

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: *BD-2017-00189*

GPIN: 6788-25-0389

Issued: 5-18-17

Tax Map 32-18-24

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>1718 Bridgewater Bluff</i>		District
	Owner <i>Blue Ridge Custom Home</i>		Phone # <i>804-614-4558</i>
	Address <i>1186 Lickinghole Rd</i>		
	Proposed Use	Current Use	Existing Buildings on Property
	Proposed Occupant Load (Commercial)	Acreage <i>4.913</i>	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Bridgewater</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <i>\$16,175.00</i>	Date Paid: <i>Due</i>	
	New Street Address _____		Zoning District <i>RR</i>		
	Front Setback <i>55' from ROW</i>	Center Line Setback _____	Rear Setback <i>35'</i>	C.U. Permit _____	Variance _____
	Side Setback <i>15'</i>	Side Setback <i>15'</i>	COA _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* Cash Proffer Due before C.O. is issued</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 Lloyd* Date: *3/14/17*

Applicant/Contact: *Nathan Brach* Phone: *540-478-3110*

Email: *Nathan.brach@gmail.com*

CONTRACTOR INFORMATION	Contractor <i>Blue Ridge Custom Homes</i>	Phone <i>804-614-4558</i>
	Address <i>1186 Lickinghole Rd</i>	
	Contractor License Number <i>2705086712</i>	Type <i>A</i>

Description of Work	Scope of Work: <i>New single family home with attached garage</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <i>2</i>		
	# of Floors <i>2</i>	Total Sq. Ft. <i>1032</i>	Finished Sq. Ft. <i>2935</i>	Unfinished Sq. Ft. <i>1197</i>	# of Bedrooms <i>4</i>

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

VALUE OF WORK		Total <i>1,665.29</i>	Application Fee	\$ <i>1249.50</i>
Building	<i>275,000</i>		Zoning Fee	\$ <i>50.00</i>
Excludes All Trades Permits			Septic/Well Fee	\$ <i>40.00</i>
			State Levy Fee	\$ <i>25.79</i>
			RLB	\$ <i>1000.00</i>
			Storm	\$ <i>200.00</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.

Nathan Brach

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: Ayrong Title Telephone: 804-237-8581

Mailing Address: 2203 Pump Road Henrico Va 23233

OWNER'S AFFIDAVIT

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

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

OFFICE USE ONLY

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

APPROVAL _____ DATE _____

Code Official

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

ISSUED 5.1.17

Application Date: 3/16/2017
 Application Accepted: BP-2017-00214
 Old Map Number: 26-17-0-5-0
 GPIN: 6709-93-8192

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 2436 HADENSVILLE FIFE RD, Goochland, VA 23063		District BYRD		
	Owner DOUG JESSEE / OAKWOOD HOMES		Phone # 804-269-1624 (804)-798-9135		
	Address 2996 RIVER ROAD, Goochland, VA 23063				
	Proposed Use RESIDENT	Current Use VACANT	Existing Buildings on Property NONE		
	Proposed Occupant Load (Commercial) NONE	Acreage 7.962	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: —	Date Paid: —	
	New Street Address		Zoning District A-1		
	Front Setback 55' from Row	Center Line Setback —	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date: 3/27/17

Applicant Contact: JOEL GOMES Phone: 804-798-9135
 Email: JOEL.GOMES@OAKWOODHOMES.COM

CONTRACTOR INFORMATION	Contractor OAKWOOD HOMES	Phone 804-798-9135
	Address 11160 WASHINGTON HWY, GLENALLEN, VA 23059	
	Contractor License Number	Type

Description of Work	Scope of Work: CLEARING, GRAVEL DRIVEWAY, SEWER EFFLUENT MODULAR FOUNDATION WELL, SEPTIC PLUMBING, ELECTRIC HOOKUP, HVAC INSULATION, BUILD 6FT X 34FT SADDLE ROOF AREAS, 6' X 6' BACKSTOPS, FINAL GRADING, INSTALL A WHOLE HOUSE GENERATOR.				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2		
	# of Floors ONE	Total Sq. Ft. 1920	Finished Sq. Ft. 1920	Unfinished Sq. Ft. 240 (Porch/Steps)	# of Bedrooms 3
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

Building	VALUE OF WORK \$132,600.00 \$125,000.00 Excludes All Trades Permits	Storm water \$200.00	Application Fee \$607.81
			Zoning Fee \$50.00
			Septic/Well Fee \$40.00
			State Levy Fee \$12.97
			RLD \$100.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. total: \$1010.78

Signature of Applicant: Joel Gomes AGENT/BUILDER

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

Application Date: 3-30-17

Application Accepted: BP-2017-00254

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	1701 MANAKIN ROAD		District
Owner	HAZEL FLEMING		Phone #
Address	1747 MANAKIN RD., MANAKIN SABOT, VA 23103		
Proposed Use	Current Use	Existing Buildings on Property	
NEW HOME	VACANT	STORAGE ACCESSORY BLDG	
Proposed Occupant Load (Commercial)	Acreeage	Commercial Use	
	3.46 AC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	N/A
New Street Address	Zoning District		
	A-2		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
55' from ROW		35'	N/A
Side Setback	Side Setback	COA	Flood Zone
20'	20'	N/A	N/A
APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <u>*Require change of use for existing structure.</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: Daniel Ford Date: 4/6/17

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

Email: DWILSON@STARWOODCORP.COM

Contractor	DANIEL WILSON CONSTRUCTION CO.		Phone
			804-615-7001
Address	1401 GRAND DR. MANAKIN SABOT, VA 23103		
Contractor License Number	Type	Expiration	
2701024509	CLASS A	6-30-18	

Description of Work	Scope of Work: TO BUILD A NEW SINGLE FAMILY RESIDENCE				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	1	1873	1760	113	3

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

VALUE OF WORK	
Building	\$133,000.
Excludes All Trades Permits	

Total: 913.51

Application Fee	\$ 1210.50
Zoning Fee	\$ 50.00
Septic/Well Fee	\$ 40.00
State Levy Fee	\$ 13.01
RLD	\$ 100.00

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

Signature of Applicant: Daniel Wilson

REVIEWED BY: Michael B...

