

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: 12-2-16

Application Accepted: BP-2016-00960

GPIN: 6831-43-7100

Issued: 12.9.16

TM# 12-1-0-71-E

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: 4035 Cedar Plains Rd, Sandy Hook District: 23153

Owner: Joseph Athey Phone #: 804 457-3444

Address: 4035 Cedar Plains Rd

Proposed Use: _____ Current Use: _____ Existing Buildings on Property: _____

Proposed Occupant Load (Commercial): _____ Acreage: _____ Commercial Use: Yes No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: _____ Proffer: Yes No Amount: _____ Date Paid: _____

New Street Address: _____ Zoning District: A-1

Front Setback: 75' From ROW Center Line Setback: _____ Rear Setback: 35' C.U. Permit: N/A Variance: N/A

Side Setback: 20' Side Setback: 20' C O A: N/A Flood Zone: N/A

APPROVED REJECTED 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: 12/7/16

Applicant/Contact: Joseph Athey Phone: (804) 457-3444
 Email: _____

CONTRACTOR INFORMATION
 Contractor: OWNER Phone: _____
 Address: 4035 Cedar Plains Rd, Sandy Hook 23153
 Contractor License Number: _____ Type: _____ Expiration: _____

Description of Work: construct 14' x 16 addition to front of house for sitting room

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	<u>224</u>	<u>224</u>		

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

Building Value of Work: 12,320.00
5,000
 Excludes All Trades Permits

Application Fee \$ 67.44
 Zoning Fee \$ 25.00
 Septic/Well Fee \$ _____
 State Levy Fee \$ 1.35
 RLD Total \$ 93.79

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

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

ISSUED 12.9.16

Application Date: 12-2-16
 Application Accepted: BP 2016-00964
 Old Map Number: 62-20-B-11-0
 GPIN: 7714-16-8319

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>412 Hickory Drive</u>		District <u>DOVER</u>		
	Owner <u>STEVE RADCLIFFE</u>		Phone # <u>804-436-3441</u>		
	Address <u>412 Hickory Drive, MANAKIN-SABOT, VA 23103</u>				
	Proposed Use <u>GARAGE</u>	Current Use <u>DWELLING</u>	Existing Buildings on Property <u>HOUSE, SHED</u>		
	Proposed Occupant Load (Commercial)	Acreage <u>0.57</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Manakin Village</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>N/A</u>	Date Paid: <u>N/A</u>	
	New Street Address		Zoning District <u>R-1</u>		
	Front Setback <u>40' From Road</u>	Center Line Setback <u>-</u>	Rear Setback <u>5'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	COA <u>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: [Signature] Date: 12/7/16

Applicant/Contact: THOMAS LORD Phone: 423-504-0675
 Email: THOMAS.LORD18@GMAIL.COM

CONTRACTOR INFORMATION	Contractor <u>DEBURN CONSTRUCTION, INC.</u>	Phone <u>804-909-4779</u>
	Address <u>17627 Bryn Mawr Rd., Henrico, VA 23229</u>	
	Contractor License Number <u>2705043107</u>	Type <u>CBC / RBC</u>

Description of Work	Scope of Work: <u>24' x 34' DETACHED GARAGE w UNFINISHED STORAGE</u>				
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms <u>0</u>		
	# of Floors <u>1</u>	Total Sq. Ft. <u>816</u>	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>816</u>	# of Bedrooms <u>0</u>

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

VALUE OF WORK	
Building	<u>\$32,000.00</u>
Excludes All Trades Permits	

Application Fee	<u>\$156.00</u>
Zoning Fee	<u>\$25.00</u>
Septic/Well Fee	<u>\$</u>
State Levy Fee	<u>\$3.12</u>
RLD Total	<u>\$184.12</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]

