.16

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 2512 Bucknell Lane		District	
	Owner Rivers Realty LLC		Phone #	
	Address 9954 Mayland Dr, Ste 2100 Richmond 23233			
	Proposed Use Sngl Fam Sub	Current Use Same	Existing Buildings on Property N/A	
	Proposed Occupant Load (Commercial) N/A	Acreage 2.641	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: 20,196.00	Date Paid: DUE
	New Street Address		Zoning District R-1	
	Front Setback 40' 8" LOW	Center Line Setback 65'	Rear Setback 35'	C.U. Permit
	Side Setback 15'	Side Setback 15'	C O A 1	Flood Zone
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: CASH Proffer Due Belene C.O. is issued	

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: Mula/SUMER Date: 8.25.2016

Applicant/Contact: Ray Avery, IV Exec VP Emerald Homes Phone: 674-0231 ext. 16
Email: ray@emerald-homes.com

CONTRACTOR INFORMATION	Contractor Chesterfield Construction Svc, Inc. DBA Emerald Homes	Phone 674-0231
	Address PO Box 4309 Midlothian 23112	
	Contractor License Number 2701 024711 A	Type Class A-BLD

Description of Work	Scope of Work: Construct single-family dwelling w/ attached garage				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2		
	# of Floors 2	Total Sq. Ft. 2662	Finished Sq. Ft. 2043	Unfinished Sq. Ft. 619	# of Bedrooms 4

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

VALUE OF WORK		Total 1104.91	Application Fee	\$ 700.11
Building	152,912		Zoning Fee	\$ 50.00
Excludes All Trades Permits			Septic/Well Fee	\$ 40.00
			State Levy Fee	\$ 14.80
			RLD	\$ 100.00
			Storm	\$ 200.00

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: Ray Avery, IV

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Philip L McDonald, Attorney Telephone: 379-0380

Mailing Address: PO Box 353 Middleburg, VA 23113

OWNER'S AFFIDAVIT

I of (address) affirm that I am the owner of a certain tract of 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's Signature

Signed and acknowledged by in the city or county of Virginia on the Day of, 20 in the presence of the undersigned notary. My Commission expires

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job. \$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee Commercial fee is based on the building value of the job. \$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee RLD \$ 100.00 Septic & well \$ 40.80 For Commercial & Residential Septic only \$ 25.44 for Commercial & Residential Zoning Commercial \$ 100.00 Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE # STORIES CONSTRUCTION TYPE OCCUPANY LOAD CODE EDITION FIRE SPRINKLER FIRE ALARM

APPROVAL DATE Code Official

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department

P.O. Box 119

Goochland, VA 23063

(804)556-5305 Fax (804)556-5651 TDD (804)556-5300

Application Date: 8-26-16
 Tax Map Number: 43.38.B.3
 GPIN Number: 6077-46-8741
 Permit Number: BP-2016-00670
 Fee: \$2927.54
 Issue Date: 10.17.16

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: 1659 Indy's Run		DISTRICT:
	OWNER: Johnson Construction Co Inc, Maidens, VA		PHONE#: 387-3060
	ADDRESS: P.O. Box 205, Rockville, VA 23146		
	PROPOSED USE:	CURRENT USE:	EXISTING BUILDINGS ON PROPERTY: None
	PROPOSED OCCUPANT LOAD:	LOT SIZE: 2.379 Ac	COMMERCIAL USE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	SUBDIVISION: Breeze Hill	Proffer: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Amount: Date Paid:
	NEW STREET ADDRESS: 1659 Indy's Run		ZONING DISTRICT: Residential RP
	FRONT SETBACK: 48' from R/W	CENTER LINE SETBACK: R/W	REAR SETBACK: 25' 25' C.U. PERMIT: N/A
	SIDE SETBACK: 10' Min. 7.5' Aggregate	SIDE SETBACK: R/W	CENSUS TRACK: FLOOD ZONE: N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:		

This application requires 2 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* 8/26/16

CONTRACTOR INFORMATION	CONTRACTOR: Johnson Construction Co Inc		PHONE: 387-3060
	ADDRESS: P.O. Box 205, Rockville, VA 23146		
	CONTRACTOR LICENSE NUMBER: 2705106885	TYPE: RLA	EXPIRATION: 5/31/18
	SCOPE OF WORK: New home attached garage		

DESCRIPTION OF WORK	CONSTRUCTION TYPE:		ADDING ADDITION	Y/N
	SEWER PUBLIC / PRIVATE: <input checked="" type="checkbox"/> PRIVATE	WATER PUBLIC / PRIVATE: <input checked="" type="checkbox"/> PRIVATE	ADDING KITCHEN	Y/N
			ADDING BEDROOMS	Y/N #
	# OF FLOORS: 3	TOTAL SQ. FT.: 6771	FINISHED SQ. FT.: 4295	UNFINISHED SQ. FT.: 2476
USE FOR FARM USE EXEMPTION:		# OF BEDROOMS: 5	# OF BATHROOMS: FULL 3, HALF 1	
		ACREAGE: 2.379		

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

VALUE OF STRUCTURE

BUILDING	550,000 ⁰⁰
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Excludes All Trades Permits

PERMIT FEE SCHEDULE: Residential fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above \$4000 \$4.50 per \$1000 of Assessed value. Add 1.75% state levy to fee.
 Commercial fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above \$4000 \$7.50 per \$1000 of assessed value. Add 1.75% state levy to fee.

