



BUILDING PERMIT APPLICATION

Department of Building Inspection
 P.O. Box 119
 Goochland, VA 23063
 (804) 556-5815 Fax (804) 556-5651
 TDD 711 VA Relay

Application Date: 6-20-17

Permit Number: BP-2017-00505

GPIN/Tax Map: 7726-16-8786/59-A-0-1-0

Issued: 6-27-17

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.

Residential

Commercial

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address <u>12592 Broad Street RD, Richmond, VA 23233</u>				
	Owner <u>LJP Properties LLC</u>		Phone # <u>804-237-1309</u>		
	Address <u>2023 Manakin Rd, Manakin Sabot, VA 23103</u>		Email <u>Suz@pageauto.com</u>		
APPLICANT INFORMATION	Applicant/Contact <u>Loughridge & Co., LLC / Kevin Jones</u>			Phone # <u>804-237-1303</u>	
	Address <u>5711 Staples Mill Rd, Suite 100, Richmond, VA 23228</u>			Email <u>kjones@loughridgeconstruction.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid	
	Front Setback <u>55' from ROW</u>	Center Line Setback	Rear Setback <u>10'</u>	CUP/Variance/COA	
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>0-1</u>				
	Planning & Zoning Officer <u>David Floyd</u> Date <u>6/21/17</u>				
CONTRACTOR INFORMATION	Contractor <u>Loughridge & Co., LLC</u>			Phone <u>804-353-7373</u>	
	Address <u>5711 Staples Mill Rd., Suite 100, Richmond, VA 23228</u>				
	Contractor License Number <u>2705100856</u>	Type <u>CLASS A</u>	Expiration <u>11-30-2017</u>		
DESCRIPTION OF WORK	Scope of Work: <u>Temporary office trailer for Audi</u>				
	Proposed Use <u>office</u>	Current Use <u>N/A</u>	Existing Buildings on Property <u>N/A</u>	# of Floors <u>1</u>	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> <u>N/A</u>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> <u>N/A</u>	# of Bathrooms <u>1</u>	# of Bedrooms <u>N/A</u>	
	Finished Sq. Ft. <u>672</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>672</u>		
	Building Only - Excludes All Trades Permits				

Value of Work
Rent = \$322 x 8 mos = \$2,576

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] Date: 6/20/17

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ _____
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>80.00</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6-22-17

Permit Number: BP-2017-00509

GPIN/Tax Map: 7714-23-6900

Issued: 6-26-17

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.

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address 260 River Rd	
	Owner Lucy bouchard and Nicholas Easton Alburger	Phone # 804-335-9149
	Address 260 River Rd. Manakin Sabot Va, 23103	Email lucyalburger@gmail.com

APPLICANT INFORMATION	Applicant/Contact Patrick Kennedy (PMK construction)		Phone # 804-839-0426
	Address		Email pmkconstruct@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer _____ Date _____			

CONTRACTOR INFORMATION	Contractor PMK Construction		Phone 804-839-0426
	Address 6909 Woodrow Terrace Richmond Va 23228		
	Contractor License Number 2705136570	Type class a CBC/RBC	Expiration 04-30-2018

DESCRIPTION OF WORK	Scope of Work: Kitchen and Bath remodel. Replace wall with beam.			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors 1
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 2	# of Bedrooms 2
	Finished Sq. Ft. 323sqft	Unfinished Sq. Ft. -	Total Sq. Ft. 323sqft	

Building Only - Excludes All Trades Permits		Application Fee \$ 102.00
Value of Work 20,000		State Levy Fee \$ 2.04
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.		Septic/Well Fee \$ -
Signature of Applicant 	Date 6-23-17	Zoning Fee \$ -
		RLD \$ -
		SWP \$ -
		Total \$ 104.04



BUILDING PERMIT APPLICATION

Department of Building Inspection
 P.O. Box 119
 Goochland, VA 23063
 (804) 556-5815 Fax (804) 556-5651
 TDD 711 VA Relay

Residential Commercial

Application Date: May 31, 2017
 Permit Number: BP-2017-00438
 GPIN/Tax Map: 7714-01-1462/62-1-0-10-0
 Issued: 6-22-17

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.