Issued 12.9.16



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 12.8.16

Application No.: AP-2016-00976

Fee: \$25.00

Zoning Approval: **Yes** David Smith

No: _____

Date: 12/9/16

Zoning Application Type: *Please appropriate check box*

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Marie L. Norship

Telephone: 804-556-3209

Address: 2384 ROCKCASTLE Rd

Cell phone: 804 240-6595

Goochland, Va 23063

FAX: _____

E-mail: PO Box 106, Goochland Va 23063

Name of Applicant: _____

Telephone: _____

Address: _____

Cell phone: _____

E-mail: _____

FAX: _____

Property Information

Street Address: 23063 ROCK CASTLE Rd

Zoning: A1

GPIN Number: 6748-32-4557

Acreage: 19.35

Existing Use: _____

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 384 sq ft

2. Written Description of Proposed Physical Improvements

Run-in sled to put round bales under for horses and store farm equipment.

Issued 12.9.16



ZONING COMPLIANCE APPLICATION
COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103
Goochland, VA 22063

Phone: (804) 556-5860 Web: www.co.goochland.va.us FAX: (804) 556-5654

Office Use Only

Application File Date: 10-2-16 Application No.: AP-2016-00975 Fee: \$25.00
Zoning Approval: Yes No: AP-2016-00975 Date: _____

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

Coppers Lane Parttime
Name of Property Owner: L.A. Duke Jr
Address: ~~3257~~ 2326 Commerce Center Dr.
Rockville, VA 23146
E-mail: lad8944@gmail.com

Telephone: _____
Cell phone: 804-640-7949
FAX: 804-798-7722

Name of Applicant: Andy Duke
Address: 3357 Mann Grove Cir
Glen Allen, VA 23059
E-mail: lad8944@gmail.com

Telephone: _____
Cell phone: 804-640-7949
FAX: _____

Property Information

Rockville, VA 23146
Street Address: 2326 Commerce Center Dr.
GPIN Number: 727-42-7314
Existing Use: parking storage

Zoning: M-2
Acreage: 4

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 32 sq. ft.
2. Written Description of Proposed Physical Improvements:
shed to house CCTV camera equipment

The following farm buildings and structures are not exempt from code:

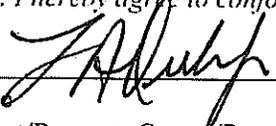
- Farm buildings and structures lying within a flood plain or in a mudslide prone area shall be subject to flood proofing regulations or mudslide regulations, as applicable.
- A building or a portion of a building, located on a farm, that is operated as a restaurant as defined in §35.1-1 of the Code of Virginia and licensed as such by the Board of Health under Chapter 2 (§ 35.1-11 et seq.) of Title 35.1 of the Code of Virginia.

APPLICANT/OWNER AGREEMENT & SIGNATURES

Applicant/Owner must read and sign

- Applicant shall submit two (2) sets of sealed surveyed site plans showing proposed location of building on property with setbacks clearly indicated.
- Applicant is responsible for locating, and clearly marking, the property lines to assure that setbacks are not violated.
- Applicant shall complete the attached Farm Use Affidavit if applying for a Farm Use Structure.
- The undersigned Owner authorizes entry onto the property by Goochland County employees during normal discharge of their duties in regard to this request.

In representing the above referenced firm submitting this application for review, I hereby state that the information provided in this application, and all accompanying information, is accurate, true and correct to the best of my knowledge, and that the attached site plan is an accurate depiction of the location of the proposed building. I hereby agree to conform to all terms of permit which may be issued on account of this application.



 Signature
 (Applicant/Property Owner/Representative)

 Date

L.A. Duke Jr.

