

**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: 5/16/17

Application Date: **received**  
 5-12-17  
 Application Accepted: **PK-2017-00384**  
 Old Map Number: **62-31-C-21-0**  
 GPIN: **7105-31-4938**

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 <b>565 ICE POND COVE, 23103</b>		District <b>Manatim Subot</b>		
	Owner <b>CHAD HORNIK</b>		Phone # <b>804-539-6600</b>		
	Address <b>565 ICE POND COVE, 23103</b>				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

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

Applicant/Contact: **Chad Hornik** Phone **804-539-6600**  
 Email: **cdhornik@gmail.com**

CONTRACTOR INFORMATION  
 Contractor: **Chad Hornik** Phone **804-539-6600**  
 Address: **565 ICE POND COVE, 23103**  
 Contractor License Number \_\_\_\_\_ Type \_\_\_\_\_ Expiration \_\_\_\_\_

Description of Work  
**Scope of Work: FINISHING OFF ROOM ABOVE GARAGE TO BE A REC ROOM Interior remodel of kitchen, remodel 1st & 2nd floors + master bath**

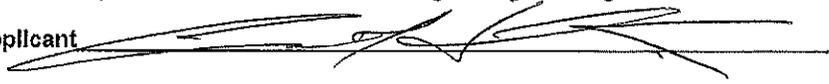
SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. <b>600</b>	Finished Sq. Ft. <b>600</b>	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK  
 Building **\$7495<sup>00</sup>**  
 Excludes All Trades Permits

Application Fee	\$ <b>45.73</b>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <b>.91</b>
<b>RLD Total</b>	\$ <b>46.64</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 

**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: 5-9-17  
 Application Accepted: BP-2017-00372  
 Old Map Number: 57-2-0-15-0  
 GPIN: 7716-27-0085

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 1665 Manakin Rd		District Drove		
	Owner Herman & Linda Fleming		Phone # 804 784 3688		
	Address Manakin SAbot VA 23103				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage .74	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Mount Olive Terrace		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 Road	Center Line Setback ---	Rear Setback 5'	C.U. Permit N/A	Variance N/A
	Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date: 5/10/17

Applicant/Contact: Herman Fleming Phone: (804) 784-3688  
 Email: hermanfleming44@comcast.net

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

Description of Work	Scope of Work: <u>Construct 30x 40 unfinished detached garage</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>1,200.00</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1,200.00</u>	# of Bedrooms

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

VALUE OF WORK	
Building	<u>20,000.00</u> <u>33,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>160.50</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>3.21</u>
<del>REL</del> Total	\$ <u>188.71</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: Herman & Linda Fleming

**received**  
5-5-17

**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 Date: 4/26/2017  
Application Accepted: *BP-2017-00365*  
Old Map Number: 21-10-0-13-0  
GPIN: 68503-1182

*Issued 5-15-17*

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 2920 STONE CREEK DRIVE		District		
	Owner LEONARD & PAULA ARCHER		Phone #		
	Address 2920 STONE CREEK DRIVE				
	Proposed Use DWELLING	Current Use DWELLING	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acresage 3.0	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision MILL FOREST	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: 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	

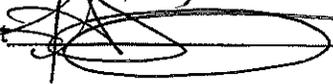
Description of Work	Scope of Work: CRAWLSPACE ENCAPSULATION				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 1064	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	11991.09
<i>Excludes All Trades Permits</i>	

Application Fee	\$ 65.96
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ 1.32
<b>NET Total</b>	<b>\$ 67.28</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: 5-15-17

Application Date: 5-10-17  
 Application Accepted: DP-2017-00371  
 Old Map Number: 58-45-0-15-0  
 GPIN: 7716-95-7127

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 1511 Centerville Park Dr.			District	
	Owner Mindy Barnes			Phone #	
	Address 1511 Centerville Park Dr. Manakin Sabot VA 23103				
	Proposed Use deck	Current Use deck	Existing Buildings on Property house & deck		
	Proposed Occupant Load (Commercial)	Acreage 2 1/2	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: Add-A-Deck / Jay Gillette Phone: (804) 285-4239  
 Email: jay@addadeck.com

Contractor: Add-A-Deck Phone: (804) 285-4239  
 Address: 6408  
 Contractor License Number: 2781-033201-A Type: Build A Expiration: 11/2018

Description of Work: Scope of Work: Existing Deck Framing Remains Resurfacing Only. Demo and Nail old Deck's decking, stairs, & railing. Re-Deck existing deck. Install Guardrail, stairs, & Handrail.

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	\$ 7822.00
Excludes All Trades Permits	

Application Fee	\$ 44.5748.14
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ _____
<b>TOTAL</b>	<b>\$ 48.14</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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 P O Box 119  
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 (804) 556-5815 Fax (804) 556-5851 TDD 711 Va Relay

Issued 5.15.15

Application Date: 5.8.17  
 Application Accepted: BP-2017-00366  
 Old Map Number: 47-12-0-2-B2  
 GPIN: 7717-16-3289

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 2395 Manakin Rd. Manakin School Va	District
Owner Jeffery Moore	Phone # 804 641-2891
Address Same as above	
Proposed Use In swimming pool	Existing Buildings on Property House
Proposed Occupant Load (Commercial)	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acreage 2	

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-2		
Front Setback 75' from Row	Center Line Setback -	Rear Setback 5'	C.U. Permit N/A
Side Setback 5'	Side Setback 5'	COA N/A	Variance N/A
Flood Zone N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: Daniel Ford Date: 5/8/17

Applicant/Contact: Jeff Moore Phone: 804 641-2891

Email: jeff.dyer@hotmail.com

CONTRACTOR INFORMATION	Contractor SELF	Phone
	Address	
	Contractor License Number	Type
		Expiration

Description of Work	Scope of Work: Install 18' x 34' In Ground Swimming Pool w/ existing fence barrier				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 612	Finished Sq. Ft. <del>612</del>	Unfinished Sq. Ft. 612	# of Bedrooms

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

VALUE OF WORK	
Building	# 15,900 <del>#16,830.00</del>
Excludes All Trades Permits	

Application Fee	\$ 87.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.49
<b>Total</b>	<b>\$ 114.49</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: Jeffery Moore

