

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: 10/28/16
 Application Accepted: BP-2016-00867
 Old Map Number: 6735-87-7095
 GPIN: 51-6-83/82620282

Issued 11/14/16

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 <u>3951 Ben Leonard Rd</u>		District <u>Lickinghole Creek</u>		
	Owner <u>Mark K. & Kimberlee G Ames Trustees</u>		Phone # <u>804 754-6440</u>		
	Address <u>5145 Gaskins Rd Henrico VA 23238</u>				
	Proposed Use <u>residence</u>	Current Use <u>residence</u>	Existing Buildings on Property <u>house and barn</u>		
	Proposed Occupant Load (Commercial)	Acreage <u>56</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 checked="" type="checkbox"/> No	Amount: <u>—</u>	Date Paid: <u>—</u>	
	New Street Address		Zoning District <u>IA-1</u>		
	Front Setback <u>75' from R/W</u>	Center Line Setback <u>—</u>	Rear Setback <u>35'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer Daniel Floyd Date 10/31/16

Applicant/Contact: Mark Ames Phone: 804 754-6440
 Email: mark@taxva.com

CONTRACTOR INFORMATION	Contractor <u>none / owner</u>		Phone		
	Address				
	Contractor License Number <u>attached</u>		Type	Expiration <u>enlarge existing</u>	
Description of Work	Scope of Work: <u>new garage, utility room expansion, bedroom expansion, bonus room new, porch finished for storage</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		<u>1940</u>	<u>952</u>	<u>702</u>	<u>0</u>

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

VALUE OF WORK 1654
 Building ~~\$129,000~~ \$120,000
 Excludes All Trades Permits

Application Fee	\$ <u>552.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>11.04</u>
--- Total	\$ <u>588.04</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 Mark Ames

received
10-28-16

Application Date: 10/26/2016

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: BP-2016-00884
Old Map Number: 64-25-1-18-0
GPIN: 7724-69-0123

ISSUED 11-8-16

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 2000 Broad Branch Circle Goochland, VA 23238			District	
	Owner <u>Bristol Broad Branch PARTNERS</u>			Phone # 434-295-0033	
	Address 2496 Old Ivy Rd. Lynchburg, VA 22906				
	Proposed Use Mobile Office	Current Use Woods	Existing Buildings on Property N/A		
Proposed Occupant Load (Commercial) 2	Acresage 22.471	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 <u>M-1</u>		
Front Setback <u>75' from ROW</u>	Center Line Setback -	Rear Setback <u>10'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>	
Side Setback <u>10'</u>	Side Setback <u>10'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					

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

Planning & Zoning Officer: David Boyd Date 11/3/16

Applicant/Contact: Louis Burton Phone 434-906-6846
Email: lburton@falconerconstruction.com

CONTRACTOR INFORMATION	Contractor Falconer Construction Co.		Phone 434-295-0033	
	Address 2496 Old Ivy Road. Charlottesville, VA 22903			
	Contractor License Number 2701003330	Type A	Expiration <u>3-31-2018</u>	

Description of Work	Scope of Work: We will be setting up a temporary mobile construction office for the duration of our project Bristol at West Creek.				
	SEWER Public/Private	WATER Public/Private	0 # of Bathrooms		
	# of Floors N/A	Total Sq. Ft. N/A <u>528</u>	Finished Sq. Ft. 528	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	\$251.45/Month x 12 = <u>3018.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>50.00</u>
Zoning Fee	\$ <u>50.00</u>
Septic/Well Fee	\$ <u>—</u>
State Levy Fee	\$ <u>.60</u>
PLD Total	\$ <u>80.60</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: Louis Burton

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
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TM: 44-1-5

Application Date: 10.21.16
 Application Accepted: BP-2016-00854
 GPIN: 6778-70-7157
 Issued: 11.7.16

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 2020 FAIRGROUNDS RD.		District	
	Owner CHARLES + LISA LUCK		Phone # 804-556-4153	
	Address 2020 FAIRGROUNDS RD.			
	Proposed Use BOAT HOUSE	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District A-2		
Front Setback 100' CL ROW	Center Line Setback	Rear Setback 5	C.U. Permit	Variance
Side Setback 5	Side Setback 3	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: Ante Davis Date: 10/21/2016

Applicant/Contact: PHIL ZERP Phone: 804-356-0419
 Email: ZERP CONSTRUCTION@COMCAST.NET