 Printed Signature

RECEIVED
12-5-16

BUILDING PERMIT APPLICATION

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

TM# 20-26-0-11-0

Application Date: 12-6-2016

Application Accepted: BP-2016-00965

GPIN: 6840-52-1953

Issued: 12-8-16

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 3855 SAGE RD. Sandy Hook VA 23153		District Lickinghole
Owner DANNY R. GIBSON		Phone # 804-556-0669
Address 3855 SAGE RD. SANDYHOOK VA 23153		
Proposed Use HOME	Current Use HOME	Existing Buildings on Property YES
Proposed Occupant Load (Commercial) NA	Acreage 3.453	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision Willoughby's Bend	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$2160 N/A	Date Paid: N/A
New Street Address		Zoning District A-1	
Front Setback 55' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
Side Setback 20'	Side Setback 20'	COA N/A	Variance 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: 12/7/16

Applicant/Contact: Danny R. Gibson Phone: 804-556-0669

Email: WDGGIBSON@VAHWS.COM

Contractor <u>Danny R. Gibson - OWNER</u>	Phone <u>804-556-0669</u>
Address <u>3855 SAGE RD</u>	
Contractor License Number <u>Home owner NA</u>	Type <u>NA</u>
Expiration <u>NA</u>	

Description of Work: Deck 20' x 40' deck on back of home

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. <u>800sqft</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>800sqft</u>	# of Bedrooms

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

VALUE OF WORK \$8,000.00

Building	<u>1</u>
<u>2160.00</u>	
Excludes All Trades Permits	

Application Fee	\$ <u>40.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>.96</u>
RLD Total	\$ <u>73.96</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.

D. D. G. L.

76.98

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: 4/23/16 **received** 12-5-16
 Application Accepted: BP-2016-00967
 Old Map Number: 2-1-0-2-C
 GPIN: 6851-30-6939

Issued: 12-8-16

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: 3451 Three Chopt Road		District	
	Owner: James W. Greenlee Devers		Phone #: 301 343 4214	
	Address: 3451 Three Chopt Road			
	Proposed Use: Dwelling	Current Use: Dwelling	Existing Buildings on Property:	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision	Proffer	Amount:	Date Paid:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C,U. Permit	
Side Setback	Side Setback	C O A	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Applicant/Contact: JES Construction / Justin Storey Phone: 804 495 4646
 Email: JStorey@JESNOW.COM

Contractor: JES Construction Phone: 804 495 4646
 Address: 2410 Southland Dr.
 Contractor License Number: 276 506 8655 Type: A Expiration: 4/30/2018

Description of Work: water piping w/ sump

SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms
# of Floors	Total Sq. Ft.	# of Bedrooms
	1140	

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

VALUE OF WORK
 Building: 13927.00
 Excludes All Trades Permits

Application Fee	\$ 74.61
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ 1.49
RED Total	\$ 76.10

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]

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: 32-1-27

Application Accepted: BP-2011-00918
 GPIN: 6078-67-9831
 Issued: 12.8.11

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 TO BE COMPLETED BY ZONING DEPARTMENT	Site Address 2030 Broad St. Rd, Maidens VA 23102		District	
	Owner Thomas W. Nicholas		Phone # 804-556-3141	
	Address 162 Crewsville Rd Bumpass, VA 23024		Existing Buildings on Property Main Bldg + 2 Storage Buildings	
	Proposed Use Food Service	Current Use Vacant	Commercial Use	
	Proposed Occupant Load (Commercial)	Acreage 1.98 Acres	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit
	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: Maverick Griffin Phone 804-221-6187
 Email: _____ Phone _____

CONTRACTOR INFORMATION	Contractor <u>Owner</u>		Address		Type		Expiration	
	Contractor License Number		Scope of Work: <u>Replacing floor. vacant store</u> <u>Handy cap Ramp for Piedmont Smokehouse</u>				# of Bathrooms <u>1</u>	
Description of Work	SEWER Public/Private	WATER Public/Private	Finished Sq. Ft.		Unfinished Sq. Ft.		# of Bedrooms <u>0</u>	
	# of Floors	Total Sq. Ft.						

