

**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: 43-1-5

Application Date: 10-3-16  
 Application Accepted: BP-2010-00798  
 GPIN: 6767-59-3402  
 Issued: 10.7.2010

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				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage 9.4	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: \_\_\_\_\_ Phone \_\_\_\_\_  
 Email: \_\_\_\_\_

CONTRACTOR INFORMATION	Contractor Blue Ridge Custom Homes		Phone 540-478-3110	
	Address 1186 Lickinghole Rd			
	Contractor License Number 2705086712	Type A	Expiration 7-31-18	
Description of Work	Scope of Work: Demo single family dwelling Debris to 623 Landfill			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.

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

VALUE OF WORK

Building	5,000
Excludes All Trades Permits	

Application Fee	\$34.50
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$0.69
<del>PLA</del> Total	\$35.19

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 10-7-2016

Application Date: 05/22/2015

Application Accepted: 2015-00358

Old Map Number: 57-1-61

GPIN: 7710-10-0302

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 1599 MANAKIN ROAD, MANAKIN SAULT, VA 23103		District	
	Owner John Timothy Hughett		Phone # (814) 931-4407	
	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 A2			
	Front Setback 75' OFF ROW	Center Line Setback	Rear Setback 35'	C.U. Permit	Variance			
	Side Setback 5'	Side Setback 5'	C O A		Flood Zone			
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: Need to survey locate front line AB			

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: Douglas J. Ford Date: 5/28/15 AB 10-7-2016

Applicant/Contact: \_\_\_\_\_ Phone: 804-629-2189

Email: \_\_\_\_\_

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

Description of Work	Scope of Work: <u>CARAGE DIMENSIONS - 46' X 36' - PRE-FAB GRAVEL FLOOR</u>				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms
	# of Floors	Total Sq. Ft. <u>11056</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>11056</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>\$53,820.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>254.19</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>5.08</u>
RLD Total	\$ <u>284.27</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 Signature of Applicant: [Signature]

Issued 9.27.16  
**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  
**LOT 35-1 PARKSIDE VILLAGE**

Application Date: 9.21.16  
 Permit Number: BP-2016-00757  
 Old Map Number: 48.17.35  
 GPIN: 7738-10-8842

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 7171 Yare Street		District		
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663		
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Lot Size	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: \$ 5987.00	Date Paid: Due	
	New Street Address		Zoning District RPU D		
	Front Setback 30' Front Pavedment	Center Line Setback	Rear Setback 50' B/S	C.U. Permit N/A	Variance N/A
	Side Setback 20' B/S	Side Setback 20' B/S	Census Track N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: Cash Proffer Due Before 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: <u>Drew Floyd</u> Date: <u>9/23/16</u>					
Applicant/Contact: BERTON JAMES			Phone (804)217-6910		
Email: bjames@eagleofva.com					
CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC		Phone (804)741-4663		
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060				
	Contractor License Number 2705096467A	Type CLASS A	Expiration 3-31-2017		
Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE <span style="float: right;">Unfinished</span>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 2	Total Sq. Ft. <del>3228</del> 3240	Finished Sq. Ft. 2658	Unfinished Sq. Ft. <del>582</del> 2396	# of Bedrooms 3
TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.					

5054.7  
 VALUE OF WORK \$221,175.00

Building	\$221,025.00
Excludes All Trades Permits	

Application Fee	\$ 1011.07
Septic/Well Fee	\$
State Levy Fee	\$ 20.15
Zoning Fee	\$ 50.00
<b>Total</b>	<b>\$ 1081.22</b>

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]

32.45  
Application Date: 10-5-16 9.28.16

# 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 Accepted: 10-5-16  
BP-2016-00804  
Old Map Number: 44-10-16-0  
GPIN: 6 787-00-1146

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		1887 Sheppard Town Rd.		District	
	Owner		Crista Liza Richardson		Phone #	
	Address		1887 Sheppard Town Rd.		804 822 5687	
	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	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	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: Bryan Speed Phone 804 495 4646

