

**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 4.21.17

Application Date: 4.18.17  
 Application Accepted: BP-2017-00309  
 Old Map Number: 63.15.A.1.A  
 GPIN: 7714-91-7218

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: 13009 River Rd.		District		
	Owner: MORRIS GUNN		Phone #: 804-784-6099		
	Address: 13009 River Rd				
	Proposed Use: Garage	Current Use:	Existing Buildings on Property: House - Ad Caretaker House		
Proposed Occupant Load (Commercial):	Acreage: 9.50	Commercial Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: None	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address:		Zoning District: A2 R1		
	Front Setback: 75' from ROW	Center Line Setback:	Rear Setback: 5'	C.U. Permit: N/A	Variance: N/A
	Side Setback: 5'	Side Setback: 5'	COA: N/A	Flood Zone: N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date: 4/18/17

Applicant/Contact: MORRIS GUNN Phone: 804-784-6099

Email: MORRIS@CLASSICKITCHENSOFVA.COM

CONTRACTOR INFORMATION	Contractor: Same -> OWNER	Phone: 804-784-5075
	Address:	
	Contractor License Number:	Type:

Description of Work	Scope of Work: <u>Garage</u> <u>Attached 24x36</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>864</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>864</u>	# of Bedrooms

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

VALUE OF WORK	
Building	10,000 + 23,760.00
Excludes All Trades Permits	

Application Fee	\$ 143.92
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 2.38
<del>Other</del> Total	\$ 171.30

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: \_\_\_\_\_

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

*Issued: 4-21-17*

Application Date: 4/13/2017  
 Application Accepted: *VP 2017-00314*  
 Old Map Number: 42-16-B-4-0  
 GPIN: 6757-93-5796

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 2931 PITTS DRIVE		District	
	Owner DOROTHY REYNOLDS		Phone # 804-556-4380	
	Address P.O. BOX 114 GOOCHLAND, VA 23063			
	Proposed Use DWELLING	Current Use DWELLING	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage 1.6	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit
	Side Setback	Side Setback	COA	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.			

Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Contact: JUSTIN STORY Phone: 804-495-4646  
 Email: JSTORY@JESNOW.COM

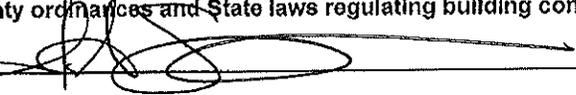
CONTRACTOR INFORMATION	Contractor JES CONSTRUCTION		Phone 804-495-4646	
	Address 2410 SOUTHLAND DRIVE			
	Contractor License Number 270-506-8655	Type A	Expiration 4-30-2018	

Description of Work	Scope of Work: SIX (6) WALL ANCHORS			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 1350	Finished Sq. Ft.	Unfinished Sq. Ft.
# of Bedrooms				

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

VALUE OF WORK		Application Fee \$ <u>40.13</u>
Building	6250.00	Zoning Fee \$ _____
Excludes All Trades Permits		Septic/Well Fee \$ _____
		State Levy Fee \$ <u>.80</u>
		<b>NET Total \$ <u>40.93</u></b>

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

Signature of Applicant 

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Issued 4.19.17

Application Date: 4.18.17

Application Accepted: BP-2017-00311

Old Map Number: 62.2.B.14.0

GPIN: 7704-94-9602

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 113 Willow Drive		District 5		
	Owner Richard A. & Doris A. Hanes		Phone # 641-8816		
	Address 50 Featherwood Lane, Manakin Sabot, VA 23103				
	Proposed Use Single Fam. Dwelling	Current Use Single Fam. Dwelling	Existing Buildings on Property house		
Proposed Occupant Load (Commercial)	Acreage .958	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: Richard A. Hanes Phone 641-8816

Email: richard@hanes.org

Contractor: n.a. / self Phone \_\_\_\_\_

Contractor License Number \_\_\_\_\_ Type \_\_\_\_\_ Expiration \_\_\_\_\_

Description of Work: Scope of Work: Remove 2 bearing walls, 2 non-bearing walls. Complete remodel of kitchen + master bathroom. Upgrade basement to code re: insulation & electrical

SEWER Public/Private	WATER Public/Private	# of Bathrooms 2	
# of Floors 1	Total Sq. Ft.	Finished Sq. Ft. 2,600	Unfinished Sq. Ft.
		# of Bedrooms 3	

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

VALUE OF WORK

Building	\$ 35,000.00
Excludes All Trades Permits	

Application Fee	\$ 1109.50
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ 3.39
<del>Fee</del> Total	\$ 112.89

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: Richard A. Hanes

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Issued 4.18.17

Application Date: 4.17.17  
 Application Accepted: BP-2017-00303  
 Old Map Number: 57-36-0-16-0  
 GPIN: 7716-15-8442

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 429 SHADOW CREEK LANE MANAKIN 23103		District	
	Owner MIKE WELDON		Phone # 604-855-4645	
	Address 429 SHADOW CREEK LANE MANAKIN SA607 VA 23103			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit
	Side Setback	Side Setback	C O A	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Contact: ERNIE STEVENS Phone: 604-916-9712  
 Email: E STEVENS 60@G.MOVI.COM

Contractor: Dependable Home Services Phone: \_\_\_\_\_  
 Address: 2961 MAPLE GROVE LA POWHATAN VA 23139  
 Contractor License Number: 2705026626 Type: A Expiration: \_\_\_\_\_

Description of Work: EX SUPPORT TWO PERS + 1 girder for SFD  
 TRA N/A adding

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

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

VALUE OF WORK

Building	1,500
Excludes All Trades Permits	

Application Fee	\$30.00
Zoning Fee	\$.....
Septic/Well Fee	\$.....
State Levy Fee	\$ .60
<b>Total</b>	<b>\$30.60</b>

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

Signature of Applicant: Ernest J. Stevens

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Issued 4.18.17

Application Date: 2.10.17  
 Application Accepted: BP-2017-00116  
 Old Map Number: 17-1-0-75-0  
 GPIN: 6810-00-7162

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: 2718 Hadensville Road Goochland VA 23063		District	
	Owner: Randal + Deborah Bowman		Phone #: 804-514-0755	
	Address: 2718 Hadensville Road Goochland VA. 23063			
	Proposed Use: Residential	Current Use: Residential	Existing Buildings on Property: Singlewide to be removed	
Proposed Occupant Load (Commercial)	Acreage: 5.65	Commercial Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: None	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address: _____		Zoning District: A-1	
	Front Setback: 75' from Row	Center Line Setback: _____	Rear Setback: 35'	C.U. Permit: N/A
	Side Setback: 20'	Side Setback: 20'	COA: N/A	Flood Zone: N/A
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: *Single Wide must be removed no later than 60 days after C.O.		