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

VALUE OF WORK	
Building	<u>25,000.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>229.50</u>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>4.59</u>
TOTAL	\$ <u>234.09</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 Thomas W. Nicholas

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: 12.2.16
 Application Accepted: BP-2016-00955
 GPIN: 46-34-01-0 / 7717-05-6292
 Issued: 12.6.16

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 458 MASSIE'S BEND LANE MANAKIN-SABOT, VA		District	
	Owner RUDY & CATHY DeSanti		Phone # 631-872-6375	
	Address 458 MASSIE'S BEND LANE MANAKIN-SABOT, VA			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage 3	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision MASSIE'S BEND		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	New Street Address		Amount: N/A	
	Zoning District R-1		Date Paid: N/A	
	Front Setback 40' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit
	Side Setback 15'	Side Setback 15'	C O A	Flood Zone
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date: 12/2/16

Applicant/Contact: TRAVIS JOHNSON Phone: 804-564-9097
 Email: LEGACYHOMES69@AOL.COM

CONTRACTOR INFORMATION	Contractor LEGACY HOMES LLC	Phone 804-564-9097
	Address 207 ECHO MEADOWS RD. ROCKVILLE, VA 23146	
	Contractor License Number	Type

Description of Work	Scope of Work: Breakfast nook 9'x16' ADDITION & NEW FULL BATH SECOND FLOOR				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 144	Finished Sq. Ft. 144	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	#25,000.00
Excludes All Trades Permits	

Application Fee	\$124.50
Zoning Fee	\$25.00
Septic/Well Fee	\$
State Levy Fee	\$2.49
RLD	\$151.99
Total	

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

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: DARVIN SATTERWHITE Telephone: 804-556-4012

Mailing Address: 3013 RIVER RD WEST GREENHAW, VA 23063

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54.1-1111 of the Code of Virginia.

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.60 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

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

APPROVAL Louis Bess DATE 12/05/2016

Code Official

Detail Shop

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 12.2.16

Application Date:

received
10-7-16

Application Accepted:

BP-2016-00815

Old Map Number:

59-1-0-18-T

GPIN:

7726-76-6945

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

1620 Three Chopt Road Richmond, VA

District

4

Owner

LJP Properties, LLC

23233

Phone #

(804) 282-9700

Address

PO Box 72075, Richmond, VA 23255-2075

Proposed Use/Detail

Business/Shop (Auto)

Current Use

Existing Buildings on Property

None

Proposed Occupant Load (Commercial)

15

Acreage

3.46

Commercial Use

Yes

No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision

Proffer

Amount:

Date Paid:

Yes No

New Street Address

Zoning District

B-1

Front Setback

20

Center Line Setback

Rear Setback

30' off property line

C.U. Permit

Variance

N/A

Side Setback

10'

Side Setback

10'

COA

N/A

Flood Zone

N/A

APPROVED

REJECTED

COMMENTS:

Rear setback must be 30' off property line

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

11/15/16

Applicant/Contact:

Dewey Gills (Freeman Morgan Architects PC)

Phone

(804) 282-9700

Email:

Owner: LPage@PageAuto.com, Arch: DGills@FreemanMorgan.com

CONTRACTOR INFORMATION

Contractor

T. B. D.

Phone

Address

Contractor License Number

Type

Expiration

Description of Work

Scope of Work:

Construct a 4,323 SF Car Detail Shop for Audi Richmond

SEWER Public/Private

WATER Public/Private

of Bathrooms

1

of Floors

1

Total Sq. Ft.

4,323

Finished Sq. Ft.

4,323

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

\$ 298,287.00

Excludes All Trades Permits

Application Fee

\$2825.73

Zoning Fee

\$100.00

Septic/Well Fee

\$

State Levy Fee

\$56.51

Total

\$2982.24

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.