# 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 5.15.17

5.9.17

Application Accepted: BP-2017-00369

Old Map Number: SS-18-0-12-0

GPIN: 6776-95-3901

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 1610 BEAURDAM CREEK RD.		District		
	Owner FARLEIGH FITZGERALD		Phone # 303-859-4177		
	Address 1610 BEAURDAM CREEK RD. CROZIER VA 23039				
	Proposed Use NEW DECK	Current Use YARDS	Existing Buildings on Property NONE		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Deerfield	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 75' 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: 5/16/17

Applicant/Contact: RICHARD BROWN Phone: 804-519-1775  
 Email: MAGNOLIARON@AOL.COM

CONTRACTOR INFORMATION	Contractor MAGNOLIA RENOVATIONS LLC	Phone 804-519-1775
	Address 3411 WHITE AVE RICHMOND, VA. 23221	
	Contractor License Number 2705 1304 25	Type C-HIC

Scope of Work:  
 CONSTRUCT NEW DECK PER APPROVED PLANS

SEWER Public/Private	WATER Public/Private	# of Bathrooms	
# of Floors	Total Sq. Ft. 660s/F	Finished Sq. Ft.	Unfinished Sq. Ft. 660s/F
		# of Bedrooms	

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

### VALUE OF WORK

Building	* 9,000
Excludes All Trades Permits	

Application Fee	\$ 57.50
Zoning Fee	\$ 35.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.05
RLD Total	\$ 98.55

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 RLB

**received**  
3-8-17

**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 Date: March 7, 2017  
Application Accepted: BP-2017-00185  
Old Map Number: 42-1-122  
GPIN: 6767-09-3012

*Issued 5-15-17*

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. 012

OWNER INFORMATION	Site Address 2724 Fairground Road, Goochland, VA 23063		District	
	Owner Courthouse Ventures LLC		Phone # 252.492.8990	
	Address 208 N Garnett Street, Henderson, NC 27536			
	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	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District 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 checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: Anita Barnes Date: 5-2-2017

Applicant/Contact: Donna Brown - Interplan LLC Phone 732.616.4625  
Email: dbrown@interplanllc.com

CONTRACTOR INFORMATION	Contractor <del>ISE</del> <u>KMD Construction LLC</u>	Phone <u>704-636-6560</u>
	Address <u>1001 Old West Innes Street Salisbury, NC 28144</u>	
	Contractor License Number <u>2905090150</u>	Type <u>CBC</u>

Description of Work	Scope of Work: Remodel of existing Food Lion.				
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms		
	# of Floors <u>1</u>	Total Sq. Ft. <u>33,844</u>	Finished Sq. Ft. <u>33,844</u>	Unfinished Sq. Ft.	# of Bedrooms <u>N/A</u>

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

VALUE OF WORK	
Building	347,750.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <u>3295.63</u>
Zoning Fee	\$ -----
Septic/Well Fee	\$ -----
State Levy Fee	\$ <u>65.91</u>
<del>SEP</del> Total	\$ <u>3361.54</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: Donna Brown

**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

Issued: 5-12-17

Application Date: 5/11/17

Application Accepted: DP-2017-00351

Old Map Number: 43-33-0-14-0

GPIN: 6777-04-4202

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 1836 Blackwood Dr, Maidens, VA		District		
	Owner Robinson Bridges		Phone # 240-7113		
	Address 1836 Blackwood Dr				
	Proposed Use	Current Use	Existing Buildings on Property Yes		
	Proposed Occupant Load (Commercial)	Acreage 9.39	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Longwood	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	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:				

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: Daniet Floyd Date: 5/5/17

Applicant/Contact: Lowry Building Corp (Guy Lowry) Phone: 794-3553

Email: Iguy@verizon.net

Contractor: Lowry Building Corp Phone: 794-3553  
 Address: P.O. Box 1208 Middlebrook VA 23113  
 Contractor License Number: 2705081620 Type: A Expiration: 1/31/18

Description of Work:  
 Construct 1158 (approx) sq ft addition to existing home + <sup>to include bedroom, bathroom, closet</sup>  
 # of Bathrooms: 3 total

SEWER Public/Private	WATER Public/Private	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
<u>1</u>	<u>1158</u>	<u>1158</u>	<u>316</u>	<u>1</u>

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

VALUE OF WORK		Total \$369.46	Application Fee	\$ 337.91
Building	72,380.00		Zoning Fee	\$ 2,500.00
Excludes All Trades Permits			Septic/Well Fee	\$
			State Levy Fee	\$ 6.75
			<b>Total</b>	<b>\$ 369.46</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: Guy Lowry

**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: 5.4.17  
 Application Accepted: BP-2017-00353  
 Old Map Number: 57-30-0-55-0  
 GPIN: 7705-05-4966

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 1275 TURKEY TROT ROAD, MANAKIN SAZOT		District		
	Owner ANDY & PAT MICHAEL		Phone # 804 677 3867		
	Address 1275 TURKEY TROT ROAD, MANAKIN SAZOT VA. 23103				
	Proposed Use N-C	Current Use SINGLE FAM	Existing Buildings on Property 2		
Proposed Occupant Load (Commercial)	Acreage 11.7	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Dover Lake SAZOT HILL	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	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:				

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: 5/5/17

Applicant/Contact: MILES WHITTEN, RIDGELINE CONST. INC. Phone: 804 400 8676  
 Email: MWHITTEN@RIDGELINECONSTRUCTION.COM

CONTRACTOR INFORMATION	Contractor RIDGELINE CONSTRUCTION, INC	Phone 804 897 2343
	Address 402 LANCY DRIVE MIDLOTHIAN, VA. 23114	
	Contractor License Number 2705023188	Type A CBC/RBC

Description of Work	Scope of Work: <u>ADD A BAY TO THE EXISTING GARAGE, ADD A COVERED SIDEWALK FROM HOUSE TO GARAGE, RENOVATE SECOND FLOOR OF MAIN HOUSE, BUILD A MASTER BATH/CLOSET ADDITION</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 3.5		
	# of Floors 2	Total Sq. Ft. 3879.00	Add. Finished Sq. Ft. 451	Unfinished Sq. Ft. 288	# of Bedrooms 4 (NC)
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Application Fee	\$1601.24
Building	#366,000. <sup>00</sup>	Zoning Fee	\$25.00
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$33.23
		<del>\$\$\$</del> Total	\$1719.47