Email: bspeed@jesnow.com

CONTRACTOR INFORMATION	Contractor	JES Construction	Phone	804 495 4646
	Address	2440 Southland Dr. Chester, VA 23831		
	Contractor License Number	2705068655	Type	A
			Expiration	11.30.18

Description of Work	Scope of Work: 94' of waterguard and (1) triple safe pump				
	<del>SEWER</del> Public/Private	<del>WATER</del> 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	12164.75
Excludes All Trades Permits	

Application Fee	\$ 66.75
Zoning Fee	\$ .....
Septic/Well Fee	\$ .....
State Levy Fee	\$ 1.33
RLD	\$ 68.08

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: B. Speed

68.08

RECEIVED 10-5-16

11/14

**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: 10-5-16 9.28.16  
 Application Accepted: 2D-2016-00803  
 Old Map Number: 63-32-OE-0  
 GPIN: 7723-08-0602

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: 360 Flag Station Rd		District		
	Owner: Crawford & Debbie Smith		Phone #: 804 928 4725		
	Address: 360 Flag Station Rd.				
	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: Bryan Speed Phone: 804 495 4646  
 Email: bspeed@jesncw.com

CONTRACTOR INFORMATION	Contractor: JES Construction		Phone: 804 495 4646	
	Address: 2410 Southland Dr. Chester, VA 23831			
	Contractor License Number: 2705068655	Type: A	Expiration: 4-30-18	

Description of Work	Scope of Work: 27' of waterguard and (1) super sump pump				
	<input checked="" type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> 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	4403.52
Excludes All Trades Permits	

Application Fee	\$ 31.81
Zoning Fee	\$ .....
Septic/Well Fee	\$ .....
State Levy Fee	\$ .64
RLD Total	\$ 32.45

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.

R. A. ...

**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 10.4.2016

Application Date: 9/6/2016  
 Application Accepted: BP-2016-00709  
 Old Map Number: 59-3-2-90-B  
 GPIN: 7726-75-9224

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 1630 Wilkes Ridge Pkwy, Richmond, VA 23233		District	
	Owner Richmond Plastic Surgeons		Phone # (804)477-8255	
	Address 14401 Sommerville Court, Midlothian, VA 23113			
	Proposed Use Doctors Office	Current Use Doctors office	Existing Buildings on Property	
	Proposed Occupant Load (Commercial) 61	Acreage	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
	Side Setback	Side Setback	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: Anita Barnes Date: 9-9-2016

Applicant/Contact: Samantha Matzke Phone (804)421-9326

Email: smatzke@dallanconstruction.com

CONTRACTOR INFORMATION	Contractor Dallan Construction, Inc		Phone (804)421-9326	
	Address 4900 Fitzhugh Ave, Richmond, VA 23230			
	Contractor License Number 2705046705	Type BLD, Type A	Expiration 9/30/2016	

Description of Work	Scope of Work: Tenant upfit for Richmond Plastic Surgeon's practice <span style="float: right;">medical</span>				
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms 4		
	# of Floors 1	Total Sq. Ft. 6045	Finished Sq. Ft. 6045	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	\$219,015
Excludes All Trades Permits	

Application Fee	\$2072.65
Zoning Fee	\$100.00
Septic/Well Fee	\$
State Levy Fee	\$41.45
<del>RLD</del> Total	\$2214.10

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.

Signature of Applicant: Samantha Matzke

**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# 63-4-0-6-0

Application Date: 9-26-16  
 Application Accepted: BP-2016-00773  
 GPIN: 7714-96-6728  
 Issued: 10-5-16

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 651 Monahan Dr Richmond, Va 23238		District
Owner CATEIA ARMSTRONG		Phone # 839-3822
Address 651 Monahan Dr Richmond, Va 23238		
Proposed Use Screen Patch/Delly	Current Use	Existing Buildings on Property
Proposed Occupant Load (Commercial)	Acreage 1.003	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-2	
Front Setback 55' From Row	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
Side Setback 30'	Side Setback 20'	COA N/A	Variance 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: 10/3/16