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: COMMONWEALTH TITLE & ESCROW, SVS, INC. Telephone: 804-359-2382

Mailing Address: 5609 PATTERSON AVE, SUITE C, RICHMOND, VA 23226

OWNER'S AFFIDAVIT

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

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

OFFICE USE ONLY

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

APPROVAL _____ DATE _____
Code Official

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

ISSUED: 5-12-17

Application Date: 4-7-16
 Application Accepted: DP-2017-00782
 Old Map Number: 32-18-0-28-0
 GPIN: 6788-24-8902

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 1703 BRIDGEWATER BLUFF		District		
	Owner Only COSTA		Phone #		
	Address 507 N HAMILTON ST UNIT G Richmond VA 23221				
	Proposed Use SINGLE FAMILY	Current Use -	Existing Buildings on Property -		
	Proposed Occupant Load (Commercial)	Acreage 3.273	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision BRIDGEWATER	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: 16,175.00	Date Paid: Due	
	New Street Address		Zoning District RR		
	Front Setback 55' from ROW	Center Line Setback -	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 15'	Side Setback 15'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: * Cash Proffer due before C.O. is issued		

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

Planning & Zoning Officer: [Signature] Date: 4/12/17

Applicant/Contact: Scott O'Connell Phone: 804 641 8700
 Email: SCOTT.OCONNELL@BENCHMARKLLC.COM

CONTRACTOR INFORMATION	Contractor O'CONNELL CONSTRUCTION LLC	Phone 804 897 0143
	Address 2150 CARTER GARDEN BLVD TOWNSHIP VA 23139	
	Contractor License Number 2705111638	Type A

Description of Work	Scope of Work: NEW SINGLE FAMILY HOUSE dwelling w/ attached garage				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 3 1/2		
	# of Floors 2	Total Sq. Ft. 2800 4039	Finished Sq. Ft. 2800	Unfinished Sq. Ft. 2796 1234	# of Bedrooms 4

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

Building	VALUE OF WORK 225,000 255,975.00	Total 1,577.97	Application Fee	\$ 1,163.89
	Excludes All Trades Permits		Zoning Fee	\$ 50.00
			Septic/Well Fee	\$ 40.00
			State Levy Fee	\$ 24.08
			RLD	\$ 100.00
			Storm	200.00

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

Signature of Applicant: [Signature]

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: PHILIP Mc DANIEL Telephone: 804 379 0380

Mailing Address: PO BOX 353 MIDLOTTMAN VA 23113

OWNER'S AFFIDAVIT

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

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

OFFICE USE ONLY

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

APPROVAL *Michael Brady* DATE 5.12.17.
Code Official

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 5.12.17

Application Date: 4/13/17
 Application Accepted: BP-2017-00300
 Old Map Number: 30-8-18
 GPIN: 6759-70-4715

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 2419 Cheney Creek Road		District	
	Owner Chesterfield Construction Services, Inc. T/A Emerald Homes		Phone # 674-0231	
	Address PO Box 4309 Midlothian 23112			
	Proposed Use Single fam sub.	Current Use Same	Existing Buildings on Property	
Proposed Occupant Load (Commercial) N/A	Acreage 3.11 AC	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision Cheney's Creek	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 55' from ROW	Center Line Setback —	Rear Setback 35'	C.U. Permit N/A	Variance N/A
Side Setback 20'	Side Setback 20'	COA N/A	Flood Zone N/A	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 4/14/17

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

Contractor: Chesterfield Construction Svcs, Inc. Phone: 674-0231
 T/A Emerald Homes
 Address: PO Box 4309 Midlothian 23112
 Contractor License Number: 2701 024711 A Type: Class A-BLD Expiration: 9/30/17

Description of Work: Construct single family dwelling w/ attached garage
 # of Bathrooms: 2 1/2

SEWER Public/Private	WATER Public/Private	Finished Sq. Ft. 2042	Unfinished Sq. Ft. 446	# of Bedrooms 4
# of Floors 2	Total Sq. Ft. 2488			

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

VALUE OF WORK	
Building	147,225
Excludes All Trades Permits	

Application Fee	\$ 674.51
Zoning Fee	\$ 50.00
Septic/Well Fee	\$ 40.00
State Levy Fee	\$ 19.29
RLD	\$ 100.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. total: \$878.80
 Signature of Applicant: Ray Avery, IV

LIEN AGENT INFORMATION

Please check one of the following:

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

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

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

Mailing Address: PO Box 353
Midlothian 23113

OWNER'S AFFIDAVIT

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

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job. \$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee
Commercial fee is based on the building value of the job. \$ 0 to \$ 4000 of value... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee
RLD \$ 100.00
Septic & well \$ 40.80 For Commercial & Residential
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Zoning Commercial \$ 100.00
Zoning Residential SFD \$60.00 all other structures are \$ 25.00

OFFICE USE ONLY

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

APPROVAL _____ DATE _____

Code Official

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department

P.O. Box 119

Goochland, VA 23063

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

Application Date: 4.14.17
 Tax Map Number: 43-38-A-11-0
 OPIN Number: 6977-48-4653
 Permit Number: BP-2017-00302
 Fee:
 Issue Date: 5.3.17

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: 3136 Withers Lane Lot 11 Breeze Hill		DISTRICT:
	OWNER: Johnson Construction Co Inc		PHONE: 804-387-3060
	ADDRESS: P.O. Box 205 Rockville VA 23146		
	PROPOSED USE:	CURRENT USE:	EXISTING BUILDINGS ON PROPERTY:
PROPOSED OCCUPANT LOAD:	LOT SIZE: 2.42 Ac	COMMERCIAL USE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SUBDIVISION: Breeze Hill	Proffer: <input checked="" type="radio"/> Y <input type="radio"/> N	Amount: \$19,852 Date Paid: Due	
NEW STREET ADDRESS:	FRONT SETBACK: 40' from R/W	REAR SETBACK: 25'	
	CENTER LINE SETBACK:	S.U. PERMIT: N/A	
	SIDE SETBACK: 10'	CENSUS TRACK: N/A	
		FLOOD ZONE: N/A	
APPROVED: <input checked="" type="checkbox"/>	REJECTED: <input type="checkbox"/>	COMMENTS: *Cash Proffer is due before C.O. is issued.	