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Planning & Zoning Officer: David Boyd Date: 2/13/17

Applicant/Contact: Melissa Hicks Phone: 434-392-4424

Email: melissa.hicks@claytonhomes.com

CONTRACTOR INFORMATION	Contractor: CMH Homes Inc	Phone: 434-392-4424
	Address: 2742 West Third Street Farmville VA. 23901	
	Contractor License Number: 27-05048123	Type: Class A

Description of Work	Scope of Work: Replace singlewide with a 28x76 doublewide hook up to existing well + septic 2014			
	VIN: CAPO28239TNAB		# of Bathrooms: 2.5	
	SEWER Public/Private: Public	WATER Public/Private: Public	Finished Sq. Ft.: 2,128	Unfinished Sq. Ft.: N/A 120
	# of Floors: 1	Total Sq. Ft.: 2,128	# 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	\$ 003.92
Building \$ 131,539.74		Zoning Fee	\$ 50.00
Excludes All Trades Permits		Septic/Well Fee	\$ 25.00
		State Levy Fee	\$ 12.58
		<b>Total</b>	<b>\$ 691.50</b>

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

X Melissa Hicks

**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: Charlottesville Settlement Telephone: 434-817-0400

Mailing Address: 941 Glenwood Station Lane Suite 101 Charlottesville VA 22901

**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 *Samuel R. Bushy* DATE 17 APRIL 17.  
Code Official

received  
Feb. 8 2017

Application Date: February 8, 2017

Application Accepted: **BP-2017-00114**

Old Map Number: 47-1-43C1

GPIN: 7726-08-0839

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

**ISSUED 4.14.17**

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 30 Broad Street Road, Manakin Sabot, VA 23103		District	
	Owner Broadview Associates		Phone # 804.784.0407	
	Address 38 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use Grocery Store-no change	Current Use Grocery Store	Existing Buildings on Property Shopping Center	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District B-1		
Front Setback Existing no change	Center Line Setback Existing no change	Rear Setback Existing no change	C.U. Permit	Variance
Side Setback Existing no change	Side Setback Existing no change	COA	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Contact: Donna Brown - Interplan LLC Phone 732.616.4625

Email: dbrown@interplanllc.com

CONTRACTOR INFORMATION	Contractor <b>SAJo (montreal) Inc.</b>	Phone <b>514-385-0333</b>
	Address <b>1370 Graham Blvd. - Montreal, QC H3P 3C8 CANADA</b>	
	Contractor License Number <b>2205123695</b>	Type <b>Class A CBC</b>

Description of Work	Scope of Work: Remodel of existing Food Lion.			
	SEWER Public/Private		WATER Public/Private	
	# of Floors 1	Total Sq. Ft. 38,106	Finished Sq. Ft. 38,106	# of Bathrooms N/A
	# of Bedrooms			

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

VALUE OF WORK	
Building	347,750.00
Excludes All Trades Permits	

Application Fee	\$ 3295.03
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ 65.91
<b>RED Total</b>	<b>\$ 3361.54</b>

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

Signature of Applicant: Donna Brown

54-11 Revised. To include 12x14 carrying area base

# 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 23153		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				
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer	Amount:	Date Paid:			
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
New Street Address			Zoning District			
			A-1			
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance		
75' From ROW -		35'	N/A	N/A		
Side Setback	Side Setback	COA	Flood Zone			
20'	30'	N/A	N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:						

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

Planning & Zoning Officer: Sandra Ford Date: 12/7/16

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

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

Description of Work	Scope 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
		2243sq	224	168	

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

4-14-17 Revised from

UNFINISHED basement to crawl space  
VALUE OF WORK 12,320.00  
Building 5,000 16,940.00  
Excludes All Trades Permits

Application Fee	\$ 67.44
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.35
R&D 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.

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

Issued 4.14.17

Application Date: 4-10-17  
 Application Accepted: BP-2017-00283  
 Old Map Number: 47-33-0-11-C  
 GPIN: 7727-48-0977

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 2424-B Granite Ridge Rd		District		
	Owner Melbourne Enterprises		Phone # 804-512-4991		
	Address 1307 Toler Ln. Rockville, Va 23146				
	Proposed Use Business	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial) 12	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Rockville Commercial Center	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District M-2		
	Front Setback 20' from ROW	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: No change to footprint		

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: 4/12/17

Applicant/Contact: Mitch Bell Phone: 804-564-1541

Email: mitch@jmbellinc.com

CONTRACTOR INFORMATION	Contractor J.M. Bell, Inc	Phone 804-564-1541
	Address 1694 Wolf Creek Rd Montpelier, Va 23192	
	Contractor License Number 2701035174	Type A

Description of Work	Scope of Work: space B dist. for medical equip.				
	SEWER Public/Private # of Floors 1	WATER Public/Private Total Sq. Ft. 1500	Finished Sq. Ft. 1000	Unfinished Sq. Ft. 500	# of Bathrooms 0
	Tennant Build Out -> Darrell Shires				

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

VALUE OF WORK	
Building	30,000.00
Excludes All Trades Permits	

Application Fee	\$ 277.00
Zoning Fee	\$ 100.00
Septic/Well Fee	\$
State Levy Fee	\$ 5.54
	\$ 382.54

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  
4-5-17

**BUILDING PERMIT APPLICATION**  
 Goochland County Building Inspection Department  
 P O Box 119  
 Goochland VA 23063  
 (804) 856-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date:

Application Accepted:

Old Map Number:

GPIN:

BP-2017-00269

13-10-0-1-0

6841-85-2516-9999

R1803 ISSUED. 4-13-17

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 3761 Three Chopt Road, Gum Spring VA 23065		District		
	Owner Crown Castle GT Company LLC		Phone #		
	Address PMB 353 (81491) 4017 Washington Rd. Mc Murray PA 15317				
	Proposed Use Telecom Facility	Current Use Telecom Facility	Existing Buildings on Property 191' Self Support Tower		
	Proposed Occupant Load (Commercial)	Acres	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District A-1		
	Front Setback 75' From Row	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variances 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: No change to existing Foot print		

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 Foy Date: 4/6/17

Applicant/Contact: AT&T c/o Carrie Lynn Fazzolari Phone: 443-223-7483  
 Email: carrie.fazzolari@jacobs.com

Contractor: Jacobs Phone: 443-223-7483  
 Address: 4801 Col Rd, Suite 302, Glen Allen, VA 23060  
 Contractor License Number: 2705066988 Type: IA Expiration: 3-31-18

Description of Work: AT&T proposes to remove and replace (3) antennas on existing structure.