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address <u>489 Quarry Drive, Manakin, VA 23103</u>	
	Owner <u>Luck Stone</u>	Phone # <u>(804) 641-0859</u>
	Address <u>515 Mill Stone Dr. Manakin-Sabot, 23103</u>	Email <u>scott.taylor@luckstone.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Matson Robert</u>	
	Address <u>8001 Franklin Farms Dr. Ste 138, Richmond, VA 23229</u>	Email <u>mroberts@RVAconstruction.com</u>

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>
	Front Setback <u>20' from ROW</u>	Center Line Setback <u>—</u>	Rear Setback <u>30'</u>	CUP/Variance/COA <u>N/A</u>
	Side Setback <u>30'</u>	Side Setback <u>30'</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>DAVID FLOYD</u> Date <u>6/1/17</u> <u>M-2 B-1</u>			

CONTRACTOR INFORMATION	Contractor <u>RVA Construction, Inc.</u>		Phone <u>(804) 622-5852</u>
	Address <u>8001 Franklin Farms Dr., Ste 138 Richmond, VA 23229</u>		
	Contractor License Number <u>2705-102170A</u>	Type <u>Class A</u>	Expiration <u>1/31/18</u>

DESCRIPTION OF WORK	Scope of Work: <u>Rebuild of existing scale building on existing pad</u>		
	Proposed Use <u>B</u>	Current Use <u>B</u>	Existing Buildings on Property <u>Yes</u>
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>2</u>
	# of Floors <u>1</u>	# of Bedrooms <u>0</u>	
	Finished Sq. Ft. <u>1276</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>1276</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>\$315,000</u>
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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 Robert Matson Date 5/31/17

Application Fee	\$ <u>2984.50</u>
State Levy Fee	\$ <u>59.69</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u>100.00</u>
RLD	\$ <u> </u>
SWP	\$ <u> </u>
Total	\$ <u>3144.19</u>



BUILDING PERMIT APPLICATION

Department of Building Inspection
P.O. Box 119
Goochland, VA 23063
(804) 556-5815 Fax (804) 556-5651
TDD 711 VA Relay

Residential Commercial

Application Date: 6-12-17
Permit Number: AP-2017-00469
GPIN/Tax Map: 42-1-122 / 6767-09-3012
Issued: 6-22-17
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.

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address 2718 Fairground Rd	
	Owner Courthouse Ventures LLC	Phone #
	Address 208 N. Garnett ST. PO Box 231 Henderson, NC 27536	Email
APPLICANT INFORMATION	Applicant/Contact Bill Akers	
	Address 11214 Howards Mill Rd. Glen Allen, VA 23059	Phone # 804-514-7893
		Email billakers@capitol signs.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Courthouse Commons</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>N/A</u>	Date Paid <u>N/A</u>
	Front Setback <u>55' From Row</u>	Center Line Setback	Rear Setback <u>30'</u>	CUP/Variance/COA
	Side Setback <u>10'</u>	Side Setback <u>30' RT/LS</u>	Flood Zone <u>N/A</u>	<u>COA Needed</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>B-1 * Need to apply for COA.</u>			
	Planning & Zoning Officer: <u>David Floyd</u>		Date: <u>6/12/17</u>	

CONTRACTOR INFORMATION	Contractor Capitol Signs		Phone 804-514-7893
	Address 11214 Howards Mill Rd. Glen Allen, VA 23059		
	Contractor License Number 2705137538	Type BSC ELE	Expiration 11/2018