This application requires 2 copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: *David Floyd* 4/14/17

CONTRACTOR INFORMATION	CONTRACTOR: Johnson Construction Co Inc		PHONE: 804-387-3060
	ADDRESS: P.O. Box 205 Rockville VA 23146		
	CONTRACTOR LICENSE NUMBER: 2705706885	TYPE: BLD A	EXPIRATION:
	SCOPE OF WORK: New 2 story home with attached garage		
DESCRIPTION OF WORK	CONSTRUCTION TYPE:		ADDING ADDITION: Y/N
	SEWER: PUBLIC <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/>	WATER: PUBLIC <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/>	ADDING KITCHEN: Y/N
			ADDING BEDROOMS: Y/N #
	# OF FLOORS: 2	TOTAL SQ. FT: 4388	FINISHED SQ. FT: 3488
USE FOR FARM USE EXEMPTION: 4748		UNFINISHED SQ. FT: 900	
		# OF BEDROOMS: 4	
		# OF BATHROOMS: FULL 3 HALF 1	
		ACREAGE: 2.42	

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

VALUE OF STRUCTURE

BUILDING	550,000.00
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Excludes All Trades Permits

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

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

Signature of Applicant: *[Signature]*

Zoning - \$50.00, Well & septic - 40.00, stormwater \$200, RLD \$100.00, App Fee - \$2487.00
 Yard Level - \$50.54 total - \$2977.54

LIEN AGENT INFORMATION

Please check one of the following:

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

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

NAME: Old Republic TELEPHONE: 281-7490

MAILING ADDRESS: 1800 Bayberry Ct. Suite 104 Richmond, VA 23226

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

OWNERS AFFIDAVIT

I, _____ OF (address) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ AND THAT I HAVE APPLIED FOR A BUILDING PERMIT. I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1-1111 OF THE CODE OF VIRGINIA. _____ OWNER

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

(NOTARY)

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

[Signature]
APPLICANT SIGNATURE

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

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

DATE 4/14/17 _____
DATE _____

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA §36.99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTIONS 105.10 AND 121.1.1.

OWNER: _____

USE _____	USE TYPE CODE _____	CONSTRUCTION TYPE _____	OCCUPANT LOAD _____
APPROVAL _____	Code Official		DATE _____

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

Issued: 5-18-17

Application Date: 4-25-17

Application Accepted: BP-2017-00826

Old Map Number: 29-10-0-5-0

GPIN: 10749-52-1325

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: 3803 Riddles Bridge, Goochland, District: Goochland
 Owner: New Ventures Real Estate, 23063, Phone #: 804-839-7201
 Address: 11064 Anderson Hwy, Suite F, Powhatan, VA 23139
 Proposed Use: Single family dwellings, Current Use: Land, Existing Buildings on Property: N/A
 Proposed Occupant/Load (Commercial): N/A, Acreage: 22.08, Commercial Use: Yes No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: The Woods, Proffer: Yes No, Amount: N/A, Date Paid: N/A
 Riddles Bridge
 New Street Address: _____, Zoning District: A-2
 Front Setback: 75' from Row, Center Line Setback: _____, Rear Setback: 35', C.U. Permit: N/A, Variance: N/A
 Side Setback: 30', Side Setback: 30', C O A: N/A, Flood Zone: N/A

APPROVED REJECTED COMMENTS:

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

Planning & Zoning Officer: David Boyd, Date: 4/27/17

Applicant/Contact: Wendy Stinnett, Phone: 804-378-9300

Email: sprousescorner@gmail.com

Contractor: Anderson Home Construction, Phone: 804-839-7201

Address: 2080 Cartersville Rd, New Canton, VA 23123

Contractor License Number: 2705106351, Type: Class A, Expiration: 5/31/18

Description of Work: Scope of Work: single family dwelling with attached garage

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
1	2,448	1600	480 + 368	3

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

VALUE OF WORK

Building	200,000 175,000.00
Excludes All Trades Permits	

Total 1,206.29

Application Fee	\$ 799.50
Zoning Fee	\$ 50.00
Septic/Well Fee	\$ 40.00
State Levy Fee	\$ 16.79
RLD	\$ 100.00
STORM	200.00

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

Signature of Applicant: *[Signature]*

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Powhatan Real Estates Settlements Telephone: 804-598-7160
Mailing Address: 3887 Old Buckingham Rd - Powhatan, VA 23139

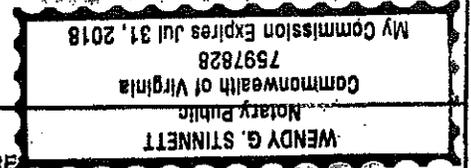
OWNER'S AFFIDAVIT

I, P. Alan Anderson of (address) Lots, Riddles Bridge Rd affirm that I am the owner of a certain tract of parcel of land located at Goodland Co. 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 (handwritten signature)

Signed and acknowledged by Wendy Stinnett in the city or county of Powhatan Virginia on the 24th Day of April, 2017 in the presence of the undersigned notary. My Commission expires 7-31-18.