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

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

VALUE OF WORK

Building	\$25,000
Excludes All Trades Permits	

Application Fee	\$ 229.50
Zoning Fee	\$ 20.00
Septic/Well Fee	\$
State Levy Fee	\$ 4.59
RLD Total	\$ 234.09

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  
A-5-11  
3/20/17

**BUILDING PERMIT APPLICATION**  
Goochland County Building Inspection Department  
P O Box 119  
Goochland VA 23063  
(804) 556-5816 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 3/20/17  
Application Accepted: BV-2017-00270  
Old Map Number: 33-7-0-9-A  
GPIN: 6798-36-8741-9999

R1801 ISSUED: 4-13-17

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 2570 Oilville Rd. Oilville VA 23129		District	
	Owner Crown Castle GT Company LLC		Phone #	
	Address PMB 353 (814911) 4017 Washington Rd. McMurray PA 15317			
	Proposed Use Telecom Facility	Current Use Telecom Facility	Existing Buildings on Property	
	Proposed Occupant Load (Commercial) Existing 185' Tower	Acreage 2.0 Ac	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TOWER	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Oilville Business Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address N/A		Zoning District M1	
	Front Setback 75' from ROW	Center Line Setback	Rear Setback 10'	C.U. Permit N/A
	Side Setback 30'	Side Setback 10'	COA N/A	Flood Zone N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: No change to existing foot print			
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: 4/6/17				
Applicant/Contact: AT&T c/o Carrie Lynn Fazzolari			Phone 443-223-7483	
Email: Carrie.fazzolari@jacobs.com				
CONTRACTOR INFORMATION	Contractor Jacobs Telecommunications Inc.		Phone 443-223-7483	
	Address 5449 Bells Ferry Rd. Acworth GA 30201			
	Contractor License Number 2705066988	Type 1K	Expiration 3-31-18	
Description of Work	Scope of Work: AT&T proposes to remove and replace (3) panel antennas.			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.

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

VALUE OF WORK	
Building	\$25,000
Excludes All Trades Permits	

Application Fee	\$ 229.50
Zoning Fee	\$ 30.00
Septic/Well Fee	\$
State Levy Fee	\$ 4.59
<b>PERMIT TOTAL</b>	<b>\$ 284.09</b>

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

Signature of Applicant: [Signature]

Fire Damage

BP-2017-00280

Application Date: 4/17/17

**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:

Old Map Number: 42-1-0-119-C

GPIN: 07066-39-4072

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		1581 Maidens Rd		District
Owner				Phone #
				804-357-1920
Address				
Proposed Use		Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)		Acreage	Commercial Use	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	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: Thompson builders LLL Phone 357-1920

Email: Thompson builders LLL @ yahoo.com

CONTRACTOR INFORMATION	Contractor	Thompson builders LLL	Phone	357-1920
	Address	1390 - 13 Broad street Rd.		
	Contractor License Number	2705038854A	Type	Class A

Description of Work	Scope of Work: Demo house that burnt down				
	Debris to SB COX / 023 Landfill				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK

Building	\$ 5000
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 \_\_\_\_\_

**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 4-12-17*

Application Date: *3-29-17*  
 Application Accepted: *OP-2017-00248*  
 Old Map Number: *43-39-0-A-0*  
 GPIN: *6777-16-3751*

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>LANES-END Sub-Division</i>		District	
	Owner <i>LANES-END LLC</i>		Phone # <i>804 347 4763</i>	
	Address <i>1930 SOLDIERS LODGE RD</i>			
	Proposed Use <i>New Sign</i>	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Lane's End</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <i>N/A</i>	Date Paid: <i>N/A</i>
	New Street Address		Zoning District <i>RP</i>	
	Front Setback <i>15' from ROW</i>	Center Line Setback	Rear Setback <i>15'</i>	C.U. Permit <i>N/A</i>
	Side Setback <i>15'</i>	Side Setback <i>15'</i>	COA <i>N/A</i>	Variance <i>N/A</i>
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>	COMMENTS: <i>* Require Survey/locate for sign setbacks.</i>

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

Planning & Zoning Officer: *David Floyd* Date: *4/10/17*

Applicant/Contact: *LANES-END LLC EARL THOMPSON* Phone: *804 347 4763*

Email: *EARLTHOMPSON1@GMAIL.COM*

CONTRACTOR INFORMATION	Contractor <i>EARL THOMPSON INC - LANES END</i>	Phone <i>804 347 4763</i>
	Address <i>1930 SOLDIERS LODGE RD CROZIER VA 23039</i>	
	Contractor License Number <i>27050 38854 - 25299</i>	Type <i>CLASS A</i>

Description of Work	Scope of Work: <i>construct 48' x 48 masonry column + hang approx 60' x 30' sign 12.5sq. ft.</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	<i>2,500.00</i>
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <i>30.00</i>
Zoning Fee	\$ <i>50.00</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>60</i>
<b>RLP Total</b>	<b>\$ <i>80.00</i></b>

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

Signature of Applicant: *[Signature]*

**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: 4-4-17  
 Application Accepted: BP-2017-00267  
 Old Map Number: 9-11-0-6-0  
 GPIN: 5891-96-0371

Issued 4-11-17

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>3500 Lowry Rd Columbia VA 23038</u>		District	
	Owner <u>Bridgette McCleod</u>		Phone # <u>8048140392</u>	
	Address <u>3121 Lowry Rd Columbia VA 23038</u>			
	Proposed Use <u>residence</u>	Current Use <u>none</u>	Existing Buildings on Property <u>none</u>	
	Proposed Occupant Load (Commercial)	Acreage <u>20.65</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Luntanna North</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 <u>—</u>		Zoning District <u>A-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>
	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: <u>* Existing mobile home must be removed 60 days after C.O. issued</u>	

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

Planning & Zoning Officer: David Taylor Date: 4/6/17

Applicant/Contact: Bridgette McCleod Phone: 8048140392

Email: bridgette.adams@capitalone.com

CONTRACTOR INFORMATION	Contractor <u>Blue Ridge Transporting LLC</u>	Phone <u>434 987 6049</u>
	Address <u>1470 stillhouse ridge rd Charlottesville VA 22903</u>	
	Contractor License Number <u>2705151346</u>	Type class <u>single wide</u>

Scope of Work: Transport & set up mobile home

SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>2</u>	
# of Floors <u>1</u>	Total Sq. Ft. <u>924</u>	Finished Sq. Ft. <u>924</u>	Unfinished Sq. Ft. <u>0</u>
		# of Bedrooms <u>3</u>	

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

VALUE OF WORK

Building	<u>\$12,000<sup>00</sup></u>
Excludes All Trades Permits	

Application Fee	\$ <u>166.00</u>
Zoning Fee	\$ <u>50.00</u>
Septic/Well Fee	\$ <u>—</u>
State Levy Fee	\$ <u>1.32</u>
<b>R/L Total</b>	<b>\$ <u>117.32</u></b>