DESCRIPTION OF WORK	Scope of Work: remove existing Family Dollar signage and install new logo signage			
	Proposed Use retail sales	Current Use retail sales	Existing Buildings on Property	# of Floors
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 89.6875	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30.00</u>	
Value of Work	3000.00	State Levy Fee	\$ <u>.60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>30.60</u>
Signature of Applicant: <u>[Signature]</u>		Date: _____	



BUILDING PERMIT APPLICATION

Application Date: June 6, 2017

Department of Building Inspection
P.O. Box 119
Goochland, VA 23063
(804) 556-5815 Fax (804) 556-5651
TDD 711 VA Relay

Permit Number: **AP-2017-00456**

GPIN/Tax Map: **47-33-0-14-C/7727-38-8317-0001**

Issued: **6-22-17**

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.

Residential Commercial

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address 2361 Graystone Ct BLD C-2	
	Owner James & Nancy Nuckols	Phone #
	Address 4003 West End Dr. Henrico, VA 23294	Email
APPLICANT INFORMATION	Applicant/Contact Bill Akers	
	Address 11214 Howards Mill Rd. Glen Allen, VA 23059	Phone # 804-514-7893
		Email billakers@capitol signs.net

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
	Front Setback 20' From Road	Center Line Setback	Rear Setback 30'	CUP/Variance/COA
	Side Setback 10'	Side Setback 10'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: M-2			
Planning & Zoning Officer: Dennis Floyd		Date: 6/7/15		

CONTRACTOR INFORMATION	Contractor Capitol Signs		Phone 804-514-7893
	Address 11214 Howards Mill Rd. Glen Allen, VA 23059		
	Contractor License Number 2705137538	Type BSC ELE	Expiration 11/2018

DESCRIPTION OF WORK	Scope of Work: Install walk signs and make final electrical connection to sign circuits provided by others Kor-yo Martial Arts			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 74.96	

Building Only - Excludes All Trades Permits		Application Fee \$30.00	
Value of Work 1500.00		State Levy Fee \$.60	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: _____ Date: June 6, 2017		Septic/Well Fee \$	
		Zoning Fee \$50-	
		RLD \$	
		SWP \$	
		Total \$80.60	

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 6-22-17

6-21-17

Application Accepted: *BP-2017-00506*
 Old Map Number: *47-30-0-1-0*
 GPIN: *7717-21-7452*

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>2103 Proffitt Rd</i>		District		
	Owner <i>Chris + Krista Alston</i>		Phone # <i>749-8703</i>		
	Address <i>2103 Proffitt Rd.</i>				
	Proposed Use <i>Replace Deck</i>	Current Use	Existing Buildings on Property <i>House/ Detached Garage</i>		
	Proposed Occupant Load (Commercial)	Acreeage <i>3.85</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	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: *DAN Swords w/ BNW Builders* Phone *804.994.3429*

Email: *DAN@BNWbuilders.com*

CONTRACTOR INFORMATION	Contractor <i>BNW Builders</i>	Phone <i>804.994.3429</i>
	Address <i>8601 Staples Mill Rd. Richmond 23228</i>	
	Contractor License Number <i>BID HIC 2705-108250 6/30/2018</i>	Type <i>Class A BID HIC</i>

Description of Work	Scope of Work: <i>Demo old deck 32'x16' and Replace with new 32'x16' PVC deck. to include steps staying in original footprint</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		<i>512</i>		<i>512</i>	

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

VALUE OF WORK	
Building	<i>7000.00</i>
Excludes All Trades Permits	

Application Fee	\$ <i>13.50</i>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <i>.87</i>
R&D Total	\$ <i>44.37</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.