Contractor: PHIL ZERP CONSTRUCTION COMPANY Phone: 804-356-0419
 Address: 22140 SKINQUARTER RD MOSELEY, VA. 23120
 Contractor License Number: 2705105135 Type: CBC/RBC Expiration: 5/31/18

Description of Work: BOAT HOUSE

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors 1	Total Sq. Ft. 450	Finished Sq. Ft. 0	Unfinished Sq. Ft. 450	# of Bedrooms 0

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

VALUE OF WORK

Building	178,000
Excludes All Trades Permits	

Application Fee	\$ 813
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 16.26
RLD Total	\$ 854.26

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Issued 11-7-16

Application Date: *11-3-16*
70/31/2016 11-2-16
 Application Accepted: *BP-2016-00883*
 Old Map Number: *61-22-8-0*
 GPIN: *7723-55-3005*

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>215 WEST BROOK RUN DR., Richmond</i>		District <i>23238</i>	
	Owner <i>DON & PEGI MILLER</i>		Phone #	
	Address <i>215 WEST BROOK RUN DR.</i>			
	Proposed Use <i>SINGLE FAMILY</i>	Current Use <i>SINGLE FAMILY</i>	Existing Buildings on Property <i>DWELLING (HOUSE) DET. GARAGE</i>	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>JAMES RIVER ESTATES</i>	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit
	Side Setback	Side Setback	C O A	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.			

Planning & Zoning Officer _____ Date _____

Applicant/Contact: *GARY DEVILBISS* Phone *804-405-7676*
 Email: *GKDWOODWORK@YAHOO.COM*

Contractor: *DEVCON, LLC.* Phone *804-405-7676*
 Address: *214 W. BROOK RUN DR., Richmond VA. 23238*
 Contractor License Number: *2705160113* Type: *CLASS 'A' RBC* Expiration: *5/31/18*

Description of Work: *REMODELING CURRENT MASTER BATHROOM, ENLARGING CERTAIN INTERIOR DOORWAYS MAKING HANDICAP ACCESSIBLE, RELOCATING UTILITY ROOM.*

SEWER Public/Private	WATER Public/Private	<i>2</i> # of Bathrooms	
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
		# of Bedrooms	

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VALUE OF WORK

Building	<i>12,500.00</i>
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <i>68.24</i>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <i>1.37</i>
TOTAL	\$ <i>69.61</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]*

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

Issued 11.7.16

Application Date: 10/28/16
 Application Accepted: BP-2016-00868
 Old Map Number: 21-9-31
 GPIN: 6759-79-2426

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 2771 Broadland Way, Sandy Hook VA ²³¹⁵³		District		
	Owner Jericho Cherry		Phone # 804-556-0619		
	Address 2771 Broadland Way, Sandy Hook VA 23153				
	Proposed Use In Ground Swimming Pool	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreage 6.71	Commercial Use <input type="checkbox"/> Yes <input 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 RR		
	Front Setback 55' from Road	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: Dwight Floyd Date: 10/31/16

Applicant/Contact: 804-556-0619 Phone: _____
 Email: JerichoCherry@yahoo.com

CONTRACTOR INFORMATION	Contractor SELF - OWNER	Phone
	Address	
	Contractor License Number	Type

Description of Work	Scope of Work: Install 16' x 32' In Ground Swimming Pool with w/ fence barrier				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms
	# of Floors	Total Sq. Ft. 512	Finished Sq. Ft. 577	Unfinished Sq. Ft. 512	# of Bedrooms
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	\$13,199
Excludes All Trades Permits	

Application Fee	\$ 75.36
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.51
REG Total	\$ 101.87

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: Jericho Cherry

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

ISSUED 11.7.16

Application Date: 10.14.16
 Application Accepted: BP-2016-00830
 Old Map Number: 55-12-0-A-2
 GPIN: 6785-63-0908

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 878 Briemaster way Crozier, VA		District	
	Owner Samuel M. Turner		Phone # 804. 539. 4295	
	Address 104 E. Brook Run Dr, Richmond, VA 23238			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District A-2		
Front Setback 55' From Road	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: *David Floyd* Date: 10/14/16

Applicant/Contact: Samuel M. Turner Phone: 804. 539. 4295
 Email: sturner12358@gmail.com

CONTRACTOR INFORMATION	Contractor owner		Phone	
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: 76' x 16' Single-wide = 1216 ft ² 2010 Schult; VIN# ROC 723738NC			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2	
	# of Floors 1	Total Sq. Ft. 1216	Finished Sq. Ft. 1216	# of Bedrooms 3

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

VALUE OF WORK	
Building	\$26,000
Excludes All Trades Permits	

Application Fee	\$128.20
Zoning Fee	50.00
Septic/Well Fee	40.00
State Levy Fee	3.38
PLD Total	222.38

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.