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

Signature of Applicant: Bridgette McCleod

**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 4.11.17

Application Date: 4.4.17

Application Accepted: BP-2017-00268

Old Map Number: 62-31-C-21-0

GPIN: 7705-31-4938

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 565 Ice Pond Cove		District Dover	
	Owner Chad Hornik		Phone # 804-539-6600	
	Address 3100 Chestnut Grove Ct Henrico Va 23233			
	Proposed Use	Current Use	Existing Buildings on Property Y	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
Side Setback	Side Setback	COA	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Contact: John Miller Phone 804-640-8443

Email: j.miller@millmarconstruction.com

CONTRACTOR INFORMATION	Contractor Millmar Construction		Phone 804-640-8443	
	Address P.O. box 313 Manakin Sabot Va 23103			
	Contractor License Number 2705 053462	Type A	Expiration 12-31-17	

Description of Work	Scope of Work: Demo existing rear porch, frame + cornice new porch Demo side porch, frame + cornice new shed roof. Frame loft in garage 400sf Remove window on front elev & replace 485sqft 47x10 1 for				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms unfinished Storage		
	# of Floors	Total Sq. Ft. 1200	Finished Sq. Ft.	Unfinished Sq. Ft. 1200	# of Bedrooms
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Application Fee	\$248.20
Building	52500.00	Zoning Fee	\$
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$4.96
		<del>Net</del> Total	\$253.22

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 AMM

**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: **4-7-16**  
 Application Accepted: **BY-2017-00281**  
 Old Map Number: **62-40-0-19-0**  
 GPIN: **7104-95-2267**

**ISSUED: 4-11-17**

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 <b>712 Taylor Hill Court, Manakin VA</b>			District	
	Owner <b>John &amp; Cheryl Billingsley</b>			Phone # <b>804-708-0725</b>	
	Address <b>712 Taylor Hill Court Manakin VA</b>				
	Proposed Use	Current Use	Existing Buildings on Property <b>House</b>		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address			Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Contact: **Robert M Thompson Jr** Phone **804-690-5259**  
 Email: **rmthompson61@yahoo.com**

CONTRACTOR INFORMATION	Contractor <b>RMT Custom Construction</b>		Phone <b>804-690-5259</b>	
	Address <b>3240 heels landing</b>			
	Contractor License Number <b>2705132157</b>	Type <b>Class A - General</b>	Expiration <b>11-30-2017</b>	

Description of Work	Scope of Work: <b>Demo - and rebuild existing deck on same footprint &amp; size: 16' x 23'</b>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <b>368</b>	Finished Sq. Ft.	Unfinished Sq. Ft. <b>368</b>	# of Bedrooms
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	<b>15,500.00</b>
Excludes All Trades Permits	

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

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

Signature of Applicant: **[Signature]**

**BUILDING PERMIT APPLICATION**  
 Goochland County Building Inspection Department  
 P O Box 119  
 Goochland VA 23063  
 (804) 656-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 4/3/2017  
 Application Accepted: BP-2017-00264  
 Old Map Number: 41-2-0-10-0  
 GPIN: 6748-31-4435

Issued: 4-11-17

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		2351 ROCKCASTLE RD, 23063		District
	Owner		VIRGINIA STIRNWEIS		Phone # 586 214 3090
	Address 2351 ROCKCASTLE RD, 23063				
	Proposed Use	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreage	Residential		Commercial Use	
				<input type="checkbox"/> Yes <input 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	Variance	
Side Setback	Side Setback	COA	Flood Zone		
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					

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

Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant/Contact: STUART THOMPSON Phone 804 484 4325

Email: stuart.thompson@PAULDAVIS.COM Phone 804 330 9500

CONTRACTOR INFORMATION	Contractor	PROPERTY LOSS SPECIALISTS LLC	Phone	804 330 9500
	Address	450 BUSINESS PARK DR, RUCKELSVILLE, VA, 22968		
	Contractor License Number	2705144541	Type	HIC

Expiration 1-31-2018  
 Scope of Work: REPAIR/REPLACE DAMAGED ROOF FRAMING, INTERIOR DAMAGE, SHINGLES REPLACEMENT RESULTING FROM FALLEN TREE

Description of Work	SEWER	WATER	2 # of Bathrooms	
	Public/Private	Public/Private	Finished Sq. Ft.	Unfinished Sq. Ft.
	# of Floors	Total Sq. Ft.	1600	180
2+ BASEMENT		1780	3 # of Bedrooms	

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

VALUE OF WORK		Fee waived storm Damage	Application Fee	\$ _____
Building	\$15,000.		Zoning Fee	\$ _____
Excludes All Trades Permits			Septic/Well Fee	\$ _____
			State Levy Fee	\$ _____
			BLD Total	0

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.

Stu Thompson

**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: 4-11-17

Application Date: 4-5-17

Application Accepted: BP-2017-00274

Old Map Number: 5-15-0-6-0

GPIN: 6823-31-8574

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

OWNER INFORMATION	Site Address 4137 Hidden Acres Dr		District
	Owner John & Kathleen Redavid		Phone # 631-375-4218
	Address 4137 Hidden Acres Dr Louisa Va. 23093		
	Proposed Use deck	Current Use none	Existing Buildings on Property House / carport / shed
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Hidden Acres	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District A-1		
	Front Setback 55' from RW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 30'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Ford Date: 4/6/17

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

Email:

CONTRACTOR INFORMATION	Contractor HOME OWNER	Phone
	Address	
	Contractor License Number	Type

Description of Work	Scope of Work: INSTALL BUILD <sup>228 SQ. FT.</sup> near deck				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		228	228	228	

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

VALUE OF WORK	
Building	1,000.00 2,280.00
Excludes All Trades Permits	

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

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

Signature of Applicant: John Redavid

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

*TSUild 4-11-17*

Application Date: **received**  
*4-5-17*  
 Application Accepted: *BD-2017-00272*  
 Old Map Number: *58-21-C-10-0*  
 GPIN: *7716-22-7669*

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>1 QUAIL RUN DR. MANEKAN-SABOTT</i>		District		
	Owner <i>RANDY &amp; STERRY SLEDD</i>		Phone #		
	Address <i>1 QUAIL RUN DR. MANEKAN-SABOTT</i>				
	Proposed Use <i>DECK</i>	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreage <i>4+</i>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>BROAD RUN SUB</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <i>N/A</i>	Date Paid: <i>N/A</i>	
	New Street Address		Zoning District <i>R-3</i>		
	Front Setback <i>15' from Road</i>	Center Line Setback	Rear Setback <i>25'</i>	C.U. Permit <i>N/A</i>	Variance <i>N/A</i>
	Side Setback <i>200 + 20'</i>	Side Setback <i>200 + 20'</i>	COA <i>N/A</i>	Flood Zone	<i>N/A</i>
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					