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]*

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 38.88.01 of the Code of Virginia, this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

NAME: Old Republic TELEPHONE: 804-281-7490

MAILING ADDRESS: 1800 Bayberry Ct. Suite 604 Richmond VA 23226

**IN LIEU OF AN EROSION AND SEDIMENT CONTROL PLAN FOR A SINGLE FAMILY RESIDENCE
A STONE DRIVE-WAY MUST BE INSTALLED BEFORE ANY CONSTRUCTION IS TO BEGIN.**

OWNERS AFFIDAVIT

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 UNDERSIGNED NOTARY. MY COMMISSION EXPIRES _____

(NOTARY)

ISSUANCE OF THIS BUILDING PERMIT DOES NOT CONSTITUTE AN APPROVAL OF SOIL CONDITIONS OR SITE
SUITABILITY BY THE COUNTY. THE APPLICANT IS RESPONSIBLE FOR CONDUCTING ANY SOIL TESTS OR ENGINEERING
TESTS APPLICANT DEEMS NECESSARY TO IDENTIFY AREAS CONTAINING SHRINK-SWELL SOIL OR GEOLOGICAL
CONDITIONS.

[Signature]
APPLICANT SIGNATURE

AS THE PROPERTY OWNER(S) ON WHICH YOUR BUILDING OR STRUCTURE IS TO BE LOCATED, YOU ARE RESPONSIBLE
FOR LOCATING YOUR PROPERTY LINES TO ASSURE THAT THE COUNTY SET-BACK LINES WILL NOT BE VIOLATED. IF YOU ARE
NOT ABSOLUTELY CERTAIN AS TO THE EXACT LOCATION OF YOUR PROPERTY LINES, IT IS STRONGLY RECOMMENDED
THAT YOU OBTAIN THE SERVICES OF A SURVEYOR TO DO SO. IF YOU ARE MISTAKEN REGARDING YOUR PROPERTY LINE
LOCATIONS AND VIOLATE THE SET-BACK LINE REQUIREMENTS, YOU MAY BE FORCED TO MOVE YOUR BUILDING AND
STRUCTURE AT YOUR OWN EXPENSE.

I (WE) HEREBY ACKNOWLEDGE RECEIPT OF THIS NOTICE AND ASSUME ALL RISKS REGARDING PROPERTY LINE
LOCATIONS IN THE EVENT I (WE) DECIDE NOT TO OBTAIN A SURVEY OF MY PROPERTY LINES.

DATE 8/24/16 [Signature]
DATE _____

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA
S36.99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTIONS 105.10 AND 121.1.1.

OWNER _____

USE _____	USE TYPE CODE _____	CONSTRUCTION TYPE _____	OCCUPANT LOAD _____
APPROVAL _____	CODE OFFICIAL _____	DATE _____	

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 10-17-16

Application Date: 9-2-2016

Application Accepted: 9/2/16

Old Map Number:

GPIN: 6758-69-~~557~~ 8954

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 2408 Cheney Creek Rd.		District Lickinghole	
	Owner Ken Broadwater Homes, LLC		Phone # 804-375-3044	
	Address 99 Rhodes Lane Cartersville, VA. 23027			
	Proposed Use Single Family	Current Use	Existing Buildings on Property None	
	Proposed Occupant Load (Commercial)	Acreage 3.11 AC.	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Cheney Creek	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street/Address		Zoning District A-2	
	Front Setback 25' 4" (10' 4")	Center Line Setback	Rear Setback 35' 5.50'	C.U. Permit N/A
	Side Setback 20' 55'	Side Setback 20' 62'	COA 1	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 Tind Date: 9/2/16

Applicant/Contact: Ken Broadwater Phone: 434-547-4811**

Email: Ken@KenBroadwaterHomes.com

CONTRACTOR INFORMATION	Contractor Ken Broadwater Homes, LLC	Phone 804-375-3044
	Address 99 Rhodes Lane Cartersville, VA. 23027	
	Contractor License Number 2705100355	Type CLASS A

Description of Work	Scope of Work: Build New Single Family Home w/ attached garage ^{26,000 sq ft} ^{as above}			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2	
	# of Floors 1 Fl w/ basement	Total Sq. Ft. 3,144	Finished Sq. Ft. 1440	# of Bedrooms 3
	Unfinished Sq. Ft. 1704			

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

VALUE OF WORK	
Building	\$ 200,000
Excludes All Trades Permits	

Application Fee	\$ 912.00
Zoning Fee	\$ 50.00 50.00
Septic/Well Fee	\$ 40.80
State Levy Fee	\$ 18.24
RLD	\$ 100.00

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]

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Advantage Title Telephone: 804-419-5975

Mailing Address: 3887 Old Buckingham Road Powhatan, VA, 23139

OWNER'S AFFIDAVIT

I of (address) affirm that I am the owner of a certain tract of 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's Signature

Signed and acknowledged by in the city or county of Virginia on the Day of, 20 in the presence of the undersigned notary. My Commission expires.