Notary (handwritten signature)



ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURE

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 (handwritten signature)

PERMIT FEE SCHEDULE

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

OFFICE USE ONLY

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

APPROVAL (handwritten signature) DATE 5-18-17
Code Official

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

Application Date: 4.25.17
 Application Accepted: BP-2017-00329
 Old Map Number: 57-31-0-10-0
 GPIN: 7705-74-6601

ISSUED 5-16-17

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>1675 ROCHAMBEAU DR</u>		District <u>Dover</u>	
	Owner <u>DR DOUGLAS JESSUP</u>		Phone # <u>703-2828</u>	
	Address <u>10014 CASTLE RD. APT C. HENRICO VA 23238</u>			
	Proposed Use	Current Use	Existing Buildings on Property <u>YES BARN.</u>	
Proposed Occupant Load (Commercial)	Acreage <u>21.253</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>ROCHAMBEAU FARM</u>		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	New Street Address		Amount: <u>N/A</u>	
	Date Paid: <u>N/A</u>		Zoning District <u>A-2</u>	
	Front Setback <u>55' from ROW</u>	Center Line Setback	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>	Variances <u>N/A</u>
APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/> COMMENTS: <u>* EXISTING SFD must be removed within 60 days of C.O. for new SFD</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: [Signature] Date: 4/26/17

Applicant/Contact: JOHN W. MONTAGUE JR INC (WARREN) Phone: 804-784-4776
 Email: JWARRENMONTAGUE@GMAIL.COM

Contractor: JOHN W. MONTAGUE JR INC. Phone: 804. 784-4776
 Address: 310 RIVER ROAD WEST, MANATIN SABOT VA 23103
 Contractor License Number: 2701014152 Type: A Expiration: 10/31/17

Description of Work: NEW HOME w/ attached garage breezeway to

SEWER Public/Private	WATER Public/Private	3 Full 2-1/2		# of Bathrooms
# of Floors <u>2</u>	Total Sq. Ft. <u>6574</u>	Finished Sq. Ft. <u>3834</u>	Unfinished Sq. Ft. <u>2740</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 <u>PER RESIDENTIAL FEE CALCULATOR</u>		Application Fee	\$ <u>2002.53</u>
Building	<u>442,340</u>	Zoning Fee	\$ <u>50.00</u>
Excludes All Trades Permits		Septic/Well Fee	\$ <u>25.00</u>
		State Levy Fee	\$ <u>40.55</u>
		RLD	\$ <u>100.00</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. total:

Signature of Applicant: [Signature] \$2,218.08

Issued 5.3.17

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317
LOT 19-3 PARKSIDE VILLAGE

Application Date: 4-26-17
 Permit Number: BP-2017-0330
 Old Map Number: 48-19-0-19-0
 GPIN: 7738-11-3535

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 7292 Ellingham Court		District	
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parkside Village III</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>\$5987.00</u>	Date Paid: <u>Due</u>
	New Street Address		Zoning District <u>RPUD</u>	
	Front Setback <u>30' from Pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	C.U. Permit
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Census Track	Flood Zone
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Cash Proffer is due before C.O. is 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: <u>[Signature]</u> Date: <u>4/26/17</u>				
Applicant/Contact: BERTON JAMES			Phone (804)217-6910	
Email: <u>bjames@eagleofva.com</u>				
CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC		Phone (804)741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060			
	Contractor License Number 2705096467A	Type CLASS A	Expiration 6-30-2017	
Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
	1	2644	2084	560
			# of Bedrooms	
			3	
TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK

Building	\$153,660.00
Excludes All Trades Permits	

Application Fee	\$ <u>703.47</u>
Septic/Well Fee	\$ <u>—</u>
State Levy Fee	\$ <u>14.07</u>
Zoning Fee	\$ <u>50.00</u>
Total	\$ <u>767.54</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

Issued: 5-30-17

Application Date: *4-27-17*
 Application Accepted: *BP-2017-00337*
 Old Map Number: *65-18-0-8-0*
 GPIN: *6786-06-3206*

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>Lot 8 Deerfield-Beaverdam Creek Rd</i>		District	
	Owner <i>Casel, Richard M & Janice H.</i>		Phone # <i>(804) 569-9745</i>	
	Address <i>Po Box 1510, mechanicsville, VA 23116</i>			
	Proposed Use <i>Residential</i>	Current Use <i>None</i>	Existing Buildings on Property <i>none</i>	
	Proposed Occupant Load (Commercial) <i>N/A</i>	Acreage <i>5</i>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Deerfield</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 <i>---</i>		Zoning District <i>A-2</i>	
	Front Setback <i>75' from Rd</i>	Center Line Setback <i>---</i>	Rear Setback <i>35'</i>	C.U. Permit <i>N/A</i>
	Side Setback <i>20'</i>	Side Setback <i>80'</i>	C.O.A. <i>N/A</i>	Flood Zone <i>N/A</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* Side Setback to be Survey located South boundary.</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 *4/27/17*

Applicant/Contact: *Mike Krickortc* Phone *804-908-2253*
 Email: *mike@kandzbuilders.com*

CONTRACTOR INFORMATION	Contractor <i>Krickortc & Ziegler LLC</i>		Phone <i>804-569-9745</i>	
	Address <i>Po Box 1510 mechanicsville, VA 23116</i>			
	Contractor License Number <i>2705100072A</i>	Type <i>A</i>	Expiration <i>11/30/17</i>	

Description of Work	Scope of Work: <i>Build New Single Family home with 2 attached garages</i>				
	SEWER Public/Private <i>Private</i>	WATER Public/Private <i>Private</i>	<i>3 1/2 baths</i>		# of Bathrooms
	# of Floors <i>2</i>	Total Sq. Ft. <i>7025</i>	Finished Sq. Ft. <i>4972</i>	Unfinished Sq. Ft. <i>2,053</i>	# of Bedrooms <i>4</i>

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

VALUE OF WORK		Total <i>2,631.15</i>	Application Fee	\$ <i>2,392.50</i>
Building	<i>529,000</i>		Zoning Fee	\$ <i>50.00</i>
<i>Excludes All Trades Permits</i>			Septic/Well Fee	\$ <i>40.00</i>
			State Levy Fee	\$ <i>48.65</i>
			RLP	<i>100.00</i>

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

Signature of Applicant: *[Signature]*

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Richmond Settlement Solutions Telephone: 804-277-8858