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

Planning & Zoning Officer: *David Fryd* Date: *4/6/17*

Applicant/Contact: *KELLY GRAY* Phone: *804 641 6270*

Email: *GRAYTHOMES@GMAIL.COM*

Contractor: *GRAYT HOMES & IMPROVEMENTS INC.* Phone: *804 641 6270*  
 Address: *725 CHESTNUT CHURCH RD. MECHANICSVILLE, VA 23116*  
 Contractor License Number: *2705 PZ 1045* Type: *BLD / HVAC* Expiration: *6-30-17*

Description of Work	Scope of Work: <i>existing 12x35' REPAIR 1 DECK + ADD 1 DECK</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	<i>N/A</i>	<i>N/A 986</i>	<i>0</i>	<i>986</i>	<i>N/A</i>

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

VALUE OF WORK	
Building	<i>20,000.00</i>
Excludes All Trades Permits	

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

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

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 4.10.17*

Application Date: 4-4-17  
 Application Accepted: BP-2017-00271  
 Old Map Number: 58-1-0-11-0  
 GPIN: 7716-36-3751

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>1701 MANAKIN RD</u>		District	
	Owner <u>HAZEL FLEMING</u>		Phone #	
	Address <u>1747 MANAKIN RD., M-S, VA 23103</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision <u>N/A</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>A-2</u>		
Front Setback <u>55' from ROW</u>	Center Line Setback	Rear Setback <u>5'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>
Side Setback <u>5'</u>	Side Setback <u>5'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>	
APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <u>* Structure is existing. Built 1950 - Nonconforming</u>		

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 4/6/17

Applicant/Contact: DAN WILSON Phone 804-615-7001

Email: DWILSON@STARWOODCORP.COM

CONTRACTOR INFORMATION	Contractor <u>DAN WILSON</u>	Phone <u>804-615-7001</u>
	Address <u>1401 GRAND DR., M-S, VA 23103</u>	
	Contractor License Number <u>2701024509</u>	Type <u>G.C. CLASS A</u> Expiration <u>6-30-18</u>

Description of Work	Scope of Work: <u>CHANGE OF USE - CONVERT EXISTING SINGLE FAMILY DWELLING INTO STORAGE BUILDING</u>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
			# of Bedrooms	

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

VALUE OF WORK	
Building	<u>-0-</u> <u>\$100.00</u>
<i>Excludes All Trades Permits</i>	

Application Fee	\$	
Zoning Fee	\$	<u>25.00</u>
Septic/Well Fee	\$	
State Levy Fee	\$	
<del>Permit</del> Total	\$	<u>25.00</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]*

**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

4-7-17

Application Date: 3/24/17

Application Accepted: BP-2017-00233

Old Map Number: 59-3-2-90-B

GPIN: 7726-75-9224

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

OWNER INFORMATION	Site Address 1630 Wilkes Ridge Parkway, Goochland 23233		District	
	Owner WEST CREEK MOB I, LLC.		Phone #	
	Address 4198 COX ROAD, SUITE 201, GLEN ALLEN, VA 23060			
	Proposed Use CONSTRUCTION TRAILER	Current Use N/A	Existing Buildings on Property WEST CREEK MOB I (MEDARVA)	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision West Creek Business Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
New Street Address		Zoning District M-1		
Front Setback 20' from Row	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: 3/27/17

Applicant/Contact: BRIAN BROWN Phone: 804-282-5300

Email: bbrown@houriganconstruction.com

CONTRACTOR INFORMATION	Contractor HOURIGAN CONSTRUCTION	Phone 804-282-5300
	Address 411 E. FRANKLIN ST., SUITE 400, RICHMOND, VA 23219	
	Contractor License Number 2701010019A	Type A

Scope of Work: (LDP-2016-00018) -> ASSOCIATED PROJECT  
 PROVIDE CONSTRUCTION TRAILER FOR HOURIGAN CONSTRUCTION FIELD OFFICE AT THE ADDITION TO EXISTING MEDARVA BUILDING.

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors 1	Total Sq. Ft. 552	Finished Sq. Ft. 552	Unfinished Sq. Ft.	# of Bedrooms 8

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

VALUE OF WORK	
Building	\$5,124.00
Excludes All Trades Permits	

Application Fee	\$ 40.68
Zoning Fee	\$ 50.00
Septic/Well Fee	\$
State Levy Fee	\$ .81
<b>RED Total</b>	<b>\$ 91.49</b>

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

Signature of Applicant: [Signature]

# 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: 3-9-17

Application Accepted: BP-2017-00187

GPIN: 7728-30-6091

Issued: 4-7-17

Tax Map # 47-32-0-20-0

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>2403 Lanier Rd</u>		District <u>Tuckahoe Creek</u>	
	Owner <u>Todd Walton TLED LLC</u>		Phone # <u>370-7104</u>	
	Address <u>Same</u>			
	Proposed Use <u>Storage Building</u>	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Subdivision <u>Lanier Industrial Park</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>---</u>	Date Paid: <u>---</u>	
New Street Address <u>---</u>		Zoning District <u>M-2</u>		
Front Setback <u>20' from R/W</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	C.U. Permit <u>---</u>	Variance <u>---</u>
Side Setback <u>5'</u>	Side Setback <u>5'</u>	C O A <u>---</u>	Flood Zone <u>---</u>	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date: 3/17/17

Applicant/Contact: Stuart Smith Phone: 804-357-1935

Email: ShallowbrookFarm Inc @ GMAIL .com

CONTRACTOR INFORMATION	Contractor <u>Shallowbrook Const. Stuart Smith</u>	Phone <u>804-357-1935</u>
	Address <u>17418 Pouncey Tract Rd. Rockville VA. 23146</u>	
	Contractor License Number <u>2705025303</u>	Type <u>A</u>

Description of Work	Scope of Work: <u>Construction of a 3-sided <del>pole</del> <sup>building</sup> barn for additional storage of equipment 120' x 24'</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	<u>1</u>	<u>2880</u>	<u>2880</u>	<u>2880</u>	<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>\$20,000 72,000.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>676.00</u>
Zoning Fee	\$ <u>100.00</u>
Septic/Well Fee	\$ <u>---</u>
State Levy Fee	\$ <u>1352</u>
RED Total	\$ <u>789.52</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.