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job. \$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee Commercial fee is based on the building value of the job. \$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee RLD \$ 100.00 Septic & well \$ 40.80 For Commercial & Residential Septic only \$ 25.44 for Commercial & Residential Zoning Commercial \$ 100.00 Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE # STORIES CONSTRUCTION TYPE OCCUPANY LOAD CODE EDITION FIRE SPRINKLER FIRE ALARM

APPROVAL DATE

Code Official

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 10.11.16

Application Date: 9-8-16
 Application Accepted: BP-2016-00708
 Old Map Number: 21-9-43
 GPIN: 6759-78-8279

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 2679 Kingsmere Dr. Sandy Hook, VA		District
Owner Linda Vasquez 23153		Phone # 434-962-3893
Address 1734 Rolling Creek Lane ELKTON, VA 22827		
Proposed Use Residential Dwellings	Current Use	Existing Buildings on Property None
Proposed Occupant Load (Commercial)	Acreage 3.18	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision High Grove	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
New Street Address		Zoning District R2	
Front Setback 55' from Row	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
Side Setback 15' / 35'	Side Setback 15' / 35'	COA N/A	Flood Zone N/A
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Survey locate rear setback			

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: 9/8/16

Applicant/Contact: Jeff Harrington Phone: 804-741-6772

Email: Harrington Construction 10@gmail.com

CONTRACTOR INFORMATION	Contractor Harrington Construction Co. Inc.	Phone 804-741-6772
	Address 1814 Ryandale Road	
	Contractor License Number 2705022365	Type A BLD

Description of Work	Scope of Work: Construct a new residential dwelling Attached Garage				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2		
	# of Floors 1	Total Sq. Ft. 2328 2708	Finished Sq. Ft. 1800	Unfinished Sq. Ft. 528 908	# of Bedrooms 3

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

VALUE OF WORK	
Building	200,000
Excludes All Trades Permits	

Application Fee	\$ 912.00
Zoning Fee	\$ 50.00
Septic/Well Fee	\$ 40.00
State Levy Fee	\$ 19.04
RLD	\$ 100.00

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]

Total: \$1121.04

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: J. Patrick Keith Telephone: 804-272-1491

Mailing Address: 2727 McCrae Rd. Richmond VA 23235

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL Louis Beck DATE 10/11/2016
Code Official

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 10.12.16

Application Date: *9-12-16*

Application Accepted: *BP-2016-00716*

Old Map Number: *29-1-73-A*

GPIN: *6749-55-2271*

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>3800 Bell Rd Goochland, VA</i>		District	<i>Lickinghole</i>
Owner	<i>Kristopher Seamster 23063</i>		Phone #	<i>804-840-3193</i>
Address	<i>1741 Anderson Hwy Powhatan VA 23139</i>			
Proposed Use	<i>SFD</i>	Current Use	<i>none</i>	
Proposed Occupant Load (Commercial)		Acreage	<i>18.47</i>	
		Commercial Use	<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 <i>A-1</i>		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
<i>25' from P.O.W</i>	<i>-</i>	<i>35'</i>	<i>N/A</i>
Side Setback	Side Setback	C.O.A	Flood Zone
<i>20'</i>	<i>20'</i>	<i>N/A</i>	<i>N/A</i>
APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <i>* Survey locate front setback</i>	

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: *9/13/16*

Applicant/Contact: *Neil Sleeme* Phone: *804-378-5211x100*

Email:

CONTRACTOR INFORMATION

Contractor	<i>Mitchell Homes INC</i>	Phone	<i>804-378-5211x100</i>
Address	<i>1650 Holly Hill rd Powhatan VA 23139</i>		
Contractor License Number	<i>2705019197 A</i>	Type	<i>BLD</i>
		Expiration	<i>1-31-17</i>

Description of Work

Scope of Work:	<i>construct new stick built SFD w/ attached garage</i>			
SEWER Public/Private	WATER Public/Private	# of Bathrooms		
		<i>2</i>		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
<i>1</i>	<i>1434</i>	<i>1082</i>	<i>352</i>	<i>2</i>

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

VALUE OF WORK

Building	<i>\$98,000</i>
<i>Excludes All Trades Permits</i>	

Application Fee	<i>\$453.00</i>
Zoning Fee	<i>50.00</i>
Septic/Well Fee	<i>40.00</i>
State Levy Fee	<i>\$9.84</i>
RLD Total	<i>\$552.84</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]*

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Action TITLE Telephone: 804-744-4066

Mailing Address: 5104 W. Village Green Dr. Midlothian VA 23112

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

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: 43.15

Application Date: 10-3-16
 Application Accepted: BP-2016-00801
 GPIN: 6767-59-3402
 Issued: 10.25.2016

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 2538 Fairground Rd		District		
	Owner Blue Ridge Custom Homes		Phone #		
	Address 1186 Lickinghole Rd				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage 9.464	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 A-2	
	Front Setback 25' from NW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	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 Ford Date: 10/5/16