Samuel M. Turner

received
10-28-16

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 Date: 10-28-16
Application Accepted: DP-2016-00875
Old Map Number: 21-1-0-41-0
GPIN: 6850-40-4748

Issued: 11-7-16

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 3021 SANDY HOOK RD. SANDY HOOK VA 23153		District		
	Owner BRAND AND TERESA MARRIN		Phone # 804 432 3876		
	Address 816 THREE CHOPT RD. MANAKIN VA 23103				
	Proposed Use Primary Residence	Current Use VACANT	Existing Buildings on Property 3 (HOUSE, GARAGE, POLE-BARN)		
Proposed Occupant Load (Commercial)	Acreage 3.19	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: BRAND MARRIN / OWNER CONTRACTING Phone 804-432-3876
Email: BRAND.E.MARRIN@DAM.COM

CONTRACTOR INFORMATION	Contractor SELF - OWNER	Phone 804-432-3876
	Address 816 Three Chopt Rd Manakin Sabot, VA 23103	
	Contractor License Number	Type Expiration

Description of Work	Scope of Work: All interior renovation, Remove closets, walls & starts to add new pantry for kitchen remodel, Remove Bathroom Closet and moving entry way to bedroom #3 filling that in place and moving the entry way				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 1 Plus Basement	Total Sq. Ft.	Finished Sq. Ft. 1296	Unfinished Sq. Ft. 700	# 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 \$ 65.10
Building	\$6,000 11,800.00	Zoning Fee \$
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$ 1.30
		Total \$ 66.40

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 Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5661 TDD 711 Va Relay

Issued 11.7.16

Application Date: 10-28-16
 Application Accepted: BP-2016-00878
 Old Map Number: 67-3-F-5
 GPIN: 7723-53-1584

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: 308 Sweetbriar Dr		District		
	Owner: Mr & Mrs. Riopelle		Phone #: 804-314-2421		
	Address: 308 Sweetbriar Dr				
	Proposed Use: Residential	Current Use: Residential	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: James River Estates	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District: R1		
	Front Setback: 40' From ROW	Center Line Setback: -	Rear Setback: 5'	C.U. Permit: N/A	Varlando: N/A
	Side Setback: 5'	Side Setback: 5'	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: David [Signature] Date: 11/2/16

Applicant/Contact: Jack Bereman Phone: 804-229-3964

Email: jack@thedeck-tech.com

CONTRACTOR INFORMATION	Contractor: JTB Contracting Inc DBA The Deck Tech	Phone: 804-744-1001
	Address: 17801 Hull St Rd Moseley VA 23120	
	Contractor License Number: 270512 7080	Type: A

Description of Work	Scope of Work: 24x28, open pavilion by pool				
	SEWER (Public/Private)	WATER (Public/Private)	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		672	672	672	

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

VALUE OF WORK: \$18,480.00

Building	15,000.00
Excludes All Trades Permits	

Application Fee	\$ 95.16
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.90
REC Total	\$ 122.06

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
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 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

T.M.: 58.32.3.A

Application Date: 10-24-16
 Application Accepted: BP-2016-00859
 GPIN: 7725-33-0619
 Issued: 11.2.16

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 15080 CAPITAL ONE DR, RICHMOND, VA		District	
	Owner CAPITAL ONE SERVICES, LLC		Phone #	
	Address 15000 CAPITAL ONE WAY, RICHMOND, VA 23238			
	Proposed Use PATIO	Current Use	Existing Buildings on Property YES	
	Proposed Occupant Load (Commercial)	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 55'	Center Line Setback off ROW	Rear Setback 10	C.U. Permit	Variance			
	Side Setback 10	Side Setback 10	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: *[Signature]* Date: 11-2-16

Applicant/Contact: ROSS ROBINSON Phone: 804-205-7996
 Email: RROBINSON@HOURIGANCONSTRUCTION.COM