Applicant/Contact: Walsh Builders Inc By ROBIN WALSH	Phone 804 641-1591
Email: Walshbuilders@verizon.net	

Contractor Walsh Builders Inc	Phone
Address 967 Glass Landing Rd Center-Cross Va 22437	
Contractor License Number 2701-034172 A	Type Buildy
Expiration 4-30-2017	

Description of Work: Screen Patch 16'x24'				
SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. 384	Finished Sq. Ft.	Unfinished Sq. Ft. 384	# of Bedrooms

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

VALUE OF WORK	
Building	\$12,000
Excludes All Trades Permits	

Largest portion of fee was already paid on BP-2016-740

Application Fee	\$ 10.92
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.32
RLD	\$ 37.24

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. R. Williams

**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

ISSUED: 10-5-16

Application Date: 9-26-16  
 Application Accepted: BP 2016-00740  
 GPIN: 7714-96-6728  
 Issued: TM# W3-4-0-6-0

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 651 Mosalan Dr Richmond, VA 23238		District		
	Owner Captain Armstrong		Phone # 839-3822		
	Address 651 Mosalan Dr Richmond, VA 23238				
	Proposed Use Garage	Current Use —	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage 1.033	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-2		
	Front Setback 5' 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: * Survey locate side set-back to south.		

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 Flynn Date: 9/28/16

Applicant/Contact: Wash Builders Inc By Ronnie Walsh Phone: 804 641-1591

Email: Washbuilders@verizon.net

CONTRACTOR INFORMATION	Contractor Wash Builders Inc		Phone	
	Address 967 Glass Landing Rd Center Cross VA 22437			
	Contractor License Number 2701 03472 A	Type Bully	Expiration 7-30-17	

Description of Work	Scope of Work: Garage - detached 24' x 24'				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 576	Finished Sq. Ft. —	Unfinished Sq. Ft. 576	# of Bedrooms —

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

VALUE OF WORK	
Building	30000
Excludes All Trades Permits	

Application Fee	\$ 201.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 4.02
RLD	\$ 230.02

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

T.M. 30.1.4

Application Date: 9-26-16

Application Accepted: BP-2016-00784

GPIN: 6759-36-1874

Issued: 10.5.16

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 2838 Sandy Hook Road		District
Owner Rayland Memorial Baptist Church		Phone # 804 556-4500
Address 2838 Sandy Hook Road		
Proposed Use Church	Current Use Church	Existing Buildings on Property Church & House
Proposed Occupant Load (Commercial)	Acreage 5 1/2	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
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 \_\_\_\_\_ (Removal Existing)

Applicant/Contact: Phillip Allen Phone 804-556-4155

CONTRACTOR INFORMATION	Contractor LARRY J. Eggleston-Trustee	Phone 804-357-2872
	Address	
	Contractor License Number	Type
		Expiration

Description of Work	Scope of Work: Removal of walls & Build sound platform interior				
	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	\$14000.00
Excludes All Trades Permits	

Application Fee	\$25.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$2.50
<del>RLD</del> Total	\$127.50

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.

*Larry J. Eggleston*

**BUILDING PERMIT APPLICATION**  
 Goochland County Building Inspection Department  
 P O Box 119  
 Goochland VA 23063  
 (804) 556-5815 Fax (804) 556-5851 TDD 711 Va Relay

Issued 10.4.16

Application Date: 9.30.16  
 Application Accepted: BP-2016-00791  
 Old Map Number: 63.1.180  
 GPIN: 7724.03.2359

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 12904 PATTERSON AVENUE		District	
	Owner JUSTIN BENNETT		Phone # 804-306-4352	
	Address 12904 PATTERSON AVENUE, GOOCHLAND VA 23063			
	Proposed Use	Current Use RESIDENTIAL	Existing Buildings on Property # SINGLE FAMILY DWELLING	
	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 200' From P.O.S.	Center Line Setback	Rear Setback 25'	C.U. Permit N/A Variance N/A
	Side Setback 10/25'	Side Setback 10/25'	C.O.A. N/A	Flood Zone N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