Applicant/Contact: Nathan Janocky Phone: 10-3-16
 Email: Nathanbrch@gmail.com

CONTRACTOR INFORMATION	Contractor Blue Ridge Custom Homes		Phone 540-478-3110	
	Address 1186 Lickinghole Rd Goochland Va 23063			
	Contractor License Number 2705086712	Type A	Expiration 7-31-18	

Description of Work	Scope of Work: <u>Demolish existing home build new single family home attached garage</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 1	Total Sq. Ft. 2592	Finished Sq. Ft. 1549	Unfinished Sq. Ft. 1043	# of Bedrooms 3

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

VALUE OF WORK		Application Fee	\$117.62
Building	134,582.50	Zoning Fee	\$50.00
Excludes All Trades Permits		Septic/Well Fee	\$40.00
		State Levy Fee	\$13.15
		-RLD Total	\$220.77

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]

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Tithe Alliance of Richmond Telephone: 804-237-8577

Mailing Address: 6600 West Broad St Richmond Va

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

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: 9/13/16 received 9-20-16
 Application Accepted: 60-2016-00760
 Old Map Number: 60-15-0-C-2
 GPIN: 7704-25-8868

ISSUED 10-31-16

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: 103 Lindbergh Lane		District:	
	Owner: Richard & Sarah Boehling		Phone #:	
	Address:			
	Proposed Use: Single dwell. res.	Current Use:	Existing Buildings on Property: none	
	Proposed Occupant Load (Commercial):	Acreage: 12.5	Commercial Use: <input type="checkbox"/> Yes <input checked="" 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: 55' from ROW	Center Line Setback:	Rear Setback: 35'	C.U. Permit: N/A	Variance: N/A
Side Setback: 20'	Side Setback: 20'	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: 9/22/16

Applicant/Contact: Creative Home Concepts Bryan Smith Phone: 804 8971639
 Email: chcsmith@msn.com

CONTRACTOR INFORMATION	Contractor: <u>Creative Home Concepts</u>		Phone: <u>804 8971639</u>	
	Address: <u>PO Box 715 Midlothian VA 23113</u>			
	Contractor License Number: <u>2705048699</u>	Type: <u>A</u>	Expiration: <u>3/31/17</u>	

Description of Work	Scope of Work: <u>new sfd w/ garage attached to covered porch</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors: <u>2</u>	Total Sq. Ft.: <u>5998</u>	Finished Sq. Ft.: <u>4100</u>	Unfinished Sq. Ft.: <u>1838</u>	# of Bedrooms: <u>4</u>
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Total Fee	Application Fee	\$ 1,471.80
Building	324,400		Zoning Fee	\$ 50.00
Excludes All Trades Permits		1,692.04	Septic/Well Fee	\$ 40.00
			State Levy Fee	\$ 30.24
			R/LD	\$ 100.00

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] Home Manager

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Philip McDaniel Telephone: 804-794-7164

Mailing Address: P.O. Box 353 Midlothian VA 23113

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

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# 58-21-C-1-0

Application Date: 10-19-16

Application Accepted: BP-2016-00843

GPIN: 7716-23-6271

Issued: 10-31-16

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 19 Quail Run Dr. Goochland VA 23103	District DOVEC
Owner RICH STEWART	Phone #
Address SAME	
Proposed Use 16x20 DECK	Current Use DECK
Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage
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 R-3	
Front Setback 40' From ROW	Center Line Setback —	Rear Setback 25'	C.U. Permit N/A
Variance N/A	Side Setback 10/25'	Side Setback 10/25'	Flood Zone
COA 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 10/20/16

Applicant/Contact: CHIP STATION Phone: 804-767-9450

Email: STATION2261@gmail.com

Contractor Malcolm Station Contracting	Phone 804-767-9450
Address 13480 INDEPENDENCE Rd Ashland VA 23005	
Contractor License Number 2705041367	Type A
Expiration 2/29/2018	

Description of Work

Scope of Work:
ADD A FREESTANDING 16' X 20' DECK TO EXISTING DECK

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. 320	Finished Sq. Ft.	Unfinished Sq. Ft. 320	# of Bedrooms

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

VALUE OF WORK

Building	\$4,900
Excludes All Trades Permits	

Application Fee	\$ 34.05
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$.68
RLD Total	\$ 59.73

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.

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 10.28.16

Application Date: 8/5/2016

Application Accepted: BP-2016-00607

Old Map Number: 58-32-3-A

GPIN: 7725-33-0619

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 15075 Capital One Dr. Richmond, VA		District	
	Owner Capital One		Phone # 804-814-4617	
	Address 15075 Capital One Drive, Richmond, VA 23238			
	Proposed Use Assembly	Current Use Assembly	Existing Buildings on Property Multiple Office Buildings and Parking Decks	
Proposed Occupant Load (Commercial) No change to original 3784	Acreeage	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		
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: Kim Gibson Phone 804-233-6921

Email: kgibson@wmjordan.com

CONTRACTOR INFORMATION	Contractor W M Jordan Company, Inc.		Phone 804-233-6921	
	Address P.O. Box 1337, Newport News, VA 23601			
	Contractor License Number 2701 004636A		Type Class A	Expiration 10-31-2016