Signature of Applicant

[Signature]

received
10-4-16

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

Application Date: 9/15/16
Application Accepted: **BP-2016-00778**
Old Map Number: 59.3.2.90.B
GPIN: 7726-75-9224

Issued 12.5.16

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 1630 WILKES RIDGE PARKWAY	District
Owner LINGERFELD COMMERCIAL PARTNERS	Phone #
Address 4198 COX ROAD, SUITE 201, GLEN ALLEN VA 23060	
Proposed Use AMBULATORY EYE CENTER	Current Use NO PREVIOUS TENANT
Proposed Occupant Load (Commercial) 212 1st Floor	Existing Buildings on Property TENANT WORK IN EXISTING "SHELL"
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 M-1	
Front Setback 75' from ROLL	Center Line Setback	Rear Setback 10'	C.U. Permit N/A
Side Setback 10'	Side Setback 10'	COA N/A	Variance N/A
Flood Zone N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: Daniel Floyd Date: 10/4/16

Applicant/Contact: George Holt Phone: 804.288.8118 x307

Email: gholt@rgigc.com

Contractor RGI GENERAL CONTRACTORS INC	Phone 804.288.8118 x 300
Address 3805 GASKINS ROAD, HENRICO, VA 23233	
Contractor License Number 2705 040395	Expiration JULY 2018

Scope of Work: Site work including generator and medical gas enclosure associated with Ambulatory surgery center. (Additional Drawings with set backs are forthcoming)				
SEWER Public/Private	WATER Public/Private	# of Bathrooms 3		
# of Floors ONE (1)	Total Sq. Ft. 5700	Finished Sq. Ft. 5700	Unfinished Sq. Ft. 208	# of Bedrooms NA

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

208 sq ft

VALUE OF WORK

Building	\$91,345.00
Excludes All Trades Permits	

Application Fee	\$ _____
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ _____
RLD	\$ _____

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

Signature of Applicant: [Signature]

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

Issued 12.2.14

Application Date: 11/16/14
 Application Accepted: BP-2010-00911
 Old Map Number: 47-28-7
 GPIN: 7717-60-0472

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 2021 Sycamore Creek Dr.		District	
	Owner Gauri - Sudesh Aggarwal		Phone # 804-332-4322	
	Address 2021 Sycamore Creek Dr.			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District		
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: JOE HENLEY Phone 585-455-2505

Email: HENLEYJ@totalremodelingsystems.com

CONTRACTOR INFORMATION	Contractor Total Remodeling Systems		Phone 540-678-3700	
	Address 313 Valley Ave Winchester VA 22601			
	Contractor License Number 2705127904	Type A	Expiration 4/30/17	

Description of Work	Scope of Work: enclosing existing screen porch into sunroom + add roof over existing porch				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 354	Finished Sq. Ft. 384	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK		Application Fee \$ 174.00
Building	30,000	Zoning Fee \$
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$ 3.48
		REC Total \$ 177.48

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 Joe Henley

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 11.1.16

Application Date: 10-28-16
 Application Accepted: BP-2016-00864
 Old Map Number: 59-3-2-90-B
 GPIN: 1126-75-9224

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 Parkway ^{2nd floor}		District		
	Owner West Creek MOB LLC c/o Jingerfelt Commonwealth Partners		Phone # 804-228-4938		
	Address 4198 Cox Road, Suite 200, Glen Allen, VA 23060				
	Proposed Use Medical	Current Use none/new	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District M-1		
	Front Setback 75' from R/W	Center Line Setback	Rear Setback 10'	C.U. Permit N/A	Variance N/A
	Side Setback 10'	Side Setback 10'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 10/28/16

Applicant/Contact: Bob Levesque Phone: 804-421-9326
 Email: blevessque@dallanconstruction.com

Contractor: Dallan Construction, Inc. Phone: 804-421-9326
 Address: 4900 Fitzhugh Ave, Richmond, VA 23238
 Contractor License Number: A2705046705A Type: Expiration:

Description of Work: Interior work only. New partitions for offices and Exam Rooms, New finishes throughout. Mechanical, Electrical, and Plumbing improvements for Richmond Gastro. ^{Tenant Upfit}

SEWER (Public) Private	WATER (Public) Private	# of Bathrooms	
# of Floors 3	Total Sq. Ft. 2734	Finished Sq. Ft. 2734	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	\$ 183,200.00
Excludes All Trades Permits	

Application Fee	\$ 1732.40
Zoning Fee	\$ 100.00
Septic/Well Fee	\$
State Levy Fee	\$ 34.65
TOTAL	\$ 1867.05