Mailing Address: 9030 Stoney Point Parkway, Richmond, VA 23235

OWNER'S AFFIDAVIT

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

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

OFFICE USE ONLY

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

APPROVAL _____ DATE _____

Code Official

TB31110: 5-16-17

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317
LOT 1-3 PARKSIDE VILLAGE

Application Date: 5-4-17
 Permit Number: BP-2017-00358
 Old Map Number: 48.19.0.1.0
 GPIN: M38-11-3966

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 7223 Shenfield Avenue			District		
	Owner EAGLE CONSTRUCTION OF VA., LLC			Phone # 804-741-4663		
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060					
	Proposed Use		Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)		Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parkside Village III</u>		Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount <u>\$5987.00</u>	
	New Street Address —		Zoning District <u>RPUD</u>		Date Paid: <u>Due</u>	
	Front Setback <u>30' from Pavement</u>	Center Line Setback —	Rear Setback <u>50' B/S</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>	
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Census Tract <u>N/A</u>	Flood Zone <u>N/A</u>		
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: <u>* Survey locate setbacks. Side</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 Boyd Date: 5/10/17

Applicant/Contact: **BERTON JAMES** Phone: (804)217-6910

Email: bjames@eagleofva.com

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC		Phone (804)741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060			
	Contractor License Number 2705096467A		Type CLASS A	Expiration 3-31-2017

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms
	# of Floors		Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
	1	3119	2677	442	# of Bedrooms 3

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

VALUE OF WORK	
Building	\$217,350.00
Excludes All Trades Permits	

Application Fee	\$ 990.08
Septic/Well Fee	\$
State Levy Fee	\$ 19.80
Zoning Fee	\$ 50.00
Total	\$ 1059.88

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 5-16-17

Application Date: *5-8-17*
 Application Accepted: *BP-2017-00363*
 Old Map Number: *08-48-8-15-0*
 GPIN: *7715-56-4216*

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 834 Elmslie Lane Manakin Sabot, VA 23103		District Dover	
	Owner Boone Homes, Inc.		Phone # 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None	
	Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Kinlock Sec. 8</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>RPUD</i>	
	Front Setback <i>30' from Pave ment</i>	Center Line Setback —	Rear Setback <i>50' B/S</i>	C.U. Permit <i>N/A</i>
	Side Setback <i>20' B/S</i>	Side Setback <i>20' B/S</i>	COA <i>N/A</i>	Variance <i>N/A</i>
	Flood Zone <i>N/A</i>			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: *David Floyd* Date: *5/8/17*

Applicant/Contact: **David Owen** Phone: **804-708-5120**
 Email: **dowen@boonehomes.net**

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.	Phone 804-784-6192
	Address 129 Broad Street Road, Manakin Sabot, VA 23103	
	Contractor License Number 2705 022198A	Type BLD - <i>CBC</i> <i>PBC</i>

Description of Work	Scope of Work: New Single family home with attached Garage				
	SEWER Public/Private <i>XXXX</i>	WATER Public/Private <i>XXXX</i>	4.5		# of Bathrooms
	# of Floors 2	Total Sq. Ft. 4987	Finished Sq. Ft. 4144	Unfinished Sq. Ft. 843	# of Bedrooms 4

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

VALUE OF WORK		Application Fee \$ <i>1655.00</i>
Building	\$343,000	Zoning Fee \$ <i>50.00</i>
Excludes All Trades Permits		Septic/Well Fee \$ <i>—</i>
		State Levy Fee \$ <i>31.11</i>
		Net Total \$ <i>1,636.61</i>

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

Signature of Applicant: *[Signature]*

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: Old Republic National Title Insurance Co Telephone: 804-281-7484

Mailing Address: 1800 Bayberry Court, Suite 104, Richmond, VA 23226

OWNER'S AFFIDAVIT

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

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

OFFICE USE ONLY

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

APPROVAL _____ DATE _____

Code Official

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

Issued 5-16-17

Application Date: 5.12.17
 Application Accepted: BP-2017-00377
 Old Map Number: 58.48.8.2
 GPIN: 7715-57-4521

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 857 Elmslie Lane Manakin-Sabot, VA 23103		District Dover	
	Owner Boone Homes, Inc.		Phone # 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None	
Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Kinloch Sec. 8</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>RPU D</u>	
	Front Setback <u>20' from pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	C.U. Permit <u>N/A</u>
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	COA <u>N/A</u>	Variance <u>N/A</u>
	Flood Zone <u>N/A</u>			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Owen Date: 5/12/17

Applicant/Contact: David Owen Phone: 804-708-5120

Email: dowen@boonehomes.net

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.	Phone 804-784-6192
	Address 129 Broad Street Road, Manakin Sabot, VA 23103	
	Contractor License Number 2705 022198A	Type BLD

Description of Work	Scope of Work: New Single family home with attached Garage				
	SEWER Public/Private <u>XXXX</u>	WATER Public/Private <u>XXXX</u>	3.5		# of Bathrooms
	# of Floors 2	Total Sq. Ft. 4786	Finished Sq. Ft. 4170	Unfinished Sq. Ft. 616	# of Bedrooms 3

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

VALUE OF WORK	
Building	336,000.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <u>1524.00</u>
Zoning Fee	\$ <u>50.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>30.48</u>
REG Total	\$ <u>1604.48</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.

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: Old Republic National Title Insurance Co Telephone: 804-281-7484

Mailing Address: 1800 Bayberry Court, Suite 104, Richmond, VA 23226

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54,1-1111 of the Code of Virginia.