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 5.12.17

Application Date: May 1, 2017

Application Accepted: **BP-2017-00342**

Old Map Number: **30.1.0.12.C**

GPIN: 6759-63-5625

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 2637 Sandy Hook Road		District		
	Owner Lurlean Jackson		Phone # 804.221.0268		
	Address 2637 Sandy Hook Road				
	Proposed Use Sunroom	Current Use N/A	Existing Buildings on Property Home & Detached Shed		
	Proposed Occupant Load (Commercial) N/A	Acreage 3.13	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</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>A-2</i>		
	Front Setback <i>100' from ROW</i>	Center Line Setback	Rear Setback <i>35'</i>	C.U. Permit <i>N/A</i>	Variance <i>N/A</i>
	Side Setback <i>20'</i>	Side Setback <i>20'</i>	C.O.A. <i>N/A</i>	Flood Zone <i>No</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 *5/1/17*

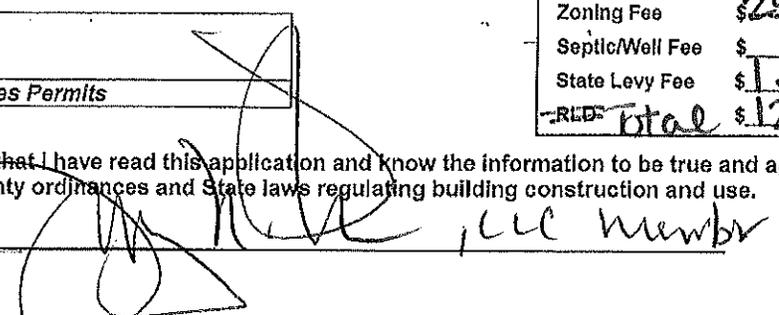
Applicant/Contact: Jeremy N. Shank, LLC Member Phone 804.400.3545

Email: Jeremy@ParagonRVA.com

CONTRACTOR INFORMATION	Contractor Paragon Construction Company LLC		Phone 804.744.8480	
	Address 12747 Oak Lake Court			
	Contractor License Number 2705079880	Type Class A	Expiration 4-30-2018	

Description of Work	<b>Scope of Work:</b> Construct new 10'6" wide x 13'5 1/2" long sunroom. New footings and masonry piers including 6'-6" wide x 3' deep wood framed landing with steps to grade.				
	SEWER Public/Private	WATER Public/Private	0		# of Bathrooms
	# of Floors 1	Total Sq. Ft. 159.3	Finished Sq. Ft. 141.3	Unfinished Sq. Ft. 18	# of Bedrooms 0

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

VALUE OF WORK		Application Fee \$ <i>98.38</i>	
Building 19,195		Zoning Fee \$ <i>25.00</i>	
Excludes All Trades Permits		Septic/Well Fee \$	
		State Levy Fee \$ <i>1.97</i>	
		<del>REC</del> Total \$ <i>125.35</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 *Jeremy N. Shank, LLC member*

**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: 5-5-17

Application Accepted: DP-2017-00360

Old Map Number: 56-50-46-0

GPIN: 6796-51-4169

*Issued: 5-12-17*

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>1240 Shallow Well Rd</u>		District		
	Owner <u>Tracy Tucker</u>		Phone #		
	Address <u>1240 Shallow Well Rd Manakin-Sabot Va</u>				
	Proposed Use <u>Pool</u>	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</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-2</u>		
	Front Setback <u>75' from Power</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>
	Side Setback <u>5"</u>	Side Setback <u>5'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 5/8/17

Applicant/Contact: Ultimate Pools Inc. Phone: 804-749-4706

Email:

CONTRACTOR INFORMATION	Contractor <u>Ultimate Pools Inc.</u>		Phone <u>804-749-4706</u>	
	Address <u>2175 Lanier Ln Rockville Va 23146</u>			
	Contractor License Number <u>2705026339</u>	Type <u>Class A</u>	Expiration <u>2-28-2019</u>	

Description of Work	Scope of Work: <u>gunnle 16x32 Inground Pool with Auto cover, using existing footprint of old pool</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>512</u>	Finished Sq. Ft. <u>512</u>	Unfinished Sq. Ft. <u>512</u>	# of Bedrooms

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

VALUE OF WORK	
Building	<u>\$30,000.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>147.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>2.94</u>
<b>Total</b>	\$ <u>174.94</u>

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

Signature of Applicant: [Signature]

**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: 5-11-17*

Application Date:

**received**  
 5-5-17

Application Accepted:

*BP-2017-00361*

Old Map Number:

*21-11-0-82-0*

GPIN:

*6850-2A-6925*

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>3069 Rock Cross Lane Sandy Hook VA 23153</i>		District		
	Owner <i>Roger + Kimberly St Clair</i>		Phone # <i>804-955-9310</i>		
	Address <i>3069 Rock Cross Lane Sandy Hook VA 23153</i>				
	Proposed Use <i>Single Family</i>	Current Use <i>Single Family</i>	Existing Buildings on Property <i>Single Family</i>		
	Proposed Occupant Load (Commercial)	Acreage <i>12.574</i>	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	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: *Roger St Clair* Phone *804-955-9310*

Email: *dalestclair@live.com*

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

Description of Work	Scope of Work: <i>Finish partially finished basement for playroom/craftroom</i>				
	<i>Basement currently has 1515 total Sq Ft. 63 of which is a finished bathroom, the remaining 1059 Sq Ft is what is being finished.</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <i>1059</i>	Finished Sq. Ft. <i>1059</i>	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>\$ 58,245.00</i>
Excludes All Trades Permits	

Application Fee	\$ <i>274.10</i>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <i>5.48</i>
<b>RLD Total</b>	\$ <i>279.58</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

Application Date: 5-1-2017  
 Application Accepted: BP-2017-00352  
 Old Map Number: 31-1-86-A2  
 GPIN: 6778-26-4421