CONTRACTOR INFORMATION	Contractor HOURIGAN CONSTRUCTION CORP.		Phone 804-282-5300	
	Address 411 E. FRANKLIN ST., STE 400, RICHMOND, VA 23219			
	Contractor License Number 2701010019		Type A	Expiration 5-31-18

Description of Work	Scope of Work: INSTALLING PATIO 65'x18'				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors -	Total Sq. Ft. 1170	Finished Sq. Ft. -	Unfinished Sq. Ft. 1170	# of Bedrooms

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

VALUE OF WORK	
Building	164,720
Excludes All Trades Permits	

Application Fee	\$ 11606.84
Zoning Fee	\$ 50.00
Septic/Well Fee	\$
State Levy Fee	\$ 31.14
RED Total	\$ 11637.98

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.

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

Issued 11.3.16

Application Date: 10.20.16
 Permit Number: BP-2016-00850
 Old Map Number: 4-7-3
 GPIN: 6813-18-6272

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 4535 SHANNON FOREST LANE			District		
	Owner JOSEPH & ELIZABETH MATTHEWS			Phone # 804-370-8311		
	Address 4535 SHANNON FOREST LANE					
	Proposed Use SUNROOM		Current Use	Existing Buildings on Property 4		
	Proposed Occupant Load (Commercial)		Lot Size 20.70 AC	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 <u>A-1</u>			
	Front Setback <u>55' from Road</u>	Center Line Setback	Rear Setback <u>35'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>	
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Census Track	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 10/21/16

Applicant/Contact: ROBERT SKELLY Phone 804-439-1893
 Email: rskelly@championwindow.com

CONTRACTOR INFORMATION	Contractor CHAMPION WINDOW OF RICHMOND		Phone 804-798-3030	
	Address 10510 NORTHLAKE PARK DR., ASHLAND, VA 23005			
	Contractor License Number 2705132917		Type A	Expiration 1-31-2018

Description of Work	Scope of Work: BUILD 10 X 12 SUNROOM w/ 4 X 10 DECK				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms 0
	# of Floors 1	Total Sq. Ft. <u>160 120</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>160 120</u>	# of Bedrooms 0

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

VALUE OF WORK	
Building	17,136
Excludes All Trades Permits	

Application Fee	\$ <u>89.09</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>1.78</u>
Zoning Fee	\$ <u>25.00</u>
Total	\$ <u>115.87</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]

received
9-7-16

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: 9-8-16
 Application Accepted: BP-2016-00712
 GPIN: 6749-84-9597
 Issued: 11-3-16

TM# 29-10-0-M-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 <u>3515 MEALY ROAD Goochland, VA</u>		District <u>Lickinghole</u>		
	Owner <u>PETER Pickering 23063</u>		Phone # <u>804-241-6080</u>		
	Address <u>501 Stuckton St. Apt. 189 Richmond, VA 23224</u>				
	Proposed Use <u>Detached GARAGE</u>	Current Use <u>VACANT</u>	Existing Buildings on Property <u>Shed</u>		
	Proposed Occupant Load (Commercial)	Acreage <u>9.03</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 <u>A-1</u>	
	Front Setback <u>55' from ROW</u>	Center Line Setback <u>-</u>	Rear Setback <u>5'</u>	C.U. Permit	Variance
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	COA	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 Floyd Date 9/9/16

Applicant/Contact: Doug Thompson / Ken Odell Phone 804-357-1920
 Email:

CONTRACTOR INFORMATION	Contractor <u>Thompson Builders LLC</u>		Phone <u>804-357-1920</u>	
	Address <u>1390 B Broad St. Road Oliveville VA 23103</u>			
	Contractor License Number <u>2705038854</u>	Type <u>A</u>	Expiration <u>5-31-17</u>	

Description of Work	Scope of Work: <u>Detached Garage 24'x24'</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>576</u>	Finished Sq. Ft. <u>576</u>	Unfinished Sq. Ft. <u>576</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>20,000</u>
Excludes All Trades Permits	

Application Fee \$ 102.00
 Zoning Fee \$ 50.00
 Septic/Well Fee \$ _____
 State Levy Fee \$ _____
 RLD Total \$ 129.04

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

~~BP-0016-00655~~
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 11.4.16

Application Date: *8/22/16*

Application Accepted:

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 <i>1630 WILKES RIDGE PARKWAY</i>		District	
	Owner <i>LINGERFELD COMMONWEALTH PARTNERS</i>		Phone #	
	Address <i>4198 COX ROAD, SUITE 201, GLEN ALLEN VA 23060</i>			
	Proposed Use <i>AMBULATORY EYE CENTER</i>	Current Use <i>NO PREVIOUS TENANT</i>	Existing Buildings on Property <i>TENANT WORK IN EXISTING "SHELL"</i>	
	Proposed Occupant Load (Commercial) <i>212 1st Floor</i>	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 <i>M-1</i>	
	Front Setback <i>75' from Row</i>	Center Line Setback	Rear Setback <i>10'</i>	C.U. Permit <i>N/A</i>
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	COA <i>Yes</i>	Variance <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: *[Signature]* Date: *8/24/16*

Applicant/Contact: *GEORGE HOLT* Phone: *804.288.8118 x307*
 Email: *gholt@rgigc.com*

CONTRACTOR INFORMATION	Contractor <i>RGI GENERAL CONTRACTORS INC</i>		Phone <i>804.288.8118 x300</i>	
	Address <i>3805 GASKINS ROAD, HENRIED, VA 23233</i>			
	Contractor License Number <i>2705 040395</i>	Type <i>A</i>	Expiration <i>JULY 2018</i>	

Description of Work	Scope of Work: <i>FIRST GENERATION TENANT BUILD OUT FOR MEDICAL OFFICES, OPERATING ROOMS, NURSE STATION, PREP ROOMS AND HYPER MEDICAL SUPPORT AREAS. ALL NEW WALLS (INTERIOR), CEILING, PLUMBING, ELECTRICAL, HVAC, AND FINISHES.</i>				
	SEWER <i>Public/Private</i>	WATER <i>Public/Private</i>	# of Bathrooms <i>3</i>		
	# of Floors <i>ONE (1)</i>	Total Sq. Ft. <i>5900</i>	Finished Sq. Ft. <i>5,900</i>	Unfinished Sq. Ft. <i>0</i>	# of Bedrooms <i>NA</i>
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Total <i>\$4,419.94</i>	Application Fee	\$ <i>4235.24</i>
Building	<i>\$446,657.</i>		Zoning Fee	\$ <i>100.00</i>
Excludes All Trades Permits			Septic/Well Fee	\$ <i>N/A</i>
			State Levy Fee	\$ <i>84.70</i>
			RLD	\$ <i>N/A</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]*



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	11-10-16
Permit #	16-905
Old Map #	
G-Pin	

LOCATION

Street Address	429 Shadow Creek Ln	District	
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PROPERTY OWNERSHIP

Name	Charles M. Weldon	Phone	804.708.9262
Mailing Address	429 Shadow Creek Ln; Manakin-Sabot VA 23103		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

Furnish and install 22kW 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 _____

Value of work: \$8,700.00

Permit fee: \$62.73

Signature of Applicant T Bartlett

Approval Fisher Date 11-10-16

Issue date: 11-15-16



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	NOV 14 2016
Permit #	211-2016-0690C
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.

ISSUED 11/14/16

LOCATION

Street Address	1813 HAWK TOWN RD	District	
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PROPERTY OWNERSHIP

Name	TG CAMP & BEN DAVIS	Phone	804 814 4159
Mailing Address	1813 HAWK TOWN RD		

APPLICANT

Name	ECHO ENTERPRISES LLC	Phone	434 390 7878
E-Mail Address	CLIFF.WHITE62@gmail.com		

CONTRACTOR

Name	ECHO ENTERPRISES LLC	Phone	434 390 7878						
Mailing Address	1 ANDERSON HWY POWHATAN VA 23139	E-mail address:	CLIFF.WHITE62@gmail.com						
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705142200	Expiration	8-31-2017	License Type:	HVA PLB ELE CBX R3CA	Class:	

DESCRIPTION OF WORK

INSTALL ^{22kw} STANDBY GENERATOR & ELECTRICAL CONNECTIONS TO EXISTING AUTO. TRANSFER SWITCH. GAS BY OTHERS			
# of Baths	Service Size	Power Company	Inquiry #
	244 Amp.	DOMINION	

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: *Cliff White* CLIFF WHITE
 Approval: *J. Fisher* Date: 11/14/16
 Value of Work: \$6,500.00
 Permit fee: 53.55
 Issue date: 11/14/16