Description of Work	Scope of Work: Interior demolition and renovation of select areas of Level 1 and 2 - no change in occupancy or use. <Remix>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 2	Total Sq. Ft. 134,717	Finished Sq. Ft. 99774	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	13,454,231.00
Excludes All Trades Permits	

Application Fee	\$127,807.20
Zoning Fee	\$-----
Septic/Well Fee	\$-----
State Levy Fee	\$2556.14
PLD Total	\$130,363.34

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 Kim Gibson

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 10.28.16

Application Date: Oct. 11, 2016

Application Accepted: BP-2016-00824

Old Map Number: 20-18-0-3-0

GPIN: 0840-22-4267

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 3928 Whitehall Rd			District Lickinghole	
	Owner Albert L. & Katherine L. Baber			Phone #	
	Address 3928 Whitehall Rd. Sandy Hook, VA 23153				
	Proposed Use Addition		Current Use	Existing Buildings on Property house	
	Proposed Occupant Load (Commercial)		Acreage	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:
	New Street Address		Zoning District A-1		
	Front Setback 75' from Row	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	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: <u>[Signature]</u> Date: 10/12/16					
Applicant/Contact: Katherine Baber				Phone: 804-397-9480	
Email: ** misshatilee@yahoo.com					
CONTRACTOR INFORMATION	Contractor owner			Phone	
	Address				
	Contractor License Number		Type	Expiration	
Description of Work	Scope of Work: Addition - Master bedroom + great room ^{new} convert existing bedroom into office * house to remain 3BR * w/bath + front porch				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		office
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		1004	884 sqft	120 sqft	

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

VALUE OF WORK

Building	30,000 \$51,920.00
Excludes All Trades Permits	

Application Fee	\$245.00
Zoning Fee	25.00
Septic/Well Fee	\$
State Levy Fee	\$4.91
RLD Total	\$275.55

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: Katherine Baber

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: 10.28.16

Application Date: 7.25.16

Application Accepted: DP-2016-00570

Old Map Number: 64-25-1-150

GPIN: 7724-88-4746

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 820 Sanctuary Trail Drive		District DOVER		
	Owner HARDYWOOD WEST LLC		Phone # 804-426-2420		
	Address 2410 Ownby Lane, Richmond VA 23220				
	Proposed Use Brewery	Current Use NONE	Existing Buildings on Property No		
	Proposed Occupant Load (Commercial) 30 employees 500 patrons	Acreage 25.49	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision West Creek Business Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District M-1		
	Front Setback 55' from ROW	Center Line Setback -	Rear Setback 20'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 35'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: * Setback stamped on ROD copy of site plan.		

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 Boyd Date: 10/27/16

Applicant/Contact: Loughridge & Co., Virginia Wilson	Phone 804.271.1309
Email: V.WILSON@Loughridgeconstruction.com	

CONTRACTOR INFORMATION	Contractor Loughridge & Co	Phone 804.271.1309
	Address 5711 Staples Mill Rd, Ste 100	
	Contractor License Number 2705100856	Type CLASS A

Description of Work	Scope of Work: Construction of a new brewery including taproom, brewhouse, fermentation and packaging warehouse				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 2	Total Sq. Ft. 49,225	Finished Sq. Ft. 41828	Unfinished Sq. Ft. 7,397	# of Bedrooms -

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

VALUE OF WORK		Application Fee \$ 33,805.04
Building	3,550,000 3,559,267.00	Zoning Fee \$ 100.00
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$ 676.10
		REG Total \$ 34,581.14

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: Virginia Wilson

BP-2016-00840

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: 10/19/16
 Application Accepted: ISSUED 10-25-16
 Old Map Number: 57-20-C-7
 GPIN: 7716-10-3488

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 11 DEER RUN RD. MANAKIN SABOT, VA			District DOVER		
	Owner ROBERT & DEBORAH MULLINS 23103			Phone # (804) 784-4153		
	Address 11 DEER RUN RD. MANAKIN SABOT, VA 23103					
	Proposed Use		Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)		Acreage 1.9 ±	Commercial Use <input type="checkbox"/> Yes <input checked="" 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 75' from Row	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A	
	Side Setback 20'	Side Setback 20'	C O A 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: [Signature] Date: 10/19/16

Applicant/Contact: JEFF TOMPKINS Phone: (804) 690-6614
 Email: JATBUILD@GMAIL.COM

CONTRACTOR INFORMATION	Contractor J.A. Tompkins, Inc.		Phone (804) 749-4911	
	Address 15354 WEST FORK RD. GLEN ALLEN VA 23059			
	Contractor License Number 2701029494	Type CLASS A CRC-RBC	Expiration 3-31-17	

Description of Work	Scope of Work: 1ST FLOOR: RENOVATE MASTER BATH ROOM. ADD NEW MASTER BEDROOM WALK-IN CLOSET. 2ND FLOOR: ADD NEW BATHROOM & WALK-IN CLOSET.				
	SEWER Public/Private	WATER Public/Private	2 # of Bathrooms		
	# of Floors 2 FLOORS	Total Sq. Ft. 427	Finished Sq. Ft. 427	Unfinished Sq. Ft. 0	# of Bedrooms 0

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

VALUE OF WORK		Total 418.21	Application Fee \$ 385.50	
Building	# 83,000.00		Zoning Fee	\$ 25.00
Excludes All Trades Permits		Septic/Well Fee	\$ -	
		State Levy Fee	\$ 7.71	
		RLD	\$ -	

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] J.A. Tompkins, Inc.