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>2110</u> <del>WATER HAWK TOWN ROAD</del>		District	
	Owner <u>STEVEN RUOLLO - KAREN HOFFMAN</u>		Phone # <u>410-440-0897</u> <del>410-440</del>	
	Address <u>same</u>			
	Proposed Use <u>GARAGE</u>	Current Use <u>OPEN LAND</u>	Existing Buildings on Property <u>2-</u>	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Monterey</u>	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	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>
	Side Setback <u>5'</u>	Side Setback <u>4' 5'</u>	C.O.A. <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 Floyd Date 5/5/17

Applicant/Contact: FIRST CALL CONSTRUCTION SERVICES Phone 804-221-5203  
 Email: d.johnson0716@yahoo.com

CONTRACTOR INFORMATION	Contractor <u>FIRST CALL CONSTRUCTION SERVICES</u>		Phone <u>804-221-5203</u>	
	Address <u>2124 WASTLE LANE MARIENSVILLE VA 23102</u>			
	Contractor License Number <u>CLASS A 2705138801</u>	Type <u>CFC, HIC, CIC, RBC</u>	Expiration <u>9-30-2018</u>	

Description of Work	Scope of Work: <u>BUILD A DETACHED GARAGE 38' W X 30' DEEP - 440' - WITH UNFINISHED BONUS 100'</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors <u>2-</u>	Total Sq. Ft. <u>1780</u>	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>1780</u>	# of Bedrooms <u>1</u>
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Application Fee \$ <u>304.50</u>
Building	<u>625,000.00</u>	Zoning Fee \$ <u>25.00</u>
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$ <u>6.09</u>
		RLD Total \$ <u>335.59</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: 5.10.17

Application Date: 5.1.17  
 Application Accepted: BP-2017-00343  
 Old Map Number: 47-33-0-1A-C  
 GPIN: 7727-38-8317-000C

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 2361 Greystone Ct. Rockville, VA. 23146		District		
	Owner TAK Realty		Phone # 804-749-8024		
	Address PO Box 29820 Henrico, VA. 23242				
	Proposed Use Martial Arts Studio	Current Use VACANT	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 Rockville Commerce 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 30'	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: David Floyd Date: 5/5/17

Applicant/Contact: LARRY CABANISS / CABANISS CONST. Phone: 434.989.5168

Email: \* L.CABANISS @ AOL.COM -> PKHOANG @ COMUNT.NET

Contractor: CABANISS CONSTRUCTION Phone: 434.989.5168  
 Address: PO Box 247 Nellysford, VA 22958  
 Contractor License Number: 2701037277 Type: CLASS A Expiration: 8.31.18

Description of Work: TURN OPEN SPACE INTO A MARTIAL ARTS STUDIO w/ 2 CHANGING ROOMS, TRAINING AREA, 2 BATHROOMS. PARTITIONS WILL BE METAL STUDS w/ DRYWALL. HVAC WILL BE INCLUDED. TENANT UPFIT

SEWER Public/Private	WATER Public/Private	# of Bathrooms 2		
# of Floors 1	Total Sq. Ft. 4,680	Finished Sq. Ft. 4,680	Unfinished Sq. Ft. 0	# of Bedrooms 0

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

VALUE OF WORK  
 Building: \$25,000.00  
 Excludes All Trades Permits

Application Fee: \$229.50  
 Zoning Fee: \$100.00  
 Septic/Well Fee: \$  
 State Levy Fee: \$4.59  
~~Permit~~ Total: \$334.09

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]

**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 5-10-17

Application Date: 4-24-17  
 Application Accepted: BP-2017-00324  
 Old Map Number: 47-27-0-9-0  
 GPIN: 7726-08-1034

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 133 BROAD STREET ROAD		District	
	Owner George R ANDREWS		Phone # 804 784-3588	
	Address 9302 BELFLORE ROAD RICHMOND, VA 23229			
	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 Oak Grove BSt.	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address		Zoning District B-1	
	Front Setback 5'	Center Line Setback	Rear Setback 5'	C.U. Permit N/A
	Side Setback 5'	Side Setback 5'	COA 2017-00007	Variance N/A
	Flood Zone N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Ford Date: 4/28/17

Applicant/Contact: George R ANDREWS Phone: 804-514-5498

Email: GANDREWS49@AOL.COM

CONTRACTOR INFORMATION	Contractor FAST SIGNA		Phone 804-270 7448	
	Address 10869 W. BROAD STREET			
	Contractor License Number 2705130704	Type BSC	Expiration 8-31-17	
Description of Work	Scope of Work: 60x108 grand multi-tenant panel mounted sign			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 6,480	Finished Sq. Ft.	# of Bedrooms
			Unfinished Sq. Ft. 6,480	

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

VALUE OF WORK	
Building	\$ 1,922.35
Excludes All Trades Permits	

Application Fee	\$ 30.00
Zoning Fee	\$ -
Septic/Well Fee	\$ -
State Levy Fee	\$ .60
<b>R.T.D 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: George R Andrews

**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: 4-17-2017

Application Accepted: BP-2017-00304

Old Map Number: 16-1-0-18-0

GPIN: 5890-34-1953

Issued 5.10.17

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 2910 Lowry Road		District	
	Owner JCM III LLC		Phone # 804 814 1955	
	Address 290 Lowry Road			
	Proposed Use House	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	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: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \*sprousescorner@gmail.com\*

CONTRACTOR INFORMATION	Contractor Roundhill Construction LLC		Phone 804 837 2389	
	Address 112 Jenkins Ridge Road			
Description of Work	Contractor License Number 2705156424		Type Class A BLD	Expiration 4-30-2017
	Scope of Work: <del>Replace</del> <sup>Remove</sup> Basement walls & replace with 12" block with back fill with gravel. install bathrooms			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2	
	# of Floors 2	Total Sq. Ft. 1300	Finished Sq. Ft. 1300	# of Bedrooms 3

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

VALUE OF WORK	
Building	20,000
Excludes All Trades Permits	

Application Fee	\$102.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$2.04
<b>Total</b>	<b>\$104.04</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: \_\_\_\_\_