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: Bob Levesque

Dealership

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 12-2-16

Application Date:

received
10-7-16

Application Accepted:

BP-2016-00814

Old Map Number:

59-1-0-18-T

GPIN:

7726-86-1814

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 12592 Broad Street Rd. Richmond, VA		District 4	
	Owner LJP Properties, LLC		Phone # (804) 282-9700	
	Address PO Box 72075, Richmond, VA 23255-2075			
	Proposed Use / Auto Business / Dealership	Current Use	Existing Buildings on Property None	
Proposed Occupant Load (Commercial) 319	Acreage 15.12	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 M-2		
Front Setback 55' from RW	Center Line Setback -	Rear Setback 30'	C.U. Permit	Variance N/A
Side Setback 10'	Side Setback 10'	COA 2015-00009 2016-00012	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 Lloyd Date 10/13/16

Applicant/Contact: Dewey Gills (Freeman Morgan Architects PC) Phone (804) 282-9700

Email: Owner: LPage@PageAuto.com, Arch: DGills@FreemanMorgan.com

CONTRACTOR INFORMATION	Contractor W.D. Loughbridge & Company		Phone 804-353-7373	
	Address 5711 Staples Mill Rd. Suite 100 Richmond, VA 23228			
	Contractor License Number 2705100854	Type "A" RBC/LBC	Expiration 11-30-17	

Description of Work	Scope of Work: Construct a new 41,337 SF Audi Car Dealership ↳ Building Footprint				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 7		
	# of Floors 2	Total Sq. Ft. 49,094	Finished Sq. Ft. 49,122	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	\$ 3,178,108.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ 30,184.03
Zoning Fee	\$ 100.00
Septic/Well Fee	\$
State Levy Fee	\$ 603.68
Total	\$ 30,887.71

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 Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	12-7-16
Permit #	E-11-2016-00971
GPIN	
Tax Map	

LOCATION

Street Address 18 Mystic Road	District
----------------------------------	----------

PROPERTY OWNERSHIP

Name William Kilduff	Phone
Mailing Address 18 Mystic Road, Richmond, VA 23238	

APPLICANT

Name Minson Power	Phone 804-296-0067
E-Mail Address	

CONTRACTOR

Name Minson Power LLC	Phone 804-296-0067			
Mailing Address 222 Cherry Hill Cir E. Aylett, VA 23009	E-mail address: Minsonpower@gmail.com			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705152843	Expiration 2/28/18	License Type: Electrical	Class: C

DESCRIPTION OF WORK

Replace standby generator currently 11kw			
Replacing with 20kw with loadshed - only 200 Amp of 400			
# of Baths	Service Size	Power Company	Inquiry #
	400	Dominion	N/A

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

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

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

_____(Signature)

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

_____(Notary)

My commission expires _____

Value of Work: 73500

Permit fee: 39.78

Signature of Applicant [Signature]

Approval [Signature] Date 12-7-16

Issue date: 12-7-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

received
12-13-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	12-13-16
Permit #	2016-00992
Old Map #	
G-Pin	

LOCATION

Street Address 4963 Double Eagle Drive Louisa, VA 23093	District
--	----------

PROPERTY OWNERSHIP

Name Ronald Collings	Phone
Mailing Address 4963 Double Eagle Drive Louisa, VA 23093	

APPLICANT

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

CONTRACTOR

Name Never Dark Whole House Generators	Phone 434-975-3275
Mailing Address 2293 Seminole Lane Charlottesville, VA 22901	License Type Contractors
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705141802
Expiration 7-31-2017	Class A

DESCRIPTION OF WORK

Wiring 22KW automatic generator with 200 Amp Service disconnect			
Transfer Switch with Load Share Modules			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Signature of Applicant Richard Medeiros Value of work: 1,800

Approval Fisher Date 12-13-16 Permit fee: 30.60

Issue date: 12-13-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	12/12/16
Permit #	2016-00942
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

gas / 2016-00942

Street Address	3523 FOREST GROVE ROAD	District	
----------------	------------------------	----------	--