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

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

ISSUED 6/21/17

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 6/19/17

Application No.: AP-2017-00502

Fee: \$25.00

Zoning Approval: Yes

Sandy Hook

No:

Date: 6/21/17

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: Linda Vasquez

Telephone: N/A

Address: 2679 Kingsmere Drive

Cell phone: (434) 962-3893

Sandy Hook, Va 23153

FAX: none

E-mail: lvasq5@gmail.com

Name of Applicant: _____

Telephone: _____

Address: _____

Cell phone: _____

FAX: _____

E-mail: _____

Property Information

Street Address: 2679 Kingsmere Drive

Zoning: RR

GPIN Number: 6759-78-8279

Acreage: 3.18

Existing Use: private dwelling

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): 140

2. Written Description of Proposed Physical Improvements

10' x 14' wood shed with vinyl siding and asphalt shingles
for storage of lawn and garden tools & mowers



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

Application Date: 6.12.17
 Permit Number: BP-2017-00471
 GPIN/Tax Map: 7706-80-2933/57-39-0-S-0
 Issued: 6/20/17

Residential Commercial

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.

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address <u>1300 SABOT CREEK COURT</u>	
	Owner <u>MR. & MRS. MICHAEL MATTHEWS</u>	Phone # <u>804-784-1965</u>
APPLICANT INFORMATION	Address <u>1300 SABOT CREEK COURT</u>	
	Applicant/Contact <u>Thomas LANCASTER</u>	Email <u>M.W. matthews@gmail.com</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>P.O. Box 18372 RICHMOND, VA 23226</u>	
	Applicant/Contact <u>Thomas LANCASTER</u>	Phone # <u>604-513-0615</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>P.O. Box 18372 RICHMOND, VA 23226</u>	
	Applicant/Contact <u>Thomas LANCASTER</u>	Email <u>thomas@lancastercustombuilder.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>SABOT CREEK</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>N/A</u>	Date Paid <u>N/A</u>
	Front Setback <u>40' from driveway</u>	Center Line Setback	Rear Setback <u>25'</u>	CUP/Variance/GOA
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone <u>N/A</u>	<u>N/A</u>
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>RP</u>			
Planning & Zoning Officer: <u>[Signature]</u> Date: <u>6/12/17</u>				

CONTRACTOR INFORMATION	Contractor <u>LANCASTER CUSTOM BUILDER</u>		Phone <u>804-784-9898</u>
	Address <u>P.O. Box 18372 RICHMOND, VA 23226</u>		
	Contractor License Number <u>2705155799</u>	Type <u>CLASS A</u>	Expiration <u>12-31-2017</u>

DESCRIPTION OF WORK	Scope of Work: <u>ATTACHING A NEW ADDITION WITH INDOOR POOL</u>			
	Proposed Use <u>INDOOR POOL HOUSE</u>	Current Use	Existing Buildings on Property <u>1 SINGLE FAMILY DWELLING</u>	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>
	Finished Sq. Ft. <u>768</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>768</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>741.00</u>
Value of Work	<u>162,000 162,000</u>	State Levy Fee	\$ <u>14.82</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.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>780.82</u>
Signature of Applicant: <u>[Signature]</u> Date: <u>6/19/17</u>			

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

Issued 4.24.17

Application Date: *3.24.17*
 Application Accepted: *BP-2017-00231*
 Old Map Number: 26-1-0-28-E3
 GPIN: 6718-09-1190

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 5212 Fox Field Farm Ct.			District Byrd		
	Owner Billy L. Llewellyn Sr.			Phone # 804-389-6643		
	Address 2480 Old Time Rd. Powhatan, Va. 23139					
	Proposed Use New Home		Current Use Vacant Lot	Existing Buildings on Property NONE		
	Proposed Occupant Load (Commercial)		Acreage 8	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Field Farm</i>		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount: <i>N/A</i>	
	New Street Address —		Zoning District <i>A-1</i>			
	Front Setback <i>55' 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>	COA <i>N/A</i>	Flood Zone <i>N/A</i>		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.					