**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 5.10.17

Application Date: 3-23-17 3-31-17  
 Application Accepted: BP-2017-00225  
 Old Map Number: 66-1-0-2-0  
 GPIN: 7723-26-0038

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>12829 River Rd Rich Va 23238</u>		District	
	Owner <u>Benedictine Society of VA</u>		Phone # <u>350-4903</u>	
	Address <u>12829 River Rd Rich Va 23238</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <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>A2/R-1</u>	
	Front Setback <u>75' from R/W</u>	Center Line Setback	Rear Setback <u>35'</u>	C.U. Permit <u>N/A</u>
	Side Setback <u>30'</u>	Side Setback <u>30'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <u>*Submitted site plan does not show setbacks. Requested new site plan.</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 4/4/17

Applicant/Contact: Mark Gentry Phone 350-4903  
 Email: mgentry@richmondmonks.org

CONTRACTOR INFORMATION  
 Contractor: Benedictine Society of VA Phone 350-4903  
 Address: 12829 River Rd  
 Contractor License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Description of Work  
 Scope of Work: Build a brand new weight room

SEWER Public/Private <u>Public</u>	WATER Public/Private <u>Public</u>	<u>2</u> # of Bathrooms
# of Floors <u>1</u>	Total Sq. Ft. <u>5300</u>	Finished Sq. Ft. <u>5300</u>
		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 \$ 400,000  
 Excludes All Trades Permits

Application Fee	\$ <u>3892.00</u>
Zoning Fee	\$ <u>100.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>75.84</u>
<del>Fee</del> Total	\$ <u>3967.84</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 5.9.17

Application Date: 1/4/17  
~~12/22/2016~~  
 Application Accepted: BP-2017-00004  
 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.		District DOVER		
	Owner LINGERFELT DEVELOPMENT LLC		Phone # 804 270 0015		
	Address 4198 COX ROAD, STE 201, GLEN ALLEN, VA 23060				
	Proposed Use BUSINESS	Current Use BUSINESS	Existing Buildings on Property YES BUSINESS		
	Proposed Occupant Load (Commercial) 640 + 83 = 723 INCREASE OF 83	Acreage PARCELA 6.89	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 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: 1/10/17

Applicant/Contact: Peter Ransone / Hourigan is Contractor Phone: 804-228-4938  
 Email: pransone@LingerfeltCommonwealth.com

CONTRACTOR INFORMATION	Contractor Hourigan Construction		Phone 804-282-5300	
	Address 411 East Franklin St, Ste. 400 Richmond VA 23219			
	Contractor License Number 2701010019	Type CBC/RBC	Expiration 5/31/18	

Description of Work	Scope of Work: Building Addition Single Story with generator and medical gas enclosure				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 3		
	# of Floors 1	Total Sq. Ft. 8327	Finished Sq. Ft. 8327	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		7354.50 + 2% + 100.00 7601.59	Application Fee	\$ 7354.50
Building	774,411 PER CALC. Excludes All Trades Permits		Zoning Fee	\$ 100.00
			Septic/Well Fee	\$ —
			State Levy Fee	\$ 147.09
			RLD	\$ —

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

Signature of Applicant: [Signature]

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

Issued 5.9.17

Application Date: 4.18.17  
 Application Accepted: BP-2017-00308  
 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 #	
	Address: 13009 River Rd.			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acres	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	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: Morris Gunn - Phone 804-784-6099

Email: MORRIS@CLASSYKITCHENSOFVA.COM

Contractor: Same - Owner Phone 804-784-5075

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

Scope of Work: Demo Single Family Dwelling

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	600 - 4950
Excludes All Trades Permits	

Application Fee	\$34.20
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$.70
<b>Total</b>	<b>\$34.90</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 \_\_\_\_\_

# 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: 5.20.0.15.0

Application Date:

05/01/2017

Application Accepted:

BP-2017-00345

GPIN:

0823-27-1210

Issued:

5.9.17

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 4200 Drew Ridge Drive, Louisa, VA 23093		District 1	
	Owner Matthew Carrier		Phone # (804) 640-5222	
	Address 4200 Drew Ridge Drive, Louisa, VA 23093			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage 5.00	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Shelton Ridge		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	New Street Address		Amount: N/A	
			Date Paid: N/A	
			Zoning District RR	
	Front Setback 55' from ROW	Center Line Setback	Rear Setback 5'	C.U. Permit N/A
Side Setback 5'	Side Setback 5'	C O A N/A		Flood Zone N/A
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer:

*David Floyd*

Date:

5/5/17

Applicant/Contact:

Matthew Carrier

Phone:

(804) 640 5222

Email:

mlcmzy659@gmail.com

CONTRACTOR INFORMATION	Contractor Owner		Phone	
	Address			
	Contractor License Number		Type	Expiration

Description of Work	Scope of Work: 30' x 60' Detached <del>Garage</del> Garage				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	1	1800		1800	0

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

### VALUE OF WORK

Building

\$35,000 \$58,500.00

Excludes All Trades Permits

Application Fee	\$300.26
Zoning Fee	\$25.00
Septic/Well Fee	\$
State Levy Fee	\$5.50
<b>TOTAL</b>	<b>\$305.76</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]*

**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: 5-8-17

Application Date: 4/25/2017  
 Application Accepted: BP-2017-00332  
 Old Map Number: 587-0-49-0  
 GPIN: 7715-57-4604

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: 859 Elmslie Ln Manakin 23103		District	
	Owner: Eastman		Phone #	
	Address: 859 Elmslie Ln Manakin 23103			
	Proposed Use	Current Use	Existing Buildings on Property: 1	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: Kinloch Sec. 8		Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	New Street Address: —		Amount: N/A	
	Date Paid: N/A		Zoning District: RPUD	
	Front Setback: 30' from Pavements	Center Line Setback: —	Rear Setback: 5'	C.U. Permt: N/A
	Side Setback: 5'	Side Setback: 5'	COA: N/A	Variance: N/A
APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: * Zoning approval for scope of work only.