**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: 3-23-17  
 Application Accepted: BP-2017-00226  
 GPIN: 7724-88-4746, 7724-88-8964  
 Issued: 4-7-17

Tax Map # 64-25-1-15-0

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>820 SANCTUARY TRAIL DRIVE</u>		District <u>DOVER</u>
	Owner <u>HARDYWOOD PARK</u>		Phone # <u>804-420-2420</u>
	Address <u>2408 OWNBY LN, RICHMOND, VA 23220</u>		
	Proposed Use <u>CONSTRUCTION TRAILER</u>	Current Use	Existing Buildings on Property <u>No</u>
	Proposed Occupant Load (Commercial) <u>3</u>	Acreage <u>—</u>	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Subdivision <u>West Creek Business Park</u>		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	New Street Address <u><del>2408 Ownby Ln</del></u>		Amount: <u>N/A</u>	Date Paid: <u>N/A</u>	
	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: Dennis Floyd Date: 3/27/17

Applicant/Contact: VIRGINIA WILSON Phone: 804-237-1309

Email: VWILSON@LOUGHRIDGECONSTRUCTION.COM

CONTRACTOR INFORMATION	Contractor <u>LOUGHRIDGE &amp; CO.</u>		Phone <u>804-353-7373</u>
	Address <u>5711 Staples Mill Rd, Richmond, VA 23228</u>		
	Contractor License Number <u>2705100856</u>	Type <u>CLASS A</u>	Expiration <u>11-30-17</u>

Description of Work	Scope of Work: <u>PLACE A CONSTRUCTION TRAILER ON SITE</u> <u>For General Loughridge and company</u>				
	SEWER <u>NONE</u>	WATER <u>NONE</u>	# of Bathrooms <u>0</u>		
	Public/Private	Public/Private	# of Floors <u>1</u>	Total Sq. Ft. <u>420</u>	Finished Sq. Ft. <u>420</u>
			Unfinished Sq. Ft. <u>—</u>	# of Bedrooms <u>—</u>	

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

VALUE OF WORK	
Building	<u>RENTAL \$300/MTH, @ 12 mths \$3600</u>
<u>Excludes All Trades Permits</u>	

Application Fee	\$ <u>30.00</u>
Zoning Fee	\$ <u>50.00</u>
Septic/Well Fee	\$ <u>—</u>
State Levy Fee	\$ <u>60</u>
<b>RLD Total</b>	<b>\$ <u>80.60</u></b>

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

Issued 4/6/17



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: <u>4/6/17</u>	Application No.: <u>AP-2017-00279</u>	Fee: \$25.00
Zoning Approval: <u>Yes</u>	<u>Dan Tread</u>	No: _____ 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

Name of Property Owner: EIK Hill Farm, Inc  
 Address: P.O. Box 99, 1975 EIK Hill Rd.  
Goochland VA 23063  
 E-mail: mfarley@elkhill.org

Telephone: 804-457-4866  
 Cell phone: 804-921-0303  
 FAX: 804-457-2830

Name of Applicant: Michael C. Farley  
 Address: 1975 EIK Hill Rd.  
Goochland VA 23063  
 E-mail: mfarley@elkhill.org

Telephone: 804-457-4866  
 Cell phone: 804-921-0303  
 FAX: 804-457-2830

Property Information

Street Address: 1975 EIK Hill Rd.  
 GPIN Number: 6708-44-3415  
 Existing Use: School

Zoning: A1  
 Acreage: 174.428

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): 625 sq. ft.
2. Written Description of Proposed Physical Improvements  
Octagonal structure covered in wire mesh; 4"x4" posts,  
2" x 6" joists, 4' x 4' center-positioned metal rod for  
stability and water catchment.  
Attached chicken coop (8' x 3')

**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 4.6.17

Application Date: 4.3.17

Application Accepted: BP-2017-00258

Old Map Number: 28.8.0.1.0

GPIN: 6729-71-7687

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		2444 Chapel Hill Rd Goochland, VA 23063		District	VA 23063
	Owner		Larry & Wilma Hicks		Phone #	
	Address					
	Proposed Use	Current Use	Existing Buildings on Property			
Proposed Occupant Load (Commercial)	Acreage	Commercial Use				
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount:	Date Paid:		
	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	N/A		
	New Street Address	Zoning District		A-1		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance	
	55' From Row	—	5'	N/A	N/A	
Side Setback	Side Setback	COA	Flood Zone			
5'	5'	N/A	N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:						

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

Planning & Zoning Officer: David T. [Signature] Date: 4/3/17

Applicant/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: hicks@goochlandva.us

CONTRACTOR INFORMATION	Contractor	owner	Phone	380.2687
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work:				
	40 x 32 detached garage				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	1280		1280		

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

VALUE OF WORK		Application Fee	\$ 170.40
Building	10,000 35,200.00	Zoning Fee	\$ 25.00
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$ 3.41
		<b>NET Total</b>	<b>\$ 198.81</b>

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

Signature of Applicant: [Signature]

**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 4.7.17

Application Date: 4/03/17

Application Accepted: BP-2017-00260

Old Map Number: 42.280.22.0

GPIN: 6767-25-5538

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 918 NEWSOME CT Goochland VA		District		
	Owner Henry Helen STRECKER		Phone # (804) 556-2773		
	Address 918 NEWSOME CT				
	Proposed Use Pergola	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:		
New Street Address		Zoning District			
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance	
Side Setback	Side Setback	COA	Flood Zone		
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					

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

Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Contact: John Rauh Phone Cell (804) - 316-1764 Home (804) 556-3409

Email: jrsstrecker@yahoo.com

CONTRACTOR INFORMATION	Contractor OWNER	Phone
	Address	
	Contractor License Number	Type
		Expiration

Description of Work	Scope of Work: - 10x10 pergola on existing deck				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 100	Finished Sq. Ft.	Unfinished Sq. Ft. 100	# of Bedrooms

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

VALUE OF WORK	\$2750.00
Building	2100.00
Excludes All Trades Permits	

Application Fee	\$30.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ .60
<del>Permit</del> Total	\$30.60

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

Signature of Applicant: Henry Helen Strecker

Issued 4/6/17



### 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](http://www.co.goochland.va.us)      FAX: (804) 556-5654

Office Use Only

Application File Date: <u>4/6/17</u>	Application No.: <u>AP-2017-00275</u>	Fee: \$25.00
Zoning Approval: Yes <u>David Lloyd</u>	No: _____	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

Name of Property Owner: <u>P W WILLIAMS</u>	Telephone: <u>804 784 6786</u>
Address: <u>1195 DOVER CREEK LN.</u>	Cell phone: <u>804 221 9352</u>
<u>MANAKIN SABOT, VA 23103</u>	FAX: _____
E-mail: _____	

Name of Applicant: <u>SAME</u>	Telephone: _____
Address: _____	Cell phone: _____
E-mail: _____	FAX: _____

#### Property Information

Street Address: <u>1195 DOVER CREEK LN</u>	Zoning: <u>A2</u>
GPIN Number: <u>TAX ID 57-1-34B</u> ←	Acreage: <u>14.53</u>
Existing Use: <u>RES. 7705-39-3805</u>	
Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: <u>N/A</u>	

#### Project Information

1. Estimated square footage of the building(s): 120
2. Written Description of Proposed Physical Improvements:  
GARDEN SHED FOR LAWN/YARD TOOLS/EQUIPMENT  
WALLED IN 10 X 12, SIDE POLE SHELTER 8 X 12 (NO WALLS)  
TOTAL: 120 WALLED IN, 96 EXPOSED

**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 4.5.17*

Application Date: 3/28/2017 **received** 4/3/17  
 Application Accepted: BP-2017-002601  
 Old Map Number: SN-1-0-92-A  
 GPIN: 7705-94-6752

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.