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: 10-17-16
 Application Accepted: BP-2016-00837
 Old Map Number: 57-39-5
 GPIN: 7706-80-2933

Issued 10-25-16

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>1300 SABOT CREEK COURT</u>		District		
	Owner <u>MIKE & BARBARA MATTHEWS</u>		Phone #		
	Address <u>1300 SABOT CREEK COURT</u>				
	Proposed Use <u>FRESH AIRCC</u>	Current Use <u>UNFINISHED ATTIC</u>	Existing Buildings on Property <u>YES</u>		
	Proposed Occupant Load (Commercial)	Acres <u>2.1 ACRES</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	Variance
	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: THOMAS LANCASTER Phone 804-513-0615

Email: _____

CONTRACTOR INFORMATION	Contractor <u>LANCASTER Custom BUILDER</u>		Phone <u>804-513-0615</u>	
	Address <u>P.O. Box 18372 FARMWOOD, VA 23226</u>			
	Contractor License Number <u>2705155799</u>		Type <u>CLASS A</u>	Expiration

Description of Work	Scope of Work: <u>FRESH OFF ATTIC SPACE</u> <u>FINISHED ATTIC -> Play Room</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>574</u>	Finished Sq. Ft. <u>574</u>	Unfinished Sq. Ft. <u>N/A</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>18,483</u>
Excludes All Trades Permits	

Application Fee	\$ <u>95.18</u>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>1.90</u>
REG Total	\$ <u>97.08</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 Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued 10.20.16

Application Date: 10/6/16
 Application Accepted: BP-2016-00816
 Old Map Number: 58.37.4.15
 GPIN: 7715-77-1496

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: 408 Wellfield rd. Manakin-Sabot VA 23103		District: Sabot		
	Owner: MARTY GRAMBOW		Phone #:		
	Address: 408 WELDFIELD ROAD				
	Proposed Use: ACCESSORY STRUCTURE	Current Use: RESIDENCE	Existing Buildings on Property: HOME		
	Proposed Occupant Load (Commercial):	Acreage:	Commercial Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: KINLOCH	Proffer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address:		Zoning District: RPUD		
	Front Setback: 30' from Perimeter	Center Line Setback:	Rear Setback: 50' B/S	C.U. Permit:	Variance:
	Side Setback: 20' B/S	Side Setback: 20' B/S	C O A:	Flood Zone:	
	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 Tapp Date: 10/11/16

Applicant/Contact: RANDALL WGRAM Phone: 804-400-6903

Email: vandall@westviewcompanies.com

CONTRACTOR INFORMATION	Contractor: WESTVIEW COMPANIES	Phone: 804-784-0095
	Address: PO Box 21, OIUVILLE VA 23129	
	Contractor License Number:	Type:

Description of Work	Scope of Work: ACCESSORY PAVILION STRUCTURE				
	SEWER Public/Private: NA	WATER Public/Private: NA	# of Bathrooms:		
	# of Floors:	Total Sq. Ft.: 490	Finished Sq. Ft.:	Unfinished Sq. Ft.: 490	# of Bedrooms:

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

VALUE OF WORK		Application Fee: \$ 93.00
Building: \$18,000		Zoning Fee: \$ 25.00
Excludes All Trades Permits		Septic/Well Fee: \$
		State Levy Fee: \$ 1.86
		-RLD Total: \$ 119.86

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]

BP-2016-00839

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: 10/19/2016
 Application Accepted:
 Old Map Number: 07-26-17
 GPIN: 7723-55-5147

Issued 10.20.16

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 210 Sweetbriar Dr			District		
	Owner James and Heather Beam			Phone # 804 229-5255		
	Address 210 Sweetbriar Dr					
	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: Brian Holder Phone 804 690-1911
 Email: B.Holder1@verizon.net

CONTRACTOR INFORMATION	Contractor Classic Construction Exteriors, Inc.		Phone 804 794-5690	
	Address 11622 Busy St N. Chesterfield VA 23236			
	Contractor License Number 2705002408		Type Class A BLD CLK HIC	Expiration 4-30-2017

Description of Work	Scope of Work: Replace kitchen cabinets and flooring, remove load bearing wall not moving plumbing or gas - may include relocation of electrical receptacles				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 1	Total Sq. Ft. 300	Finished Sq. Ft. 300	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	30,000
Excludes All Trades Permits	

Total 149.94

Application Fee	\$ 147.00
Zoning Fee	\$ -
Septic/Well Fee	\$ -
State Levy Fee	\$ 2.94
RLD	\$ -

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]