RESIDENTIAL TRADES PERMIT APPLICATION

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

Date	11-9-16
Permit #	16-9116
Old Map #	
G-Pln	

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 2401 SANDY HOOK RD. GOOCHLAND, VA. 23063	District
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PROPERTY OWNERSHIP

Name FRANCES WINGFIELD	Phone 804-556-3486
Mailing Address 2401 SANDY HOOK RD. GOOCHLAND, VA. 23063	

APPLICANT

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

CONTRACTOR

Name H.O. FEJUS ELECTRIC CO. INC.	Phone 804-365-0263
Mailing Address PO BOX 6321 ASHLAND, VA. 23005	License Type ELE
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Class B
State License Number 2705123991	Expiration 8-31-18

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR WITH (2) 150 AMP SWITCHES			
# 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 Clark B. A. [Signature] Value of work: \$11,400.00
 Approval Fisher Date 11.17.16 Permit fee: \$76.50
 Issue date: 11.17.16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	11-9-16
Permit #	16-915
Old Map #	
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	12239 RIVER ROAD RICHMOND 23238	District	
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PROPERTY OWNERSHIP

Name	COLIN & MARYANN GILES	Phone	269-365-1764
Mailing Address	12239 RIVER ROAD RICHMOND, VA. 23238		

APPLICANT

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

CONTRACTOR

Name	H.O. FIELD ELECTRIC Co, Inc.	Phone	804-365-0263
Mailing Address	PO BOX 6321 ASHLAND, VA 23005	License Type	ELE
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123991
		Expiration	8-31-18
		Class	B

DESCRIPTION OF WORK

INSTALL 22kw GENERATOR WITH 2-200AMP SWITCHES.			
# of Baths	Service Size	Power Company	Inquiry #
	400		

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

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

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

Signature of Applicant		Value of work:	\$12,500.00
Approval	Fisher	Permit fee:	\$81.09
Date	11.16.16	Issue date:	11.17.16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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	11-7-16
Permit #	110-438
Old Map #	
G-Pin	

LOCATION

Street Address 4606 PAYNE ROAD COLUMBIA, VA. 23038	District
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PROPERTY OWNERSHIP

Name STARKE CONSTRUCTION	Phone 804-519-6270
Mailing Address	

APPLICANT

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

CONTRACTOR

Name H.O. FEILD ELECTRIC CO INC	Phone 804-365-0263
Mailing Address PO Box 6321 ASHLAND, VA. 23005	License Type ELE
Class B	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705123991
Expiration 8-31-18	

DESCRIPTION OF WORK

INSTALL 22kw GENERATOR TO EXISTING 200A SWITCH			
# of Baths	Service Size 200	Power Company	Inquiry #

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

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

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

Signature of Applicant	Value of work: \$ 7000.00
Approval <u>Fisher</u>	Permit fee: 53.55
Date 11-7-16	Issue date: 11-16-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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	11-10-16
Permit #	E11-2016-919
Old Map #	
G-Pin	

LOCATION

Street Address	1831 RABBIT WARREN RD MANAKEN-SABOT 23103	District	
----------------	---	----------	--

PROPERTY OWNERSHIP

Name	DENNIS ADAMS	Phone	804-708-9431
Mailing Address	1831 RABBIT WARREN RD. MANAKEN-SABOT 23103		

APPLICANT

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

CONTRACTOR

Name	H.O. FIELD ELECTRIC CO. INC.	Phone	804-365-0263
Mailing Address	P.O. BOX 6321 ASHLAND, VA. 23005	License Type	ELE
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123991
		Expiration	8-31-18
		Class	B

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR WITH 2-200 AMP SWITCHES			
# 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: 11-18-16

Value of work: ~~\$11,000.00~~ \$10,000.00

Permit fee: ~~\$119.32~~ \$67.32

Issue date: 11-18-16



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

ELI-2016-00924

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: 11-15-16

Permit #

Old Map #

G-Pin: 0168-62-0326

LOCATION

Street Address: 2470 Log Cabin Road, Maidens VA 23102

District

PROPERTY OWNERSHIP

Name: Steven E. Carole Fahed Jr. Phone: 804-556-6813

Mailing Address: 2470 Log Cabin Road Maidens, VA, 23102

APPLICANT

Name: Steve Fahed Phone: 434-760-0096 (C)

E-Mail Address: SFahed56@gmail.com

CONTRACTOR

Name: Owner

Mailing Address

License Type

Class

Gas Certification: YES NO

State License Number

Expiration

DESCRIPTION OF WORK

Installation of a 22KW Stand by Generator w/ New 200 AMP Service rated Transfer Switch

of Baths

Service Size

Power Company: DVP

Inquiry #: 10093001

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, Steven A. Fahed Jr of (address) 2470 Log Cabin Rd affirm that I am the owner of a certain tract or parcel of land located at 2470 Log Cabin Road Maidens VA, 23102

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.