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

OFFICE USE ONLY

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

APPROVAL _____ DATE _____

Code Official

Issued 5.24.17
BUILDING PERMIT APPLICATION

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

LOT 28-3 PARKSIDE VILLAGE

Application Date:

05-16-17

Permit Number:

BP-2017-00388

Old Map Number:

48-19-028-0

GPIN:

7738-11-1343

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 7387 Bradwell Lane		District	
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Parkside Village</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <i>\$5987.00</i>	Date Paid: <i>Done</i>
	New Street Address _____		Zoning District <i>RPU D</i>	
	Front Setback <i>30' from pavement</i>	Center Line Setback _____	Rear Setback <i>50' B/S</i>	C.U. Permit <i>N/A</i>
	Side Setback <i>20' B/S</i>	Side Setback <i>20' B/S</i>	Census Tract <i>N/A</i>	Flood Zone <i>N/A</i>
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <i>* Cash Proffer is due before C.O. is issued.</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: *5/17/17*

Applicant/Contact: BERTON JAMES Phone (804)217-6910

Email: *bjames@eagleofva.com*

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC		Phone (804)741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060			
	Contractor License Number 2705096467A		Type CLASS A	Expiration 3-31-2017

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE				
	SEWER Public/Private	WATER Public/Private	2.5	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	2	3233	2677	556	3

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

VALUE OF WORK	
Building	\$221,625.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <i>1009.31</i>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <i>20.19</i>
Zoning Fee	\$ <i>50.00</i>
Total	\$ <i>1079.50</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: 5-30-17

Application Date:

received
5-12-17

Application Accepted:

BP-2017-00390

Old Map Number:

57-1-0-43 C

GPIN:

7715-02-5570

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
996 Manakin Road, Manakin Sabot, VA 23103

District
Dover

Owner
Sabatini Joseph A. and Nancy S. Trustees

Phone #
804-784-5356

Address
996 Manakin Road, Manakin Sabot VA 23103

Proposed Use
Garage

Current Use
N/A

Existing Buildings on Property
Residence

Proposed Occupant Load (Commercial)
N/A

Acreage
5.578

Commercial Use
 Yes No

Subdivision
None

Proffer
 Yes No

Amount:
N/A

Date Paid:
N/A

New Street Address

Zoning District
A-2

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 REJECTED COMMENTS:

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

Planning & Zoning Officer

David Floyd

Date 5/17/17

Applicant/Contact:

Joseph A. Sabatini - OWNER

Phone

804-814-4941

Email:

josephsabatini994@comcast.net

CONTRACTOR INFORMATION

Contractor

N/A OWNER

Phone

Address

Contractor License Number

Type

Expiration

Description of Work

Scope of Work:

Construction of 22x26 detached garage with unfinished storage area

SEWER
Public/Private
of Floors

WATER
Public/Private
Total Sq. Ft.
578

Finished Sq. Ft.

Unfinished Sq. Ft.
578 + 312

of Bathrooms

of Bedrooms

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

VALUE OF WORK

Building

884
\$10,000.00 + 2500.00 = 24,310.00

Excludes All Trades Permits

Application Fee

\$ 121.39

Zoning Fee

\$ 2500.00

Septic/Wall Fee

\$

State Levy Fee

\$ 2.43

R.T. TOTAL

148.82

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

Signature of Applicant

Joseph A. Sabatini

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: 3-13-17 **received**
 Application Accepted: BP-2017-00194
 GPIN: 6798-84-0299
 Issued: 3-28-17

Tax Map # 33-9-0-10-0

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 2301 Temple Lane Rockville ²³¹⁴⁶ District
 Owner Kelly Moore Phone # _____
 Address 2301 Temple Lane Rockville VA 23146
 Proposed Use _____ Current Use _____ Existing Buildings on Property _____
 Proposed Occupant Load (Commercial) _____ Acreage _____ Commercial Use
 Yes No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision Temple Heights Proffer Yes No Amount: _____ Date Paid: _____
 New Street Address _____ Zoning District RR
 Front Setback 55' from Row Center Line Setback _____ Rear Setback 5' C.U. Permit _____ Variance _____
 Side Setback 5' Side Setback 35' 0" from side COA _____ Flood Zone _____
 APPROVED REJECTED COMMENTS: 35' From Property line on outside of side.

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 3/13/17

Applicant/Contact: OWNER Phone 804-441-1012

Email: DG11261126@aol.com

CONTRACTOR INFORMATION
 Contractor _____ Phone _____
 Address _____
 Contractor License Number _____ Type _____ Expiration _____

Description of Work
 Scope of Work: Detached garage 32' x 40' 5-22-17 Revised
Roof detail on garage

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. <u>1,280</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1280</u>	# of Bedrooms

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

Building	VALUE OF WORK <u>35,200</u>	YUSI LIN Notary Public Commonwealth of Virginia Registration No. 7196409 My Commission Expires Dec 31, 2020	Application Fee \$ <u>110.40</u>
<u>15,000</u>	Excludes All Trades Permits		Zoning Fee \$ <u>25.00</u>
			Septic/Well Fee \$ _____
			State Levy Fee \$ <u>3.41</u>
			RLD Total \$ <u>198.81</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 Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5661 TDD 711 Va Relay

Issued: 5-23-17

Application Date: 5-18-17
 Application Accepted: BP-2017-00398
 Old Map Number: 42.37.1.59.0
 GPIN: 6057-68-2524

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 3267 Bayberry Lane Goochland 23063		District Lickinghole	
	Owner Lisa P. Phoenix		Phone #	
	Address 3267 Bayberry Lane Goochland VA 23063			
	Proposed Use 14'x28' In Pool	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreeage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision Holland H. 71s	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
New Street Address		Zoning District R0		
Front Setback 55' From Row	Center Line Setback	Rear Setback 5'	C,U. Permit N/A	Variance N/A
Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Lloyd Date: 5/19/17

Applicant/Contact: Lisa Phoenix Phone: 540 429-8364

Email: lisaphnx@gmail.com

CONTRACTOR INFORMATION	Contractor SELF		Phone	
	Address			
	Contractor License Number		Type	Expiration

Description of Work	Scope of Work: Install 14'x28' In ground swimming pool - Gunitc w/fence barrier			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 392	Finished Sq. Ft. 287	Unfinished Sq. Ft. 392

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

VALUE OF WORK	
Building	\$11,530
Excludes All Trades Permits	

Application Fee	\$103.85
Zoning Fee	\$25.00
Septic/Well Fee	\$
State Levy Fee	\$1.28
TOTAL	\$130.13