This application requires five 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 Pugh Date 10/3/16

Applicant/Contact: BEN OTTLEY Phone 804-310-6985

Email: bottley@edaengr.com

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

Description of Work	Scope of Work: <u>INSTALL NEW HANDICAP RAMP AT FRONT OF HOUSE TO CONNECT TO EXISTING DECK</u>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. <u>464</u>	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>164</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>\$2,000.00</u> <b>\$4510.00</b>
Excludes All Trades Permits	

Application Fee	\$ <u>32.29</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>.65</u>
<b>RLD Total</b>	\$ <u>57.94</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]

18-8-0-4-0

**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: 10.3.16  
 Application Accepted: BP-2016-00794  
 GPIN: 6820-10-9563  
 Issued: 10.4.2016

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 3096 DAVIS Mill Road		District		
	Owner CALVIN + Eloise Owens		Phone # 749-3998		
	Address 3096 DAVIS Mill Rd				
	Proposed Use	Current Use	Existing Buildings on Property house / garage		
	Proposed Occupant Load (Commercial)	Acreage 2.91	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-1	
	Front Setback 100' CL ROW	Center Line Setback	Rear Setback 5	C.U. Permit N/A	Variance N/A
	Side Setback 5	Side Setback 5	C O 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: 10/3/16

Applicant/Contact: Owner Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

CONTRACTOR INFORMATION	Contractor owner		Phone	
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: CARPORT 18' X 24'				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors -	Total Sq. Ft. 378	Finished Sq. Ft. -	Unfinished Sq. Ft. 378	# of Bedrooms -
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	\$1,100
Excludes All Trades Permits	

Application Fee	\$ 37.03
Zoning Fee	\$ 25.00
Septic/Well Fee	\$ -
State Levy Fee	\$ -
RLD	\$ -
	\$ 62.03

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 Calvin Owens

WZ

\$ 77.83

**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: 9-28-76  
 Application Accepted: BP-2016-00780  
 Old Map Number: 111# 45-18-0-4-0  
 GPIN: 6797-46-4530

Issued: 10.3.16

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>1820 Fox Downs Lane</u>			District		
	Owner <u>John Dunn</u>			Phone # <u>804 708 9495</u>		
	Address <u>1820 Fox Downs Lane</u>					
	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: Bryan Speed Phone 804 495 4646  
 Email: bospeed@jesnow.com

Contractor: JES Construction Phone 804 495 4646  
 Address: 2410 Southland Dr. Chester, VA 23831  
 Contractor License Number: 2705068655 Type: A Expiration: 4-30-18

Description of Work: Crawl space encapsulation system

<input checked="" type="radio"/> SEWER Public/Private	<input checked="" type="radio"/> 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>14,290.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>76.30</u>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>1.53</u>
<b>RLD Total</b>	<b>\$ <u>77.83</u></b>

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: B. Speed

received  
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

Application Date: 9-27-16  
 Application Accepted: BP-2016-00774  
 GPIN: 6776-23-1245  
 Issued: 10.3.16

TM# 54-2-0-14-0

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 1470 Timber Ridge		District			
	Owner Cathy Philo		Phone # 804 564 4772			
	Address 1470 Timber Ridge					
	Proposed Use	Current Use	Existing Buildings on Property Home			
	Proposed Occupant Load (Commercial)	Acreage 7.011	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-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 30'	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: 9/28/16

Applicant/Contact: Michael S. Johnson Phone: 804 484-4901  
 Email: cliff@clharrison.com

CONTRACTOR INFORMATION	Contractor C.L. Harrison, Inc		Phone 434 981-6764	
	Address P. O. Box 5837			
	Contractor License Number 2705-143866		Type CLASS A	Expiration 12/31/2017

Description of Work	Scope of Work: Patio off Rear Concrete Pad 30' x 14'				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 4		
	# of Floors 1	Total Sq. Ft. 420	Finished Sq. Ft. <del>4000</del> 420	Unfinished Sq. Ft. 420	# of Bedrooms 4