<b>OWNER INFORMATION</b>	Site Address 1084 MANAKIN ROAD			District		
	Owner ANNE & JOHN HANCOCK			Phone # 804-257-7368		
	Address 609 NORTH EMERSON STREET ARLINGTON, VA 22203					
	Proposed Use DWELLING		Current Use DWELLING	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)		Acreage 1.5	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>TO BE COMPLETED BY ZONING DEPARTMENT</b>	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: JUSTIN STORY Phone: 804-495-4646  
 Email: JSTORY@JESNOW.COM

Contractor: JES CONSTRUCTION Phone: 804-495-4646  
 Address: 2410 SOUTHLAND DRIVE  
 Contractor License Number: 270-506-8655 Type: A Expiration: 4-30-2018

**Scope of Work: TWO (2) PIERS ON CHIMNEY**

<b>Description of Work</b>	SEWER Public/Private		WATER Public/Private		# of Bathrooms	
	# of Floors		Total Sq. Ft.		Finished Sq. Ft.	Unfinished Sq. Ft. # of Bedrooms

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

<b>VALUE OF WORK</b>		Application Fee \$ 33.37
Building	4750.00	Zoning Fee \$
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$ .67
		<b>Total \$ 34.04</b>

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

Signature of Applicant: *[Signature]*

**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: 4/3/17  
 Application Accepted: BP-2017-00259  
 Old Map Number: 57-1-0-61-0  
 GPIN: 7716-16-0302

*Issued 4-4-17*

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>1599 Manakin Rd</u>		District	
	Owner <u>Tim Hughett</u>		Phone #	
	Address <u>1599 Manakin Rd, - Manakin Sabot, VA</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address			Zoning District	
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: THS Construction / Terry Shoemaker Phone 804-525-5036  
 Email: terry@thsconstruction.com

Contractor: THS Construction Phone 804-525-5036  
 Address: 1708 Belleville St. Richmond, VA 23230  
 Contractor License Number: 2705110435 Type: Bldg Expiration: 9/30/18

Description of Work: Repair front half of house, <sup>inside</sup> piers, floor joists, subfloor and ~~exterior~~ interior (non-structural) sheetrock walls.

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		<u>1054</u>		<u>2</u>

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

VALUE OF WORK		<i>Free Waived Charitable</i>	Application Fee	\$ _____
Building	\$ <u>4000.00</u>		Zoning Fee	\$ _____
Excludes All Trades Permits			Septic/Well Fee	\$ _____
		State Levy Fee	\$ _____	
		R&D Total	\$ <u>0</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: *Terry Shoemaker*

BP-2017-00253

**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: 3/31/17

Application Accepted:

Old Map Number: 58.18.6.1.0

GPIN: 7716-51-0106

Issued: 4.3.17

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		1312 Hermitage Rd		District
	Owner		Frank Jenkins		Phone #
	Address				
	1312 Hermitage Rd				
	Proposed Use	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acres	Commercial Use			
		<input type="checkbox"/> Yes <input 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	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: MATTHEW GUNN Phone 804-784-5075

Email: matt@classickitchensofva.com Cell - 804-512-5486

CONTRACTOR INFORMATION	Contractor	CLASSIC KITCHENS OF VA		Phone	804-784-5075
	Address	12535 PATTERSON AVE RICHMOND, VA 23238			
	Contractor License Number	Type	Expiration		
	2705031158	BLD A	10/31/17		

Description of Work	Scope of Work:				
	FRAME SHOWER				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms	

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

VALUE OF WORK	
Building	\$ 2,000
Excludes All Trades Permits	

Total \$30,000

Application Fee	\$ 30.00
Zoning Fee	\$ -
Septic/Well Fee	\$ -
State Levy Fee	\$ 1.00
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 \_\_\_\_\_ 3/31/17

# 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: 3-20-17

Application Accepted: BP-2017-00216

GPIN: 6759-36-1874

Issued: 4.3.17

Tax Map 30-1-040

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

OWNER INFORMATION	Site Address: 2838 Sandy Hook Rd			District	
	Owner: Rayland Memorial Baptist Church			Phone # Contact #: 804 556-4847	
	Address: 2838 Sandy Hook Road Goochland 23063				
	Proposed Use: Church	Current Use: Church	Existing Buildings on Property: Yes		
	Proposed Occupant Load (Commercial): Exst. Structure	Acreage:	Commercial Use: <input checked="" type="checkbox"/> Yes Church <input type="checkbox"/> No		
Subdivision: N/A	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A		
New Street Address:			Zoning District: A-2		
Front Setback: 100' From Row	Center Line Setback:	Rear Setback: 35'	C.U. Permit: N/A	Variance: N/A	
Side Setback: 30'	Side Setback: 20'	COA: N/A	Flood Zone: N/A		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					

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

Planning & Zoning Officer: Daniel Ford Date: 3/27/17

Applicant/Contact: Owner - Trustee of Rayland Memorial Church Phone: (804) 556-4500

Email: Rayland Memorial Church

CONTRACTOR INFORMATION	Contractor: Owner	Phone:
	Address:	
	Contractor License Number:	Type:

Description of Work	Scope of Work: Remove window to add a new door, deck and stairs to exist a exst. Building				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		93	93 sq ft deck/stairs	93	

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

VALUE OF WORK	
Building	\$7000.00
Excludes All Trades Permits	

Application Fee	\$ 50.50
Zoning Fee	\$ 50.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.17
R&D Total	\$ 109.67

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

# BUILDING PERMIT APPLICATION

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

TM: 30-1-0-4-0

Application Date: 12/12/16

Application Accepted: BP-2016-00993

GPIN: 6759-36-1874

Issued: 4.3.17

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

OWNER INFORMATION	Site Address 2838 Sandy Hook Road		District		
	Owner Trustees of Rayland Memorial Baptist Church		Phone #		
	Address 2838 Sandy Hook Road				
	Proposed Use Religious Bldg.	Current Use	Existing Buildings on Property Sanctuary & Educational Bldg.		
	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 checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District R2		
	Front Setback 100' from Row	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