Steve Fahed Jr (Owner)

Signed and acknowledged by Steven Fahed, Jr in the city or county of Goochland, Virginia on the 22 day of November, 2016 in the presence of the undersigned notary.

[Signature] (Notary) My commission expires 9/30/17

Signature of Applicant Steve A. Fahed Jr Value of work: \$ 5,000.00

Permit fee: 44.73

Approval Amy Foster Date 11/22/16 Issue date: 11/22/16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	11-22-16
Permit #	110-931
Old Map #	
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address 1415 SARGENT RD. CROZIER Z 3039	District
---	----------

PROPERTY OWNERSHIP

Name MARNIE WARNER	Phone 804-763-9334
Mailing Address 1415 SARGENT RD CROZIER Z3039	

APPLICANT

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

CONTRACTOR

Name H.O. FEILD ELECTRIC CO INC	Phone 804-365-0263
Mailing Address P.O. BOX 6321 ASHLAND, VA. 23005	License Type ELE
Class B	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705123991
	Expiration 8/31/18

DESCRIPTION OF WORK

INSTALL 22 KW GENERATOR AND 2-200A SWITCHES			
# of Baths	Service Size 400	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 Fisher Date 11-22-16

Value of work: \$10,500
Permit fee: \$71.91
Issue date: 11-29-16



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	11.29.16
Permit #	16-929
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	614 Fairstead Rd, Manakin-Sabot, VA 23103	District	
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PROPERTY OWNERSHIP

Name	William Butler	Phone	804-784-2623
Mailing Address	614 Fairstead Rd, Manakin-Sabot, VA 23103		

APPLICANT

Name	M.W. Butler Electrical, LLC	Phone	804-746-2240
E-Mail Address	april@mwbutlerelectrical.com		

CONTRACTOR

Name	M.W. Butler Electrical, LLC	Phone	804-746-2240
Mailing Address	8420 Meadowbridge Rd, Mechanicsville, VA 23116	E-mail address:	april@mwbutlerelectrical.com
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705110673 A
		Expiration	01/31/2018
		License Type:	Electric Class: A

DESCRIPTION OF WORK

Wire and install 22kw generator with 200A ATS			
# of Baths	Service Size	Power Company	Inquiry #
	200	Dominion	N/A

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant _____

Value of Work: 2,150.⁰⁰

Permit fee: 35.19

Approval FISHER Date 11.29.16

Issue date: 11.29.16



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	11-9-16
Permit #	EL-2016-00540
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	515 Broad street Rd	District	
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PROPERTY OWNERSHIP

Name	Charles Higgs	Phone	
Mailing Address			

APPLICANT

Name	Ker Stanley	Phone	
E-Mail Address	lightemupelectrician@gmail.com		

CONTRACTOR

Name	Lightem up Electrical LLC	Phone	804-305-0183
Mailing Address	PO Box 526 Quinlan VA 23141	E-mail address:	lightemupelectrician@gmail.com
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705116031
		Expiration	6-30-2017
		License Type:	E/E
		Class:	A

DESCRIPTION OF WORK

Wiring new house with 10kw generator			
# of Baths	Service Size	Power Company	Inquiry #
2 1/2	400	VA Power	10065016

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: 6,000

Signature of Applicant Ker Stanley Permit fee: 48.96

Approval Fisher Date 11-29-16 Issue date: 11-29-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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	11-22-16
Permit #	110-932
Old Map #	
G-Pin	

LOCATION

Street Address	799 SABOT HILL RD. MANAKIN SABOT 2303	District	
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PROPERTY OWNERSHIP

Name	DAVID WILLIAMS	Phone	804-334-4269
Mailing Address	799 SABOT HILL RD. MANAKIN SABOT 23103		

APPLICANT

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

CONTRACTOR

Name	H.O. FEILD ELECTRIC Co INC		Phone	804-365-0263	
Mailing Address	PO BOX 6321 ASHLAND, VA. 23005		License Type	ECE	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123991	Expiration	8/31/18
				Class	B

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 2-200A SWITCHES			
# of Baths	Service Size	Power Company	Inquiry #
	400		

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: FISHOR Date: 11-22-16

Value of work: \$12,000.00
Permit fee: \$76.50
Issue date: 11-29-16



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	11.28.16
Permit #	16-892
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	2809 Timbertrail Dr.	District	
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PROPERTY OWNERSHIP

Name	Robert Glenn	Phone	(804) 397-8092
Mailing Address	2809 Timbertrail Dr.		