Planning & Zoning Officer: *Dennis Boyd* Date: *3/27/17*

Applicant/Contact: B. Lee Llewellyn Jr. Phone: 804-350-9327
 Email: otblee@msn.com

CONTRACTOR INFORMATION	Contractor Old Time Builder Inc.		Phone 804-350-9327	
	Address 2400 Old Time Rd. Powhatan, Va. 23139			
	Contractor License Number 2701019088		Type Class A,CBC RBC	Expiration 1/31/2017

Description of Work	Scope of Work: Construct a new single family dwelling with basement and attached garage				
	<i>Revised 6/14/17 to create 43 sqft 1</i>				
	<i>exteral sunroom Additional finished unfinished</i>				
	SEWER Public/Private	WATER Public/Private	2.5	# of Bathrooms	
# of Floors 2	Total Sq. Ft. <i>3662 3705</i>	Finished Sq. Ft. <i>2255 2298</i>	Unfinished Sq. Ft. 1407	# of Bedrooms 4	

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

Building	VALUE OF WORK	\$120,000 <i>\$225,112.50</i>	<i>Storm Water</i> \$200.00	Application Fee	\$100.49 <i>\$50.00</i>
		<i>\$221,887.50</i>		Zoning Fee	\$50.00 <i>\$40.00</i>
	<i>Excludes All Trades Permits</i>		Septic/Well Fee	\$40.00 <i>\$21.01</i>	
			State Levy Fee	\$21.01 <i>\$100.00</i>	
			RLD	\$100.00	

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

Signature of Applicant: *Bij Lee Llewellyn* **total: \$1421.50**



ZONING COMPLIANCE APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

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

Issued
6-19-17

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: <i>6-16-2017</i>	Application No.: <i>AP-2017-00495</i>	Fee: \$25.00
Zoning Approval: Yes <i>[Signature]</i>	No: _____	Date: <i>6/19/17</i>

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: ERLE D. ANDERSON Telephone: _____
 Address: 1474 BROAD ST. RD., PO BOX 161 Cell phone: 804 347 6313
Oilville VA, 23124 FAX: 804 458 7327
 E-mail: PADRO1@AOL.COM

Name of Applicant: _____ Telephone: _____
 Address: _____ Cell phone: _____
 _____ FAX: _____
 E-mail: _____

Property Information

Street Address: 1474 BROAD ST. RD. Zoning: A-2
 GPIN Number: 6786-71-9889 Acreage: 11.897
 Existing Use: _____
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 6600
2. Written Description of Proposed Physical Improvements
POLE BARN 60x110x16
METAL SIDES, METAL ROOF

Issued 6-19-17



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: _____

Application No.: AP-2017-00491

Fee: \$25.00

Zoning Approval: Yes

[Signature]

No: _____

Date: 6-16-17

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: Samuel Turner

Address: 878 Briesmaster Way

E-mail: Sturner12358@gmail.com

Telephone: 804-539-4295

Cell phone: 804-539-4295

FAX: _____

Name of Applicant: Samuel Turner

Address: 878 Briesmaster Way

E-mail: Sturner12358@gmail.com

Telephone: _____

Cell phone: 804-539-4295

FAX: _____

Property Information

Street Address: 878 Briesmaster Way

GPIN Number: 6785-63-0908

Existing Use: _____

Zoning: A-2

Acreage: 19 acres

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): 1,200 sq ft

2. Written Description of Proposed Physical Improvements

Storage barn

use: tractor, horse trailer & yard trailer storage

~~storage barn~~

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 6.9.17

Application Date: 3/23/17

Application Accepted: BP-2017-00230

Old Map Number: 6.1.0.21.B

GPIN: 60833.01.4708

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 4344 OLD FREDERICKSBURG ROAD 23067 HADENSVILLE VA		District		
	Owner GOOCHLAND DRIVE-IN THEATER		Phone # (804) 397-3411 JOHN HEIDEL		
	Address PO BOX 133, SANDY HOOK, VA 23153				
	Proposed Use SNACK BAR / REST ROOM	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial) 19	Acreage 10 ac	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount N/A	Date Paid N/A	
	New Street Address		Zoning District B-1		
	Front Setback 55' From lot line	Center Line Setback	Rear Setback 30'	C.U. Permit N/A	Variance N/A
	Side Setback 30'	Side Setback 30'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