Planning & Zoning Officer: *[Signature]* Date: 12/14/16  
 Chairman of Committee

Applicant/Contact: Philip Allen 804 514-4847 Phone: B. H. Webster 804 972 1091  
 Email: philip@allenelect.net

CONTRACTOR INFORMATION	Contractor Owner/contract	Phone
	Address	
	Contractor License Number	Type

Description of Work	Scope of Work: 9900 sq ft 2 story addition for social hall kitchen & classrooms <span style="background-color: pink;">Issued 4.3.17 - for foundation only</span>				
	SEWER Public/Private	WATER Public/Private	4 Communal Bathrooms		# of Bathrooms 2 M / 2 F
	# of Floors 2	Total Sq. Ft. 9900	Finished Sq. Ft. 9900	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	\$841,500.00	Application Fee	\$7986.26
Building	\$800,000.00	Zoning Fee	\$50.00
Excludes All Trades Permits		Septic/Well Fee	\$40.00
		State Levy Fee	\$160.52
		RLD Total	\$8236.78

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



# 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  
3-30-17

Date	3/28/17
Permit #	BP-2017-00009
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	1410 GRAND DRIVE	District	
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### PROPERTY OWNERSHIP

Name	STARWOOD CORPORATION	Phone	804-615-7842
Mailing Address	1401 GRAND DRIVE MANAKIN-SABOT, VA 23103		

### APPLICANT

Name	KEVIN B MITCHELL	Phone	804-350-4941
E-Mail Address	KIMKEVMITCHELLE@COX.NET		

### CONTRACTOR

Name	EASTERN ELECTRIC, INC	Phone	804-557-3677						
Mailing Address	10434 VIRGINIA RAIL CT. POW FORD, VA 23140	E-mail address:	KIMKEVMITCHELLE@COX.NET						
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705021797	Expiration	2-28-2019	License Type:	ELE	Class:	A

### DESCRIPTION OF WORK

WIRE NEW HOUSE			
WIRE 17KW GENERATOR			
# of Baths	Service Size	Power Company	Inquiry #
	200 AMPS	DOMINION VA POWER	10107374

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	Kevin B Mitchell	Value of Work:	15,000.00
Approval	F. R. R.	Permit fee:	90.25
Date	4-3-17	Issue date:	4-3-17



# 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	2-8-17
Permit #	011-2017-00099
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 <b>4090 Whitehall Rd, Sandy Hook, VA 23153</b>	District
--	----------

### PROPERTY OWNERSHIP

Name <b>Larry Eggleston</b>	Phone <b>8043572872</b>
Mailing Address <b>4090 Whitehall Rd, Sandy Hook, VA 23153</b>	

### APPLICANT

Name <b>Smart Homes of Viringia LLC</b>	Phone <b>434-960-4384</b>
E-Mail Address <b>dave@shova.net</b>	

### CONTRACTOR

Name <b>LCS Electrical</b>	Phone <b>5408945433</b>			
Mailing Address <b>357 Rollins Lane, Louisa, VA 23093</b>	E-mail address: <b>christmaslcs@aol.com</b>			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <b>2705004612</b>	Expiration <b>9/30/2017</b>	License Type: <b>ELE</b>	Class: <b>B</b>

### DESCRIPTION OF WORK

<b>Install 16KW generator and service disconnect transfer switch</b>			
<i>Value of work \$6500</i>			
# of Baths	Service Size <i>200Amps</i>	Power Company <i>DOM</i>	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: 6500

Permit fee: 53.85

Approval *[Signature]* Date 2-8-17

Issue date: 2-8-17



# 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	4/14/17
Permit #	M-287
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 3101 LOWRY ROAD	District
-----------------------------------	----------

### PROPERTY OWNERSHIP

Name LEE SONOKA	Phone
Mailing Address 3101 LOWRY RD, COLUMBIA, VA 23038	

### APPLICANT

Name RIC SEAZORN	Phone
E-Mail Address	

### CONTRACTOR

Name MANABIN ELECTRICAL	Phone 804 389-4242			
Mailing Address P.O. Box 147 ROCKVILLE VA 23146	E-mail address: RICHARD@MANABINELECTRICAL.NET			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705018630	Expiration 12-31-2018	License Type: ELE	Class: B

### DESCRIPTION OF WORK

INSTALL 20KW GENERATOR + 200 SERVICE RATED 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 Ric Seazorn  
Approval Fisher Date 4-14-17

Value of Work: 8600-  
Permit fee: 102.73  
Issue date: 4-14-17



# 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	4-7-17
Permit #	611-2017-276
Old Map #	
G-Pin	5789-59-1275

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 2963 Deer Haven Trail Columbia, VA 23038	District
--	----------

## PROPERTY OWNERSHIP

Name Susan Shumate	Phone 434-842-1945
Mailing Address 2963 Deer Haven Trail Columbia, VA 23038	

## APPLICANT

Name Kristen	Phone 434-222-2375
E-Mail Address email - kristen.kuznear@michaelandson.com	

## CONTRACTOR

Name Michael & Son Services	Phone 434-222-2375
Mailing Address 8553 Seminole Trail Puckersville, VA 22968	License Type Contractor
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2791038423
Expiration 12/31/2018	
Class A	

## DESCRIPTION OF WORK

Install 20kw generator			
Dominion			
# of Baths	Service Size	Power Company	Inquiry #

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

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

(Owner)

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

(Notary)

My commission expires \_\_\_\_\_

Signature of Applicant [Signature]  
Approval [Signature] Date 4-10-17

Value of work: \$9500  
Permit fee: 67.32 11.32  
Issue date: 4-10-17



# 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	4.3.17
Permit #	17-255
Old Map #	
G-Pin	

## LOCATION

Street Address	7214 Shenfield Ave Glen Allen, VA 23059	District	
----------------	---	----------	--

## PROPERTY OWNERSHIP

Name	Craig Callahan	Phone	804-477-3919
Mailing Address	7214 Shenfield Ave Glen Allen, VA 23059		

## APPLICANT

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

## CONTRACTOR

Name	Never Dark Whole House Generators		Phone	434-975-3275	
Mailing Address	2293 Seminole Lane Charlottesville, VA 22901		License Type	Contractors	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2710025076	Expiration	8-31-2018
			Class	A	

## DESCRIPTION OF WORK

wiring 22kw automatic generator to existing Transfer Switch for powering essential circuits only			
# 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: 1,800

Signature of Applicant Richard Medeiros

Permit fee: 30.60

Approval Fisher Date 4.3.17

Issue date: 4.3.17