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

VALUE OF WORK

Building	13,642.00
Excludes All Trades Permits	

Application Fee	\$ 73.39
Zoning Fee	\$ 2500
Septic/Well Fee	\$
State Levy Fee	\$ 1.47
RLD Total	\$ 99.86

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]*  
 Michael S. Johnson



# 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

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	06-02-16
Permit #	2016-00214
Old Map #	47-28-12
G-Pin	7717-60-0024

## LOCATION

Street Address	2020 Sycamore , Manakin-Sabot, Va 23103	District	
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## PROPERTY OWNERSHIP

Name	Blue Ridge Custom Homes	Phone	
Mailing Address	1186 Lickinghole Road, Va. 23063		

## APPLICANT

Name	E&J Electrical, Inc.	Phone	804-641-7586
E-Mail Address	mrsedej@aol.com		

## CONTRACTOR

Name	E&J Electrical, Inc.	Phone	804-641-7586				
Mailing Address	2880 Olde Beech Hollow Road, Charles City, Va. 23030		License Type	Class			
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705062410	Expiration	05/17	Elec./Bldg. Contr.	A

## DESCRIPTION OF WORK

wire new single family dwelling, with unfinished basement and attached garage, 20KW generator			
2	400	Dominion Virginia Power	10081307
# 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

Approval

Date

10.28.16

Value of work:

\$11,000.00

Permit fee:

\$71.91

Issue date:

10.28.16



# 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	10-18-16
Permit #	2016-870
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 3216 Lowery Rd Columbia, VA. 23038	District
------------------------------------------------------	----------

### PROPERTY OWNERSHIP

Name Tania Hill	Phone 865-250-2506
--------------------	-----------------------

Mailing Address 3216 Lowery Rd Columbia, VA. 23038
-------------------------------------------------------

### APPLICANT

Name Tammy Clontz	Phone 540-854-9100
----------------------	-----------------------

E-Mail Address Tammy@inspiredelectrical.com
------------------------------------------------

### CONTRACTOR

Name Inspired Electrical Solutions, Inc	Phone 540-854-9100
--------------------------------------------	-----------------------

Mailing Address 31330A Constitution Hwy Locust Grove, VA. 22508	E-mail address:
--------------------------------------------------------------------	-----------------

Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705095970	Expiration 6-30-2017	License Type: ELE	Class: A
-------------------------------------------------------------------------------	------------------------------------	-------------------------	----------------------	-------------

### DESCRIPTION OF WORK

Installing a 20KW generator with a 200 amp transfer switch			
# of Baths	Service Size 200	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.

\_\_\_\_\_(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 <u>Tammy Clontz</u>	Value of Work: <u>\$ 2,000</u>
Approval <u>Fisher</u>	Permit fee: <u>\$ 30.60</u>
Date <u>10-28-16</u>	Issue date: <u>10-28-16</u>



# 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

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	10.25.16
Permit #	2016-00858
Old Map #	
G-Pin	

## LOCATION

Street Address 4014 Cedar Plains Rd, Sandy Hook, VA 23153	District
--------------------------------------------------------------	----------

## PROPERTY OWNERSHIP

Name Ethel Clarke	Phone 804-457-4114
Mailing Address 4014 Cedar Plains Rd, Sandy Hook, VA 23153	

## APPLICANT

Name Doug Longest	Phone 804-730-8525
E-Mail Address douglongest@comcast.net	

## CONTRACTOR

Name Electrical Services Unlimited	Phone 804-730-8525
Mailing Address 12103 Hanover Courthouse Rd, Hanover, VA 23069	License Type ELE
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	Class A
State License Number 2705103851A	Expiration 2.28.2018

## DESCRIPTION OF WORK

Install transfer switch and wire to new stand-by 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.