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

Applicant/Contact: John Heidel Phone: (804) 397-3411

Email: jheidel@goochlanddriveintheater.com

CONTRACTOR INFORMATION	Contractor OWNER		Phone	
	Address			
Description of Work	Contractor License Number 2705000519		Type B O	Expiration 03/31/17
	Scope of Work: BAR BUILDING w/ SNACK BAR, RESTROOMS, PROJECTION ROOM 1st Floor: 16'x40' 2nd Floor: 12'x12'			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2	
	# of Floors 2	Total Sq. Ft. 10091100	Finished Sq. Ft. 784	Unfinished Sq. Ft. 220-316
			# of Bedrooms	

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

VALUE OF WORK	\$ 85,000.00
Building	80,000
<i>Excludes All Trades Permits</i>	
Application Fee	\$ 152.00
Zoning Fee	\$ 100.00
Septic/Well Fee	\$
State Levy Fee	\$ 15.04
PLD Total	\$ 867.04

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: John A. Heidel

received
1-17-17

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

Application Date: 01/05/2017
 Application Accepted: BP-2017-00029
 Old Map Number: 27-4-0-2-0
 GPIN: 6728-48-5924

Issued 2.15.17

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 4720 River Rd Goochland VA 23063		District Living hole		
	Owner Richmond Advertising Consortium LLC		Phone #		
	Address 816 Kline Court				
	Proposed Use Resident	Current Use Foresley	Existing Buildings on Property 0		
	Proposed Occupant Load (Commercial)	Acreage 30.173	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address —		Zoning District A-1		
	Front Setback 100' from Row	Center Line Setback —	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: Daniel [Signature] Date: 1/17/17

Applicant/Contact: Wade M. Wheat Phone: 804 221 4304
 Email: TECHRAINMAKER@gmail.com

CONTRACTOR INFORMATION	Contractor <u>Wade M. Wheat / OWNER</u>	Phone <u>804 221 4304</u>
	Address <u>816 Kline Court Goochland VA 23063</u>	
	Contractor License Number <u>Owner Build</u>	Type <u>Build</u>

Description of Work	Scope of Work: <u>Build a single family Dwelling attached garage reverse w/ 15' in man cave above finish off 96 sq ft 1 garage into unit area</u>				
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <u>4</u>	# of Bedrooms <u>5</u>	Full bath
	# of Floors <u>2</u>	Total Sq. Ft. <u>4600</u>	Finished Sq. Ft. <u>4600 4263</u>	Unfinished Sq. Ft. <u>02040</u>	

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

VALUE OF WORK	6309 6405 4359
Building	350,000 ee 449,310.00
	Excludes All Trades Permits
	# 457,470.00

Application Fee	\$ 2033.89
Zoning Fee	\$ 50.00
Septic/Well Fee	\$ 40.00
State Levy Fee	\$ 414.8
R&B Total	\$ 2118.69

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]

revision fee: \$37.40

received
1-19-17

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

Application Date: 01/05/2017
Application Accepted: BP-2017-00029
Old Map Number: 27-4-0-2-0
GPIN: 6728-48-5924

Issued 2.15.17

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 4720 River Rd Goochland VA 23063		District Licking hole		
	Owner Richmond Advertising Consortium LLC		Phone #		
	Address 816 Kline Court				
	Proposed Use Resident	Current Use Forestry	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage 30.173	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District A-1		
	Front Setback 100' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 30'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: *David Boyd* Date: 1/17/17

Applicant/Contact: Warren M. Wheat Phone: 804 221 4304
Email: TTECHMANMAKER@gmail.com