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: 4/28/17

Applicant/Contact: J Matthew (Matt) Helms Phone: 804-690-9605

Email: MATT HELMS@WESTVIEWCOMPANIES.COM

CONTRACTOR INFORMATION	Contractor: WestView Companies, Inc		Phone: 804-784-0095	
	Address: 2508 Turkey Creek Rd Oilville VA 23129			
	Contractor License Number: 2705 1173 09		Type: Inground Gunite	Expiration: 09-30-2017

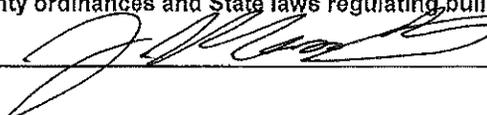
Description of Work	Scope of Work: Constructing 1 inground gunite pool adjacent to existing porch. Pool to be approx 9x21 with fence Barrier			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
/		189	189	

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

VALUE OF WORK	
Building	\$20,000
Excludes All Trades Permits	

Application Fee	\$ 100.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 2.04
<del>RTD</del> Total	\$ 129.04

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

Signature of Applicant: 



# 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

ISSUED: 5.5.17

### Office Use Only

Application File Date: 5.4.17

Application No.: Ap-2017-00359

Fee: \$25.00

Zoning Approval: Yes

Dennis Hite

No:

Date: 5/5/17

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: Haynie M. Hite, III

Telephone: \_\_\_\_\_

Address: 2798 Sandy Hook Rd

Cell phone: 804-814-1315

Goochland, VA 23153

FAX: \_\_\_\_\_

E-mail: hiteiii@gmail.com

Name of Applicant: Same as Above

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

FAX: \_\_\_\_\_

### Property Information

Street Address: 2798 Sandy Hook Rd Goochland VA Zoning: A-2

GPIN Number: 30-1-0-5-0 6759-35-2737 Acreage: 42 +/-

Existing Use: Res. & Ag.

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): 1200

2. Written Description of Proposed Physical Improvements

30'x40' Bldg. / Barn w/ Kenn

**BUILDING PERMIT APPLICATION**  
 Goochland County Building Inspection Department  
 P O Box 119  
 Goochland VA 23063  
 (804) 556-8815 Fax (804) 556-6651 TDD 711 Va Relay

Issued 5.3.17

Application Date: 5.2.17  
 Application Accepted: BP-2017-00348  
 Old Map Number: 57.3.0.2.B2  
 GPIN: nno16.22.7730

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 1405 Millers Lane			District	
	Owner Jeff & Arne Magee			Phone # 804 389 5890	
	Address 1405 Millers Lane Manakin Sabot 23103				
	Proposed Use	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreage 5	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:		
New Street Address			Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance	
Side Setback	Side Setback	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: Darrell Hobson Phone: 804 402 4560

Email: hobsoncontractorsllc@gmail.com

CONTRACTOR INFORMATION	Contractor Hobson Contractors		Phone 804 402 4560	
	Address 1100 Coalburn Rd., Chesterfield, VA 23838			
	Contractor License Number 2105157178	Type A	Expiration 08/31/17	

Description of Work	Scope of Work: screen porch above existing deck 16x14				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms
	# of Floors N/A	Total Sq. Ft. N/A	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	
Building	6,750
Excludes All Trades Permits	

Application Fee	\$42.37
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ .85
<del>Sub</del> Total	\$43.22

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: Darrell Hobson

# 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: 5-2-17

Application Date: 4-27-17

Application Accepted: BP-2017-00336

Old Map Number: 43-38-A-1-0

GPIN: 6777-57-1012

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 11610 Indy's Run			District	
	Owner Krickovic & Ziegler, LLC			Phone # (804) 569-9745	
	Address PO Box 1510, Mechanicsville, VA, 23116				
	Proposed Use Residential		Current Use Residential		Existing Buildings on Property Single family home w/attached garage
	Proposed Occupant Load (Commercial) N/A		Acreage 2.301		Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Breeze Hill Sec. 1		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount: N/A
	Date Paid: N/A		New Street Address -		
	Zoning District RP			Front Setback 40' 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 [Signature] Date: 4/27/17

Applicant/Contact: Krickovic & Ziegler, LLC Phone: (804) 569-9745  
 Email: mike@kandzbuilders.com

Contractor: Mike Krickovic Phone: (804) 908-2253  
 Address: PO Box 1510, Mechanicsville, VA 23116  
 Contractor License Number: 2703100072A Type: A Expiration: 11/30/17

Description of Work: Scope of Work: Add a 24' 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
1	768		768	0

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

VALUE OF WORK	
Building	29,000
Excludes All Trades Permits	

Application Fee	\$ 142.50
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 2.85
<b>RLD Total</b>	<b>\$ 170.35</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] 4/25/17

**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

ISSUED 5.2.17

Application Date: 4/29/17  
 Application Accepted: BP-2017-00334  
 Old Map Number:  
 GPIN: 7706817238

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: 1305 Sabot Creek Ct		District	
	Owner: Daryl Crone		Phone #: 804-400-3090	
	Address: 1305 Sabot Creek Ct			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage: 2.01	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision: Sabot Creek	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
New Street Address		Zoning District: RP		
Front Setback: 40' 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: Daniel Lloyd Date: 4/29/17

Applicant/Contact: PLA-Mor Construction Phone: 804 781-0442  
 Email: MAY Ann.pmc pools@gmail.com

CONTRACTOR INFORMATION	Contractor: <u>PLA-Mor Construction</u>		Phone: <u>804 781-0442</u>	
	Address: <u>P.O. Box 295 Mech. VA 23111</u>			
	Contractor License Number: <u>2705 091041A</u>	Type: <u>POI</u>	Expiration: <u>1/31/2019</u>	

Description of Work	Scope of Work: <u>15'6" x 30' Fiberglass w/ Auto Cover that meets ASTM 134691</u>			
	SEWER Public/Private: <u>Private</u>	WATER Public/Private: <u>Private</u>	# of Bathrooms: <u>1</u>	
	# of Floors: <u>0</u>	Total Sq. Ft.: <u>0</u>	Unfinished Sq. Ft.: <u>468</u>	# of Bedrooms: <u>0</u>