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

Signature of Applicant

Lisa P. Phoenix

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23083
 (804) 556-5815 Fax (804) 556-8651 TDD 711 Va Relay

Issued 5-19-17

Application Date: **4.17.17**

Application Accepted: **BP-2017-00310**

Old Map Number: **2.4.0.2.0**

GPIN: **6814.83.5050**

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 **4222 Chestnut Hills Dr.** District _____

Owner **Donald Weller** Phone # **1-302-222-4993**

Address **same as above**

Proposed Use _____ Current Use _____ Existing Buildings on Property _____

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

TO BE COMPLETED BY ZONING DEPARTMENT

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

New Street Address _____ Zoning District _____

Front Setback _____ Center Line Setback _____ Rear Setback _____ C.U. Permit _____ Variance _____

Side Setback _____ Side Setback _____ COA _____ Flood Zone _____

APPROVED REJECTED COMMENTS: _____

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: **Bill Love / Contractor** Phone **434-249-5500 ***

Email: **albemarlehome services@gmail.com**

Contractor **Bill Love / Albemarle Home Svcs** Phone **434-964-1940**

Address **4102 Dickerson Rd., Charlottesville, VA. 22911**

Contractor License Number **2705119001** Type **Class A** Expiration **12-31-2017**

Description of Work: **Scope of Work: Add ~~deck~~ room MECHANICAL ON EXISTING DECK.**

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	24		24	

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

VALUE OF WORK	
Building	\$4000
Excludes All Trades Permits	

Application Fee	\$ 30.00
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ 5 .60
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: *William R. Jett*



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

Issued 5.19.17

Office Use Only

Application File Date: <u>5.19.17</u>	Application No.: <u>AP-2017-00397</u>	Fee: \$25.00
Zoning Approval: Yes <u>[Signature]</u>	No: _____	Date: <u>5/19/17</u>

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Donald L. Ashburn Jr
Address: 1163 Lake Pointe Circle
Oilville, VA 23129
E-mail: donashburn74@gmail.com

Telephone: 804-874-2513
Cell phone: Same
FAX: NA

Name of Applicant: _____
Address: _____
E-mail: _____

Telephone: _____
Cell phone: _____
FAX: _____

Property Information

Street Address: 1163 Lake Pointe Circle
GPIN Number: 45-18-0-6-0
Existing Use: Residence and Pasture

Zoning: A2
Acreage: 8.012

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): 864 ft²

2. Written Description of Proposed Physical Improvements:

2 Stall Horse Barn - 2 12'x12' stalls, 1 12'x12' utility stall,
1 12'x36' Isle, 1 12'x36' Hay Loft. This will be attached
to an existing shed that will serve as the tack room.

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: **received**
5-11-17

Application Accepted: **BP-2017-00380**

Old Map Number: **58-21-C-60**

GPIN: **7716-12-9494**

Issued: 5-19-17

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: 9 Quail Run Dr Manakin Sabot, 23103		District: 23103		
	Owner: Coleman & Megan Pollard		Phone #: 804 564 2939		
	Address: Same				
	Proposed Use: Res	Current Use: Res	Existing Buildings on Property: Home		
	Proposed Occupant Load (Commercial):	Acreage: 4.2	Commercial Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: Broad Run 2	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address:		Zoning District: R-3		
	Front Setback: 40' from ROW	Center Line Setback: ---	Rear Setback: 25'	C.U. Permit: N/A	Variance: N/A
	Side Setback: 10'	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: **Daniel Ford** Date: **5/15/17**

Applicant Contact: **Coleman Pollard - Owner** Phone: **804-564-2939**
 Email: **colemanpollard@gmail.com**

Contractor Information:
 Contractor: **RVA Craftsmen, LLC - Rob Edwards** Phone: **804 283 0356**
 Address: **1025 Byswick Lane Richmond VA 23225**
 Contractor License Number: _____ Type: _____ Expiration: _____

Description of Work:
Replace Deck w/ new deck - ~~use~~ new handrails & stairs

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

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

VALUE OF WORK

Building	30,000
Excludes All Trades Permits	

Application Fee	\$ 141.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$ _____
State Levy Fee	\$ 2.94
RLD	\$ 174.94

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
11-29-16

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

ISSUED: 12.13.16

Application Date: 11-29-16
 Application Accepted: BP-2016-00939
 Old Map Number: 63-38-05-0
 GPIN: 7724-14-6155

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>313 VICTORIA WAY RICHMOND, VA 23238</u>		District	
	Owner <u>DELSOL GROUP LLC</u>		Phone # <u>804-740-7119</u>	
	Address <u>PO Box 29321 RICHMOND VA 23238</u>			
	Proposed Use <u>RESIDENCE</u>	Current Use	Existing Buildings on Property <u>N/A</u>	
Proposed Occupant Load (Commercial)	Acreage <u>0.46</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>CREEKMORE PARK</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: <u>2316.00</u>	Date Paid: <u>9775 12.2.2016</u>
	New Street Address		Zoning District <u>R-3</u>	
	Front Setback <u>40' from ROW</u>	Center Line Setback	Rear Setback <u>25'</u>	C.U. Permit <u>N/A</u>
	Side Setback <u>10'/25'</u>	Side Setback <u>10'/25'</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: Donald Ford Date: 12/2/16

Applicant/Contact: DELSOL GROUP, LLC / DONALD WILSON Phone: 804-740-7119
 Email: DONALDWIL@AOL.COM