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# 21-1-0-52-A

Application Date: 10-11-16
 Application Accepted: DP-2016-00820
 GPIN: 6850-73-7157
 Issued: 10.19.16

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 3165 Three Chopd Rd		District		
	Owner John & Doris Cooley Gumspring, VA 23065		Phone #		
	Address 3165 Old Three Chopd Rd - Gumspring, VA - 23065				
	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 A-2		
	Front Setback 75' from R/W	Center Line Setback -	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	COA N/A	Flood Zone	
	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: 10/12/16

Applicant/Contact: John Cooley Construction Phone: 556-6401
 Email:

CONTRACTOR INFORMATION	Contractor John Cooley - Owner	Phone 221-8453
	Address 3165 Three Chopd Rd	
	Contractor License Number	Type

Description of Work	Scope of Work: 26' x 12' sunroom				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 312 sqft	Finished Sq. Ft. 312 sqft	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	10,000
Excludes All Trades Permits	

Application Fee	\$ 57.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.14
RD Total	\$ 83.14

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]

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: 10.18.16

Application Date: 10-11-16
 Application Accepted: BP-2016-00817
 Old Map Number: TX # 62-36-A-3-0
 GPIN: 7714-16-0833

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 322 Willway Drive			District		
	Owner Forrest and Ronda Tignor			Phone # (804) 784-5210		
	Address 322 Willway Drive, Manakin-Sabot, VA 23103					
	Proposed Use Enclosed Porch		Current Use Screen Porch	Existing Buildings on Property Yes		
	Proposed Occupant Load (Commercial)		Acreage	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	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: Jeremy Shank / Joseph McKey Phone: 804.400.3545 / 804.252.4484
 Email: jeremy@paragonRVA.com / joseph@paragonRVA.com

CONTRACTOR INFORMATION	Contractor Paragon Construction Company LLC			Phone 804.744.8480	
	Address 12747 Oak Lake Court, Midlothian, VA 23112				
	Contractor License Number 2705079880A		Type Class A	Expiration 4/30/18	

Description of Work	Scope of Work: Enclose the existing screen porch with insulated glass units.				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 176	Finished Sq. Ft. 176	Unfinished Sq. Ft. None	# of Bedrooms
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	6,000 <i>est</i>
Excludes All Trades Permits	

Application Fee	\$ 39.00
Zoning Fee	\$ -----
Septic/Well Fee	\$ -----
State Levy Fee	\$.78
RLD Total	\$ 39.78

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: *Joseph McKey LLC Member* REVIEWED BY: *William R. Bush*

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: 5-15-6

Application Date: 10.12.16
 Application Accepted: BP-2016-00824
 GPIN: 6823-31-8574
 Issued: 10.17.16

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 4137 Hidden Acres Louisa Va.		District		
	Owner John + Kathleen Redavid		Phone #		
	Address Same				
	Proposed Use Carport	Current Use	Existing Buildings on Property house shed		
	Proposed Occupant Load (Commercial)	Acreage	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 A-1		
	Front Setback 55' 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: Daniel J. Ford Date: 10/12/16

Applicant/Contact: John Redavid Phone: 631-375-4218
 Email:

CONTRACTOR INFORMATION	Contractor <u>owner</u>	Phone
	Address	
	Contractor License Number	Type

Description of Work	Scope of Work: <u>28x32 carport</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors <u>1</u>	Total Sq. Ft. <u>896</u>	Finished Sq. Ft. <u>896</u>	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 2900 13,440.00
 Excludes All Trades Permits

Application Fee \$ 12.48
 Zoning Fee 25.00
 Septic/Well Fee \$
 State Levy Fee \$ 1.45
 -RLD Total \$ 98.93

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.
 X John Redavid

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

10.5.16
 Application Accepted: **BP-2016-00812**
 Old Map Number: **64.13.4**
 GPIN: **7733-07-5279**

Issued **10.14.16**

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 <i>8 Low Tucker Rd West</i>		District	
	Owner <i>SAFE, LLC</i>		Phone #	
	Address <i>9030 Stony Point Pkwy Richmond, VA 23235</i>			
	Proposed Use <i>Residential</i>	Current Use <i>Residential</i>	Existing Buildings on Property <i>House + Detached Garage</i>	
	Proposed Occupant Load (Commercial)	Acreage <i>5 AC</i>	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 <i>R-1</i>	
	Front Setback <i>40' from ROW</i>	Center Line Setback	Rear Setback <i>35'</i>	C.U. Permit <i>N/A</i>
	Side Setback <i>15'</i>	Side Setback <i>15'</i>	COA <i>N/A</i>	Variance <i>N/A</i>
	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 *10/7/16*

Applicant/Contact: *Wyatt Holzach* Phone *804 332 1448*

Email: *wyatt.holz@gmail.com*

CONTRACTOR INFORMATION	Contractor <i>owner</i>		Phone	
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: <i>Sun room + covered porch addition, remove 1/2 bath from 1st floor to enlarge laundry, Add 1/2 bathroom into unfinished space garage 50sqft finished.</i>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
	<i>1</i>	<i>456</i>	<i>261</i>	<i>195</i>

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

VALUE OF WORK	
Building	<i>\$20,000</i>
Excludes All Trades Permits	

Application Fee	\$ <i>102.00</i>
Zoning Fee	\$ <i>25.00</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>2.04</i>
RLD Total	\$ <i>129.04</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.