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

VALUE OF WORK	
Building	<u>48,819.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>231.69</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Wall Fee	\$ <u>-</u>
State Levy Fee	\$ <u>4.63</u>
<b>NET TOTAL</b>	\$ <u>261.32</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: See attached

**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: 5-31-17

Application Date: 5-19-17  
 Application Accepted: 2017-00402  
 Old Map Number: 58-42-0-14-0  
 GPIN: 7716-96-8564

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 1631 Centerville Park Ln.		District	
	Owner Doug Hudson		Phone #	
	Address 1631 Centerville Park Ln.			
	Proposed Use	Current Use <input checked="" type="checkbox"/>	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:			

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 SANDERS Phone: 804 270 0302  
 Email: (804) 301-8169

Contractor: SANDERS CONSTRUCTION Phone: 270-0802  
 Address: 9204 WOODLAKE DR.  
 Contractor License Number: 2701038137 Type: Class A Expiration: 12-31-18

Description of Work:  
 screen porch 12x41  
 over existing Deck - staying inside footprint

SEWER Public/Private	WATER Public/Private	# of Bathrooms	
# of Floors	Total Sq. Ft. 168	Finished Sq. Ft.	Unfinished Sq. Ft. 168
		# of Bedrooms	

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

VALUE OF WORK

Building: 15,000.00  
 Excludes All Trades Permits

Application Fee	\$ 79.50
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ 1.59
<b>Total</b>	<b>\$ 81.09</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: \_\_\_\_\_

**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 5.31.17

Application Date: 5.15.17  
 Application Accepted: BP-2017-00382  
 Old Map Number: 20-1-0-58-A  
 GPIN: 6851-11-5543

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 3530 Broad Street Rd Dumplings VA		District
	Owner David R Harbaway		Phone # 804-519-8233
	Address Same		
	Proposed Use Storage shed	Current Use	Existing Buildings on Property
	Proposed Occupant Load (Commercial)	Acreage	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 100' 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: * Side setback to be survey located.		

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: 5/22/17

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

CONTRACTOR INFORMATION	Contractor Home Owner	Phone
	Address Same	
	Contractor License Number	Type

Description of Work	Scope of Work: add storage shed to existing detached garage				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 528	Finished Sq. Ft.	Unfinished Sq. Ft. 528	# of Bedrooms

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

VALUE OF WORK	\$14,520.00	Application Fee	\$17.34
Building	<del>\$4,000.00</del>	Zoning Fee	\$25.00
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$1.55
		<b>TOTAL</b>	<b>\$103.89</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]



# ZONING COMPLIANCE APPLICATION

## COUNTY OF GOOCHLAND, VIRGINIA

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

*Issued*  
 5-31-17

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>5-26-17</u>	Application No.: <u>AP-2017-00422</u>	Fee: \$25.00
Zoning Approval: <u>Yes</u> <i>David Lloyd</i>	No: _____	Date: <u>5/30/17</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: George Charter Robinson V  
 Address: 2116 Old Store Road  
Maidens, VA 23102  
 E-mail: grobinsolv@gmail.com

Telephone: \_\_\_\_\_  
 Cell phone: (757) 613-8955  
 FAX: \_\_\_\_\_

Name of Applicant: George Charter Robinson V  
 Address: 2116 Old Store Road  
Maidens, VA 23102  
 E-mail: grobinsolv@gmail.com

Telephone: \_\_\_\_\_  
 Cell phone: (757) 613-8955  
 FAX: \_\_\_\_\_

### Property Information

Street Address: 2116 Old Store Road, Maidens, VA 23102  
 GPIN Number: 6768-51-2273  
 Existing Use: Residential

Zoning: A2  
 Acreage: 5.33

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): 240 sq. ft.
2. Written Description of Proposed Physical Improvements:  
12'x20' prebuilt shed for storing tools and general storage.

**BUILDING PERMIT APPLICATION**  
 Goochland County Building Inspection Department  
 P O Box 119  
 Goochland VA 23063  
 (804) 556-5815 Fax (804) 556-6651 TDD 711 Va Relay

ISSUED: 5-31-17

Application Date: 5-22-17  
 Application Accepted: DP-2017-00405  
 Old Map Number: 62-36-C-18-0  
 GPIN: 7714-07-9689

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: 530 Hickory Drive, Manakin Sabot 23103		District	
	Owner: Roger Van Wart		Phone #	
	Address: 530 Hickory Drive, Manakin Sabot, VA 23103			
	Proposed Use: Residence	Current Use: Residence	Existing Buildings on Property: Residence	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
Side Setback	Side Setback	C O A	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

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

Applicant/Contact: Sam Wing / Integrated Power Sources Phone: 804-381-8310  
 Email: sam@ips of va.com

CONTRACTOR INFORMATION	Contractor: Integrated Power Sources of VA		Phone: 804-381-8310	
	Address: 6117 Staples Mill Road, Richmond, VA, 23228			
	Contractor License Number: 2705036575		Type: Class A	Expiration

Description of Work: Installation of racking and components for 9.6 KW roof top mounted solar array (32 panels)

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	\$ 1,500.00
Excludes All Trades Permits	

Application Fee	\$ 30.00
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ .60
<b>NET 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 \_\_\_\_\_



# 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	3-16-2017
Permit #	17-214
GPIN	6709-93-8192
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	HADENSVILLE FIFERD, GOOCHLAND, VA 23063	District	BYRD
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### PROPERTY OWNERSHIP

Name	DOUG JESSEE / OAKWOOD HOMES	Phone	804-269-1624
Mailing Address	2996 RIVER RD, GOOCHLAND, VA 23063		804-798-9135

### APPLICANT

Name	OAKWOOD HOMES	Phone	804-798-9135
E-Mail Address	JOEL.GOMES@OAKWOODHOMES.COM		

### CONTRACTOR

Name	KEVIN BOONEA CONTRACTING	Phone	804-551-1698
Mailing Address	E-mail address:		
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2710042520
		Expiration	3-31-2018
		License Type:	MELE
		Class:	C

### DESCRIPTION OF WORK

INSTALL 400 METER BOX WITH A DISCONNECT, WIRING TO NEW HOME.			
INSTALL A WHOLE HOUSE GENERATOR, HVAC high voltage, wire & pipe, wire & well			
# of Baths	Service Size	Power Company	Inquiry #
2	400	VA POWER	10126988