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: 1800.00  
 Approval [Signature] Permit fee: 30.00  
 Date 10.25.16 Issue date: 10.25.16



# 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: 10.25.16

Permit #: 110-853

Old Map #

G-Pin

## LOCATION

Street Address: 4707 Whitehall Rd., Fife, VA 23063

District

## PROPERTY OWNERSHIP

Name: Adam Hebler

Phone: 804-986-6494

Mailing Address: 4707 Whitehall Rd, Fife, VA 23063

## APPLICANT

Name: Doug Longest

Phone: 804-730-8525

E-Mail Address: douglongest@comcast.net

## CONTRACTOR

Name: Electrical Services Unlimited

Phone: 804-730-8525

Mailing Address: 12103 Hanover Courthouse Rd., Hanover, VA 23069

License Type: ELE

Class: A

Gas Certification: YES  NO

State License Number: 2705103851A

Expiration: 2.28.2018

## DESCRIPTION OF WORK

Install transfer switch and wire to new stand-by 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. \_\_\_\_\_ (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: [Signature] Value of work: 1750.00

Permit fee: 30.00

Approval: Fisher Date: 10.25.16 Issue date: 10.25.16



# 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	10.10.16
Permit #	16-821
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	149 ART ROAD	District	
----------------	--------------	----------	--

### PROPERTY OWNERSHIP

Name	GARLAND HOWELL	Phone	804-784-5458
Mailing Address	149 ART ROAD MANAKIN SABOT, 23103		

### 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 11KW PROPANE GAS GENERATOR, SURGE PROTECTOR			
50A 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 \_\_\_\_\_

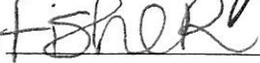
I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

\_\_\_\_\_(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 

Approval  Date 10.12.16

Value of Work: 8450.00

Permit fee: 62.73

Issue date: 10.12.16



# 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	10.6.16
Permit #	16-676
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 437 SHADOW CREEK LAKE	District
-----------------------------------------	----------

### PROPERTY OWNERSHIP

Name DREW AUBREY	Phone
Mailing Address 437 SHADOW CREEK LAKE, MANASSAS - SARAT, VA, 22103	

### APPLICANT

Name OLD DOMINION INNOVATIONS, INC	Phone 804 368-0589
E-Mail Address CORY @ ODIGREEN.NET	

### CONTRACTOR

Name OLD DOMINION INNOVATIONS, INC	Phone 804 368-0589			
Mailing Address 9124 G ALEE COMMERCE BLVD	E-mail address: CORY @ ODIGREEN.NET			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705 135962	Expiration 7-31-2018	License Type: AES, BLD, ELE	Class: A

### DESCRIPTION OF WORK

INSTALLATION OF A 20KW GENERATOR - SEPARATE TRANSFER SWITCH			
# of Baths	Service Size 150A	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.

(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

*[Handwritten Signature]*  
*[Handwritten Signature]*

Date

10.6.16

Value of Work:

~~11,500~~ 11,500

Permit fee:

76.50

Issue date:

10.6.16



# 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	10.4.16
Permit #	16-800
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 2750 CHOCKETTS DRIVE	District
----------------------------------------	----------

### PROPERTY OWNERSHIP

Name Roger D. Rickman	Phone 804-955-8714
Mailing Address 2750 CHOCKETTS DRIVE SANDY HOOK VA. 23153	

### APPLICANT

Name Roger D. Rickman/owner	Phone 804-955-8714
E-Mail Address rrickman2750@comcast.net	

### CONTRACTOR

Name	Phone			
Mailing Address		E-mail address:		
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type:	Class:

### DESCRIPTION OF WORK

INSTALL GENERAL BACKUP GENERATOR ^ 20 KW			
# of Baths 2 1/2	Service Size 200AMP	Power Company VIRGINIA Power	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, Roger D. Rickman of (address) 2750 CHOCKETTS DRIVE SANDY HOOK VIRGINIA affirm that I am the owner of a certain tract or parcel of land located at 2750 CHOCKETTS DRIVE SANDY HOOK VIRGINIA. 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.