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

Issued 10.14.16

Application Date: 10/06/2016

Application Accepted: *BP-2016-00811*

Old Map Number: *58.46.4*

GPIN: *7716-95-5328*

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 1676 Centerville Park Lane Manakin Sabot, Va		District
Owner Mr. and Mrs. Hal Costley		Phone # 804-708-0169
Address 1676 Centerville Park Lane Manakin Sabot, Va		
Proposed Use <i>DECK</i>	Current Use <i>DECK</i>	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 <i>RPUD</i>	
Front Setback <i>30' from Pavement</i>	Center Line Setback	Rear Setback <i>50' B/S</i>	C.U. Permit <i>N/A</i>
Side Setback <i>30' B/S</i>	Side Setback <i>30' B/S</i>	COA <i>N/A</i>	Flood Zone <i>N/A</i>
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: *10/7/16*

Applicant/Contact: Matt Holicky Phone: 804-285-4239

Email: Matt@addadeck.com

CONTRACTOR INFORMATION

Contractor ADD A DECK, INC.	Phone 804-285-4239
Address 6408 Mallory Drive Henrico, Va 23226	
Contractor License Number 2701033201	Type CBC RBC
Expiration 11/30/2016	

Description of Work

Scope of Work: Renovating the existing deck by removing the existing decking and rails and re-decking the deck with composite material and adding new rails and steps

SEWER Public/Private	WATER Public/Private	# of Bathrooms	
# of Floors	Total Sq. Ft. <i>138</i>	Finished Sq. Ft.	Unfinished Sq. Ft. <i>138</i>
		# of Bedrooms	

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

VALUE OF WORK	
Building	\$7000.00
<i>Excludes All Trades Permits</i>	

Application Fee	<i>43.50</i>
Zoning Fee	<i>25.00</i>
Septic/Well Fee	\$
State Levy Fee	<i>87</i>
Total	<i>69.37</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: *Matt Holicky*

received
10-6-16

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

Application Date: 9/27/16
 Application Accepted: AP-2016-00813
 Old Map Number: 45-1-0-17-0
 GPIN: 6797-09-8816

Issued: 10-14-16

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 1349 BROAD ST. RD.		District		
	Owner 3815 MEADOWBRIDGE LLC		Phone # 804-519-3230		
	Address 11701 BOSWORTH DR. GLEN ALLEN VA 23059				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acresage	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 B-1		
	Front Setback 55'	Center Line Setback —	Rear Setback 30'	C.U. Permit N/A	Variance N/A
	Side Setback 30'	Side Setback 30'	COA 2016-00015	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: Danville Date: 10/7/16

Applicant/Contact: DWAYNE NORVELL Phone: 804-737-2189

Email: DWAYNE@NORVELLSIGNS.COM

CONTRACTOR INFORMATION	Contractor NORVELL SIGNS INC.		Phone 804-737-2189	
	Address 5928 NINE MILE RD. RICHMOND VA 23223			
	Contractor License Number 2705-013119	Type CONT. B	Expiration	

Description of Work: INSTALLING SIGN ON BUILDING FRONT
2'x12' GOOCHLAND MARKET PLACE

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	2300.00
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.

Signature of Applicant Dwayne Norvell

Issued 10.13.10



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office 4:30pm
P.O. Box 103 2748 Dog Town Rd
Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: <u>10.11.10</u>	Application No.: <u>AP-2010-00823</u>	Fee: \$25.00
Zoning Approval: <u>Yes</u>	<u>David Ford</u>	Date: <u>10/13/10</u>

Zoning Application Type: Please appropriate check box

Residential Accessory Structure – 256 sq. feet or less – structures over 256 sq. feet require a building permit

Farm Use Structure – Attached Farm Use Affidavit shall be completed and signed by property owner

Application Requirements

- Applicant shall submit two (2) sets of sealed surveyed site plans showing proposed location of building on property with setbacks clearly marked
- Applicant is responsible for locating the property lines and clearly marking them for inspection purposes and to assure setbacks are not violated

Applicant/Owner Information

Name of Property Owner: Evelyn Albertson / Nadine Bialawa Telephone: 757-404-8508
 Address: 4665 Three Square Rd Cell phone: 757-714-2367
Goochland VA FAX: _____
 E-mail: nbialawa@gmail.com

Name of Applicant: Evelyn Albertson / Nadine Bialawa Telephone: 757-404-8508
 Address: 5331 Old Guard Cres (mailing) Cell phone: 757-714-2367
Va Beach VA 23462 FAX: 757-493-5456
 E-mail: nbialawa@gmail.com

Property Information

Street Address: 4665 Three Square Rd Zoning: A-1
 GPIN Number: 6726-47-7913 Acreage: 4.56 Ac.
 Existing Use: vacant
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 256 sq ft
2. Written Description of Proposed Physical Improvements:
12x20ft shed for ricking lawn mowers and other tools for upkeep of property