APPLICANT

Name	Jesse C Boykin	Phone	(804) 397-8092
E-Mail Address	boykinsjesse71@gmail.com		

CONTRACTOR

Name	RVA Electric llc.	Phone	(804) 397-8092
Mailing Address	2436 Sleda Rd. 23139	E-mail address:	boykinsjesse71@gmail.com
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705153023
		Expiration	2-28-2018
		License Type:	Class:

DESCRIPTION OF WORK

Installing 20kw standby generator with (2) 200A ATS switches (SERV. DISCONNECTS)			
# of Baths	Service Size	Power Company	Inquiry #
2 1/2	400 A	Dominion Power	10091840

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, Jesse Boykin of (address) 2809 Timbertrail Dr. affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

(Signature)

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

(Notary) My commission expires _____

Signature of Applicant: [Signature] Value of Work: \$1200.00
 Approval: [Signature] Permit fee: 30.00
 Date: 11.28.16 Issue date: 11.28.16



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 11-3-16

Permit # 11-2016-00881

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 132 Longfield Rd. Manakin Sabot 23103 District

PROPERTY OWNERSHIP

Name Anthony Davis Phone 804.784.3736

Mailing Address same

APPLICANT

Name MW BUTLER ELECTRICAL, LLC. Phone 804-746-2240

E-Mail Address APRIL@MWBUTLERELECTRICAL.COM

CONTRACTOR

Name MW BUTLER ELECTRICAL, LLC. Phone 804-746-2240

Mailing Address 8420 MEADOWBRIDGE RD ~ SUITE G MECHANICSVILLE, VA 23116 E-mail address: APRIL@MWBUTLERELECTRICAL.COM

Gas Certification YES NO State License Number 2705110673 A Expiration 01/31/2018 License Type ELECTRIC Class A

DESCRIPTION OF WORK

Wire 22kw generator w/ 200A ATS

# of Baths	Service Size	Power Company	Inquiry #

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant [Signature]

Value of Work: 2,450.⁰⁰

Permit fee: 35.19 / .69

Approval [Signature] Date 11-3-16

Issue date: 11-3-16



TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

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

Date	10/12/14
Permit #	gas-2014-00887
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	District
3035 TRANBYCROFT WAY	

PROPERTY OWNERSHIP

Name	Phone
THOMAS REID	(804) 556-2114
Mailing Address	
3035 TRANBYCROFT WAY SANDY HOOK VA 23153	

CONTRACTOR

Company Name	Phone	
WOODFIN PLUMBING	(804) 730-5000	
Mailing Address	License Type	Class
1823 N. HAMILTON STREET RICHMOND VA 23230	PLBG.	
Gas Certification	State License Number	Expiration
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2701037820 A	11/31/2016
		Class
		A

DESCRIPTION OF WORK

RUN ^{outside} GAS LINE FROM EXISTING PROPANE TANK TO THE ~~REST~~

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 _____ AND THAT I HAVE APPLIED FOR A BUILDING PERMIT. I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA.

_____ (OWNER)

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

Signature of Applicant: [Signature] Date: 10/12/14

Approval: [Signature] Date: 11-8-16

Cost of Job: * 2000.00

Permit Fee: * 30.00

Issue Date: 11-8-16



15054
RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

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

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

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

Date	11-14-16
Permit #	211-2016-00902
Map #	

LOCATION

Street Address	1494 Camberley Dr	District	
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PROPERTY OWNERSHIP

Name	Michael Heflin	Phone	339-8095
Mailing Address	1494 Camberley Dr		

CONTRACTOR

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

DESCRIPTION OF WORK

Install 20 kw generator to existing ATS			
# of baths	Service size	Power Company	Inquiry #

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

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

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

Signature of Applicant _____
Approval _____ Date 11-14-16

Cost of Job 6,000
Permit Fee 48.96 / 1.96
Issue Date 11-14-16