PROPERTY OWNERSHIP

Name	BETTY WATSON	Phone	8044754897
Mailing Address	3523 FOREST GROVE ROAD SANDY HOOK, VA 23153		

APPLICANT

Name	ROBERT SNYDER	Phone	8047644533
E-mail Address	VPITTMAN@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN	Phone	8047644533
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	11/30/2017
		License Type	A - ELE, GFC, HIC, HVA, PLB

DESCRIPTION OF WORK

INSTALL 22 KW PROPANE GENERATOR, 200AMP ATS AND SURGE PROTECTOR			
# of Baths	Service Size	Power Company	Inquiry #
	200	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 [Signature] Value of Work: 9000.00
Permit fee: 62.73

Approval [Signature] Date 12-14-16 Issue date: 12-14-16



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	12/12/16
Permit #	2016-00943
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

Link to gas-2016-00943

Street Address	3465 CEDAR PLAINS ROAD	District	
----------------	------------------------	----------	--

PROPERTY OWNERSHIP

Name	BOB FERMOYLE	Phone	8046901742
------	--------------	-------	------------

Mailing Address	3465 CEDAR PLAINS ROAD SANDY HOOK, VA 23153
-----------------	---

APPLICANT

Name	ROBERT SNYDER	Phone	8047644533
------	---------------	-------	------------

E-mail Address	VPITTMAN@ASKWOODFIN.COM
----------------	-------------------------

CONTRACTOR

Name	WOODFIN	Phone	8047644533
------	---------	-------	------------

Mailing Address	1823 N HAMILTON STREET, RICHMOND, VA 23230	E-mail address:	VPITTMAN@ASKWOODFIN.COM
-----------------	--	-----------------	-------------------------

Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2701037820	Expiration	11/30/2017	License Type	A - ELE, GFC, HIC, HVA, FLB
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DESCRIPTION OF WORK

INSTALL 22 KW PROPANE GENERATOR, 200AMP ATS AND SURGE PROTECTOR

# of Baths	Service Size	Power Company	Inquiry #
	200	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 *[Signature]*

Value of Work: 9000.00

Permit fee: 62.73

Approval *[Signature]* Date 12-14-16

Issue date: 12-14-16



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

received
12-15-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	12-19-16
Permit #	2016-00981
GPIN	
Tax Map	

LOCATION

Street Address ^{ccs} 110081614 847 Elmslie Ln (lot 7, sec 8 KL)	District Kinloch
--	---------------------

PROPERTY OWNERSHIP

Name Mary Barnett	Phone 708-2117
Mailing Address 847 Elmslie Ln	

APPLICANT

Name Charlie Seward (Elec.)	Phone 804-426-8863
E-Mail Address sewardelec@hotmail.com	

CONTRACTOR

Name Charlie Seward Elec. ^{Retired}	Phone 804-426-8863			
Mailing Address 10304 Waltham Dr. Rich., Va. 23238	E-mail address: sewardelec@hotmail.com			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705037056	Expiration 1-31-2017	License Type: Master Elec.	Class: C

DESCRIPTION OF WORK

To install wiring, transfer switch & related electrical for 22KW generator (Howells supplied)			
# of Baths	Service Size 200amp	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 _____

Value of Work: 3,500.00

Permit fee: 39.78

Signature of Applicant: Charlie C. Seward

Approval: Fisher Date: 12-19-16 Issue date: 12-19-16



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 11/28/16

Permit # 16-884

Old Map #

G-Pin

LOCATION

Street Address 2000 Broad Branch Circle, Richmond, VA 23238

District

PROPERTY OWNERSHIP

Name Fairbank + Johnson (Tyler Alan) Phone 540-604-6218

Mailing Address 8605 Westwood Center Dr. Ste 401, Vienna, VA 22182

APPLICANT

Name _____ Phone _____

E-Mail Address ks10creative@electrical.com

CONTRACTOR

Name Creative Electrical Contractors, Inc. Phone 434 392-3802

Mailing Address PO Box 528, Farmville, VA 23901 License Type _____ Class _____

Gas Certification YES NO State License Number 2705044322A Expiration 5/31/18

DESCRIPTION OF WORK

Sub-contractor for Faulconer Construction to run temporary service from a generator to a job trailer.