CONTRACTOR INFORMATION	Contractor <u>DELSOL GROUP, LLC</u>		Phone <u>804-740-7119</u>		
	Address <u>PO Box 29321 RICHMOND VA 23242</u>				
Description of Work	Contractor License Number <u>2705076637</u>		Type <u>CLASS A</u>	Expiration <u>5/31/17</u>	
	Scope of Work: <u>NEW RESIDENCE. w attached garage 2nd floor will be finished</u> <u>Revised 5/17/17 finish basement into entertainment room / unfinished</u>				
	SEWER Public/Private # of Floors <u>3</u>	WATER Public/Private Total Sq. Ft. <u>5207</u>	Finished Sq. Ft. <u>3210 3540</u>	Unfinished Sq. Ft. <u>1667 1997</u>	# of Bathrooms <u>4</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	<u>\$ 371,747.50 Total</u>
Building	<u>\$ 357,722.50</u>
Excludes All Trades Permits	

Application Fee	\$ <u>1,621.75</u>
Zoning Fee	\$ <u>50.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>32.44</u>
RLD Total	<u>1,704.19</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: Donald Wilson Revision fee: \$64.37

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 5.18.17

Application Date: 5/16/17
 Application Accepted: BP-2017-00386
 Old Map Number: 67-23-B-13-0
 GPIN: 7733-36-8742

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 38 DAHLGREN RD.		District	
	Owner JOAH RAHMANI		Phone #	
	Address 38 DAHLGREN RD.			
	Proposed Use SFD	Current Use SAME	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 Lower Tuckahoe	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address —		Zoning District R-1	
	Front Setback 40' From Row	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
	Side Setback 15'	Side Setback 15'	C.O.A. N/A	Variance N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: David Taylor Date: 5/16/17

Applicant/Contact: TOM PAUL, PRES. Phone: 804 837 8998
 Email: TOM @ PDCVA.COM

Contractor: PREMIERE DESIGN & CON., INC. Phone: 804 288 4999
 Address: 2114 W. CARY ST., RICHMOND VA 23220
 Contractor License Number: A-2765043273 Type: G.C.A. Expiration: 1/31/18

Description of Work:
 Add 16'x16' ADDITION (FAMILY ROOM)

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. 304	Finished Sq. Ft. 256	Unfinished Sq. Ft. 48	# of Bedrooms

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

VALUE OF WORK
 Building: 25000.00
 Excludes All Trades Permits

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

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: Tom Paul

Issued 5-18-17



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:

Application No.:

AP 2017-00392

Fee: \$25.00

Zoning Approval:

Yes

David Land

No:

Date:

5-17-17

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: ERNEST B. PRYOR

Telephone: 804-457-4099

Address: 3590 PRYOR ROAD

Cell phone: 804-387-8790

GOOCHLAND, VA. 23063

FAX: _____

E-mail: PRYORE1@GMAIL.COM

Name of Applicant: ERNEST B. PRYOR

Telephone: 804-457-4099

Address: 3590 PRYOR Rd.

Cell phone: 804-387-8790

GOOCHLAND, VA 23063

FAX: _____

E-mail: PRYORE1@GMAIL.COM

Property Information

Street Address: 3590 Pryor Rd.

Zoning: A-1

GPIN Number: 6812-90-0473

Acreage: 48.8

Existing Use: FARM LAND - PASTURE

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): 864

2. Written Description of Proposed Physical Improvements

18 x 48' Pole BARN to store Farm Equipment

Issued 5-18-17

5-17-17



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:	Application No.: <u>AP 2017-00395</u>	Fee: \$25.00
Zoning Approval: Yes <u>David Taylor</u>	No:	Date: <u>5/17/17</u>

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Jerry Jennings
 Address: 5381 Martin Rd
Kent, Sta. Va. 23084
 E-mail: _____

Telephone: 540-223-0887
 Cell phone: _____
 FAX: _____

Name of Applicant: Dick Dwyer - Motion Buildings
 Address: P.O. Box 399
 E-mail: _____

Telephone: 540-229-5380
 Cell phone: _____
 FAX: _____
office 540-825-3633

Property Information

Street Address: 5381 Martin Rd. Kent, Sta. Va. 23084
 GPIN Number: 1-1-27 6804-92-5654
 Existing Use: _____

Zoning: A-1
 Acreage: 76.77

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: NO

Project Information

1. Estimated square footage of the building(s): 1080 30 x 36
2. Written Description of Proposed Physical Improvements

Storage building for storage of farm
equipment

789116 5-16-17

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

Tax Map # 64-25-1-18-A

Application Date: 3-8-17

Application Accepted: DP-2017-00174

GPIN: 7724-6A-5362

Issued: 5-16-17

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 870 Broad Branch Dr. Goochland VA		District	
	Owner Bristol Broad Branch Partners. LLC 23238		Phone #	
	Address 381 Malloy station Rd ste. 204 Franklin TN 37067			
	Proposed Use Construction trailer	Current Use N/A	Existing Buildings on Property N/A	
Proposed Occupant Load (Commercial) 2	Acreage 20	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision Bristol Apartments West Creek		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: —	Date Paid: —
New Street Address		Zoning District M-1		
Front Setback 20' from R/W	Center Line Setback —	Rear Setback 5'	C.U. Permit —	Variance —
Side Setback 5'	Side Setback 5'	C O A —	Flood Zone —	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Boyd Date: 3/6/17

Applicant/Contact: Bache whitlocks. Phone: 301-343-0885

Email: bwhitlock@fortune-johnson.com.

CONTRACTOR INFORMATION	Contractor Fortune Johnson		Phone	
	Address 8605 westwood center dr. Suite. 401- Vienna VA 22185			
	Contractor License Number 2705-078977A	Type Class A GC.	Expiration 09-30-2017	

Description of Work	Scope of Work: 12x60 Construction trailer. used for office				
	SEWER Tank Public/Private	WATER Tank Public/Private	# of Bathrooms		
	# of Floors 1.	Total Sq. Ft. 790.	Finished Sq. Ft. N/A	Unfinished Sq. Ft. N/A	# of Bedrooms N/A

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

VALUE OF WORK 283.00 month x 18

Building	5,094.00
Excludes All Trades Permits	

Application Fee	\$ 40.39
Zoning Fee	\$ 50.00
Septic/Well Fee	\$
State Levy Fee	\$.81
R&D Total	\$ 91.20

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 David Boyd