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 Joel Gomes / OAKWOOD

Approval F. S. FIFER Date 5.1.17

\* Value of Work: 2500.00

Permit fee: 35.19

Issue date: 5.1.17



# COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	5-8-17
Permit #	211-2017-373
Old Map #	
G-Plan	

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

### LOCATION

Street Address	1655 BROAD STREET ROAD 23102	District	
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### PROPERTY OWNERSHIP

Name	ADAMS INTERNATIONAL SCHOOL	Phone	804-784-0141
Mailing Address	1655 BROAD STREET ROAD MADDEN, VA. 23102		

### APPLICANT

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

### CONTRACTOR

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

### DESCRIPTION OF WORK

INSTALL 16kW GENERATOR AND 16 CIRCUIT SWITCH.			
# of Baths	Service Size	Power Company	Inquiry #
	200A		

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 \_\_\_\_\_, Virginia on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the city or county of \_\_\_\_\_ in the presence of the undersigned notary. \_\_\_\_\_ (Notary) My commission expires \_\_\_\_\_

Signature of Applicant:

Approval:

Date: 05-15-17

Value of work: \$8000.00

Permit fee: \$88.74

Issue date: 5-15-17



# 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	05-3-17
Permit #	2016-00907
Old Map #	
G-Pin	

## LOCATION

Street Address 2337 Bexley Wood, Goochland, Va. 23063	District
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## PROPERTY OWNERSHIP

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

## APPLICANT

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

## CONTRACTOR

Name E&J Electrical, Inc.	Phone 804-641-7586
Mailing Address 2880 Olde Beech Hollow Road, Charles City, Va. 23030	License Type Elec./Bldg. Contr.
Class A	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> X	State License Number 2705062410
	Expiration 05/19

## DESCRIPTION OF WORK

wire new single family dwelling, w/attached garage, 20KW generator			
3	400	Dominion Virginia Power	10110833
# 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: \$17,000.00

Permit fee: \$104.04 99.45

Issue date: 5-8-17

Signature of Applicant Edu SD

Approval Fisher Date 5-4-17



# 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	05-3-17
Permit #	2017-00002
Old Map #	50-5-0-18-A
G-Pin	6726-30-1298

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	1184 Lickinghole Road, Goochland, Va. 23063	District	
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## PROPERTY OWNERSHIP

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

## APPLICANT

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

## CONTRACTOR

Name	E&J Electrical, Inc.	Phone	804-641-7586		
Mailing Address	2880 Olde Beech Hollow Road, Charles City, Va. 23030	License Type	Elec./Bldg. Contr.	Class	A
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705062410	Expiration	05/19

## DESCRIPTION OF WORK

wire new single family dwelling, w/attached garage, 20KW generator			
3	400	Dominion Virginia Power	10110833
# 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: \$17,000.00

Signature of Applicant

*E. OSD*

Permit fee:

104.04 99.45

Approval

*Fisher*

Date

5.4.17

Issue date:

5.8.17



# 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	05/03/17
Permit #	17-354
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	1761 WILD TURKEY LANE	District	
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### PROPERTY OWNERSHIP

Name	ROBERT HALVORSEN	Phone	8047482240
Mailing Address	1761 WILD TURKEY LANE		

### APPLICANT

Name	WOODFIN HEATING	Phone	804-764-4533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

### CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	VPITTMAN@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2017	License Type:	CONTRACTOR Class: A

### DESCRIPTION OF WORK

Electrical

INSTALL 22 KW PROPANE GAS GENERATOR, 200 AMP ATS(2)			
SURGE PROTECTOR,			
# of Baths	Service Size	Power Company	Inquiry #
	400	DOM	—

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

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

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

\_\_\_\_\_(Signature)

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

\_\_\_\_\_(Notary)

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

Signature of Applicant PPS

Value of Work: 9500.00

Permit fee: 67.32

Approval FISHER Date 5.4.17

Issue date: 5.4.17



# 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	5/12/17
Permit #	17-376
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 1501 HERMITAGE RD.	District
--------------------------------------	----------

### PROPERTY OWNERSHIP

Name CHRIS AYERS	Phone
Mailing Address 1501 HERMITAGE RD, MANAKIN SABBOT, VA 23103	

### APPLICANT

Name RIC SEABORN	Phone 804 389-4242
E-Mail Address RICSEABORN@MANAKINELECTRICAL.NET	

### CONTRACTOR

Name MANAKIN ELECTRICAL CONTRACTORS	Phone			
Mailing Address P.O. Box 147 ROCKVILLE VA 23146	E-mail address:			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705018630	Expiration 12/31/18	License Type: ECE	Class: B

### DESCRIPTION OF WORK

INSTALL 20 KW GENERATOR AND 100 AMP 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 SEABORN  
 Approval [Signature] Date 5.12.17

Value of Work: 8200  
 Permit fee: 59.06  
 Issue date: 5.12.17



# 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

- 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	5-11-17
Permit #	2017-00301
Old Map #	
G-Pin	

## LOCATION

Street Address	878 Water Bridge Road	District	
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## PROPERTY OWNERSHIP

Name	Boone Home Inc	Phone	804-789-6192
Mailing Address	129 Broad Street Rd. Markham Sabet VA 23103		

## APPLICANT

Name	Terry Guthrie	Phone	804-763-6550
E-Mail Address	tguthrie@cws-va.com		

## CONTRACTOR

Name	Commonwealth Wiring Solutions Inc.	Phone	804-763-6550
Mailing Address	12733 Oak Lake CD St. P. Midlothian VA 23112		
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration
		2705128995	9-30-17
		License Type	Class
		ELE	A

## DESCRIPTION OF WORK

Wiring of a single family dwelling, Install 22kw generator + transfer switch (200amp)			
# of Baths	Service Size	Power Company	Inquiry #
	200	DUP.	10129801

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

*[Handwritten Signature]*

Value of work:

12,000.00

Permit fee:

\$76.50

Approval

*[Handwritten Signature]*

Date

5.15.15

Issue date:

5.15.15