Roger D. Rickman (Signature)

Signed and acknowledged by Roger Rickman in the city or county of Goochland, Virginia on the 4 day of October, 2016 in the presence of the undersigned notary.

Adrienne Fisher (Notary)

My commission expires 4.30.17



Value of Work: \$ 1500.00

Signature of Applicant Roger D. Rickman

Permit fee: \$ 30.60

Approval Fisher Date 10.4.16

Issue date: 10.4.16



# 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	10-6-2016
Permit #	16-748
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	1791 Sheppadtown Rd. Crozier, VA 23037	District	
----------------	----------------------------------------	----------	--

### PROPERTY OWNERSHIP

Name	Barry Mason	Phone	804 784-3923
Mailing Address			

### APPLICANT

Name		Phone	
E-Mail Address			

### CONTRACTOR

Name	H+H Heating + A/C INC.	Phone	804 784-4354		
Mailing Address	1550 Whipoorwill Rd. HandHeatCool@aol.com	E-mail address:			
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type:	Class:
		2701020289	12/16	Contractor	A

### DESCRIPTION OF WORK

Wiring whole house generator			
# of Baths	Service Size	Power Company	Inquiry #
2 1/2	200AMP	DOMINION VA. Power	

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: 11,000.00

Permit fee: 71.91

Issue date: 10-14-16

Signature of Applicant: Fisher  
Approval: [Signature]

Date: 10-6-2016



# 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

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	10-3-16
Permit #	16-1748
Map #	

## LOCATION

Street Address	1791 Sheppard Town Rd, Crozier, VA 23039	District	
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## PROPERTY OWNERSHIP

Name	Larry Mason	Phone	804-784-3903
Mailing Address	1791 Sheppard Town Rd. Crozier, VA 23039		

## CONTRACTOR

Company Name	Electrical Specialties, Inc	Phone	804-556-4766
Mailing Address	2604 Maidens Rd. Maidens, Va 23102	License Type	Elect
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	3554
		Expiration	7-31-17
			B

## DESCRIPTION OF WORK

Electrical Connection to			
Standby Stand-by Generator			
# of baths	Service size	Power Company	Inquiry #
	200		

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: Warren Spencer  
Approval: Fisher Date: 10-3-16

Cost of Job: \$1200.00  
Permit Fee: 30.00  
Issue Date: 10-3-16



# 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

received  
9-28-16

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: 9-26-16

Permit #: 2016-00789

Old Map #

G-Pin

## LOCATION

Street Address: 3984 Cedar Plains Rd. Sandy Hook Va.

District

## PROPERTY OWNERSHIP

Name: John T and Kate Anderson

Phone: 540-746-2012

Mailing Address: 2491 Turner Rd. Goochland Va. 23063

## APPLICANT

Name: Bruce Shank - GentHub Inc.

Phone: 540-478-3080

E-Mail Address: BruceS@TPCgenerators.com

## CONTRACTOR

Name: GentHub Inc. DBA The Power Connection

Phone: 540-478-3080

Mailing Address: P.O. Box 116 Dayton Va. 22821

License Type: Elect.

Class: A

Gas Certification: YES  NO

State License Number: 2205158799

Expiration: 1-31-2018

Gas Fitting

## DESCRIPTION OF WORK

Install New 400 Amp 120/240 1Ø electrical service for 2-Cargill Poultry House's. Will include 400A Auto Transfer Switch and 100kw Gen.