Faulconer Building Permit #: BP2016-00884.

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 Karyn S Lindsey Value of work: \$500.00

Approval [Signature] Date 12-02-16 Permit fee: \$30.60

Issue date: 12-2-16



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

12/27/16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	2016-00708
Permit #	EL1-2016-01018
GPIN	
Tax Map	

LOCATION

Street Address	2679 Kingsmere DR	District	
----------------	-------------------	----------	--

PROPERTY OWNERSHIP

Name		Phone	
Mailing Address			

APPLICANT

Name		Phone	
E-Mail Address			

CONTRACTOR

Name	Three Phase Construction Co		Phone	
Mailing Address	13429 Wamazine Rd Amelia VA 23002		E-mail address:	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type: Class:
		2705-133904		ELF A

DESCRIPTION OF WORK

Wire New Dwelling, Install 22 KW Generator			
# of Baths	Service Size	Power Company	Inquiry #
	200	VA	10096799

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: ~~780~~ 12000.00

Approval: [Signature] Permit fee: 76.50 [1.50]

Date: 12/27/16 Issue date: 12/27/16



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: 12-20-2016

Permit #: BP-2016-655

Old Map #

G-Pin: 7726-75-9224

LOCATION Issued 12-30-16

Street Address: 1630 Wilkes Ridge Parkway

District

PROPERTY OWNERSHIP

Name: Westcreek MOB LLC % Lingerfelt

Phone

Mailing Address

APPLICANT

Name: Hill Electrical Inc

Phone: 804-746-3122

E-Mail Address: HillElectrical@HillElectrical.net

CONTRACTOR

Name: Hill Electrical

Phone: 804-746-3122

Mailing Address: PO Box 158 Mechanicsville VA 23111

License Type: Electrical

Class: A

Gas Certification: YES NO

State License Number: 2701009472

Expiration: 1-2017

DESCRIPTION OF WORK

tenant w/pfit for ambulatory eye center - 1st floor and generator

of Baths: NA

Service Size: 800amps

Power Company: DOM Power

Inquiry #: NA

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

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

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

Signature of Applicant:

Signature of Notary:

Approval:

Date: 12-30-16

My commission expires _____

Value of work: \$ 315,820.00

Permit fee: \$ 3071.52

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	12/28/16
Permit #	011-2016-01024
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 ISSUED 12-29-16

Street Address	557 HILL GROVE ROAD	District	
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PROPERTY OWNERSHIP

Name	ED DOLAN	Phone	8042403011
Mailing Address	557 HILL GROVE 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2701037820
		Expiration	11/2017
		License Type:	CONTRACTOR
		Class:	A

DESCRIPTION OF WORK

INSTALL 22KW NATURAL GAS GENERATOR, 2- 200 AMP ATS AND 2- SURGE PROTECTOR			
# of Baths	Service Size	Power Company	Inquiry #
	400A	DOM	—

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

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

(Signature)

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

(Notary) My commission expires _____

Signature of Applicant		Value of Work:	9650.00
Approval		Permit fee:	67.32
	Date 12-29-16	Issue date:	12-29-16



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	12/28/16
Permit #	21-2016-01023
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 *Issued 12-29-16*

Street Address	2475 MAIDENS ROAD	District	
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PROPERTY OWNERSHIP

Name	DEBORAH MAUZY	Phone	8042403453
Mailing Address	2475 MAIDENS ROAD, MAIDENS 23102		

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	11/2017
		License Type:	CONTRACTOR Class: A

DESCRIPTION OF WORK

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

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: 9650.00 Permit fee: 67.32

Approval *[Signature]* Date 12-29-16 Issue date: 12-29-16