# of Baths: / Service Size: 400 Amps Power Company: Va-Dominion Power Inquiry #: 7708837

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: Bruce S Shank

Value of work: Elect. Service \$9600<sup>20</sup>

Permit fee: \$108.12

Approval: [Signature] Date: 10-03-16

Issue date: 10-3-16

# 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	10-27-16
Permit #	11-2016-00819
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 2612 Dogtown Rd Goochland VA 23063	District
------------------------------------------------------	----------

### PROPERTY OWNERSHIP

Name WALTER GREY	Phone 556 3402
Mailing Address 2612 Dogtown Rd. Goochland VA 23063	

### APPLICANT

Name J D MILLS	Phone 334-7399 <del>477-79</del>
E-Mail Address	

### CONTRACTOR

Name POWhatan ELECTRICAL	Phone 804 334 7399			
Mailing Address 2773 Judas Ferry Rd, Powhatan, VA 23139	E-mail address:			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705014008	Expiration 8-31-18	License Type: ELECTRICAL	Class: B

### DESCRIPTION OF WORK

20 KW Kohler 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	<u>J D Mills</u>	Value of Work:	<u>5450.<sup>00</sup></u>
Approval	<u>fisher</u>	Permit fee:	<u>48.96 / .96</u>
Date	<u>10-27-16</u>	Issue date:	<u>10-27-16</u>



# 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	10-19-16
Permit #	ELI-2016-842
GPI#	6759-89-5137
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 3068 Tranbycroft Way	District
----------------------------------------	----------

### PROPERTY OWNERSHIP

Name Jennifer Kessler	Phone 804-467-2926
Mailing Address 3068 Tranbycroft Way	

### APPLICANT

Name Keivona Brogden	Phone 804 340 5227
E-Mail Address Keivona.brogden@michaelandson.com	

### CONTRACTOR

Name Michael and son services	Phone 804 340 5227		
Mailing Address 1407 Cummings dr Richmond, VA	E-mail address: Keivona.brogden@michaelandson.com		
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 270038423	Expiration 12/31/16	License Type: Class: A

### DESCRIPTION OF WORK

electrical line to a 20kw 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 Keivona Brogden

Approval \_\_\_\_\_ Date \_\_\_\_\_

Value of Work: 10,000

Permit fee: \_\_\_\_\_

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	10-11-16
Permit #	2016-00361
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 3605 TABSCOTT Rd. COLUMBIA, VA. 23038	District
---------------------------------------------------------	----------

### PROPERTY OWNERSHIP

Name JAY + KATHERINE REDD	Phone
Mailing Address 3605 TABSCOTT ROAD COLUMBIA, VA. 23038	

### APPLICANT

Name JERRY CANDRILLI	Phone 804-752-1075
E-Mail Address JERRY.C@BB-ELECTRIC.COM	

### CONTRACTOR

Name B+B ELECTRIC (B+B BUILDING SYSTEMS)	Phone 804-752-1075			
Mailing Address 9982 LICKINGHOLE Rd ASHLAND VA 23005	E-mail address:			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 7701038039A	Expiration 12-31-2016	License Type: ELECTRICAL	Class: A

### DESCRIPTION OF WORK

WIRE NEW HOUSE AND INSTALL NEW 22K WATT GENERATOR			
# of Baths 3	Service Size 400A 1PH	Power Company DOMINION	Inquiry # 10082763

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 10-11-16

Value of Work: \$ 29,800.<sup>00</sup>  
Permit fee: 159.12 / 13.12  
Issue date: 10-11-16



# 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	10-6-16
Permit #	ELR-2016-00734
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 800 Rockford Rd. Manikin-Sabot, VA. 23103	District
-------------------------------------------------------------	----------

### PROPERTY OWNERSHIP

Name Justin Lingerfelt	Phone
Mailing Address 800 Rockford Rd. Manikin Sabot, VA. 23103	

### APPLICANT

Name Jon Blackstone	Phone 752-1075
E-Mail Address jblackstone@bb-electric.com	

### CONTRACTOR

Name B+B Electric	Phone 804-752-1075			
Mailing Address 9982 Lickinghole Rd. Ashland, VA. 23005	E-mail address: jblackstone@bb-electric.com			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2701038039	Expiration 12-31-16	License Type: Electrical	Class: A

### DESCRIPTION OF WORK

Generator installation electric for <sup>existing</sup> generator			
# of Baths	Service Size 200VA	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 800 Rockford Rd.  
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: 800.00  
Permit fee: 30.60  
Approval Fisher Date 10-6-16 Issue date: 10-6-16