CONTRACTOR INFORMATION	Contractor Warren M. Wheat/owner		Phone 804 221 4304	
	Address 816 Kline Court Goochland VA 23063			
	Contractor License Number owner	Type Build	Expiration	

Description of Work	Scope of Work: Be ¹⁰ to a single family Dwelling with attached garage ^{revised 6/15/17} finish off 960 sq. ft. in man cave above garage into utility area				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 4		# of Bedrooms 5
	# of Floors 2	Total Sq. Ft. 4600	Finished Sq. Ft. 4600	Unfinished Sq. Ft. 2040	Full bath
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	63096405	4359
Building	350,000	449,310.00
Excludes All Trades Permits		
#457,470.00		
Application Fee	\$2033.89	
Zoning Fee	\$30.00	
Septic/Well Fee	\$40.00	
State Levy Fee	\$4148	
PLD Total	\$21105.39	

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: *Warren M. Wheat*
revision fee: \$37.46

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 6-12-17

Application Date: 6/12/17
 Application Accepted: AP-2017-00383
 Old Map Number: TAX MAP 58-12-0-A 0
 GPIN: 7726-27-5466

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 12853 Broad St Rd 23233		District		
	Owner Robert Carpenter		Phone # 804-673-2264 804-537-2264		
	Address 5302 Ditchley Rd cell: 804-537-2264				
	Proposed Use Commercial SIGN	Current Use Commercial	Existing Buildings on Property MULTIPLE (ALLEY MOTEL)		
	Proposed Occupant Load (Commercial) N/A	Acreage 5.293	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District 6-1	
	Front Setback 5'	Center Line Setback 5'	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, side and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: Daniel Pad Date: 6/12/17

Applicant/Contact: Robert Carpenter Phone: cell: 804-537-2264
~~804-673-2264~~
 Email: carp2@cableone.net

CONTRACTOR INFORMATION	Contractor OWNER		Phone	
	Address			
	Contractor License Number		Type	Expiration

Description of Work	Scope of Work: Erect Commercial Free Standing SIGN				
	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	\$ 100,00
Excludes All Trades Permits	

Application Fee	\$ 30.00
Zoning Fee	\$ 50.00
Septic/Well Fee	\$
State Levy Fee	\$ 60
RED Total	\$ 80.60

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

Signature of Applicant: Robert Carpenter

 <p>BUILDING PERMIT APPLICATION</p> <p>Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay</p> <p><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial</p>	Application Date: 6/9/2017
	Permit Number: BP-2017-00467
	GPIN/Tax Map: 6778-43-3227 / 31-1-0-91-A
	Issued: 6-9-17
This application is <u>not</u> 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.	

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address 2211 Camelback Road	
	Owner Anthony & Amy Gordon	Phone # 804-928-9869
	Address 2211 Camelback Road	Email

APPLICANT INFORMATION	Applicant/Contact Fletcher Bulifant		Phone # 804-475-4577
	Address 2001 Semmes Avenue, 23225	Email Fletch@bulifant.com	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer _____ Date _____			

CONTRACTOR INFORMATION	Contractor H.F. Bulifant & Sons, Inc.		Phone 804-231-9686
	Address 2001 Semmes Avenue		
	Contractor License Number 2701020597	Type RBC CBC	Expiration 4/30/2017

DESCRIPTION OF WORK	Scope of Work: Sister & Replace fire damage to crawl space framing from lighting strike as per attached plans. No changes, put back as per existing.			
	Proposed Use Residential	Current Use Residential	Existing Buildings on Property 1	# of Floors 1
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 2	# of Bedrooms 3
	2034	Finished Sq. Ft.	Unfinished Sq. Ft.	2034 Total Sq. Ft.

Building Only - Excludes All Trades Permits		Application Fee \$ _____ State Levy Fee \$ _____ Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ _____
Value of Work	9000.00	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant: <i>Fletcher Bulifant</i>	Date: 6/9/17	

See waived all fire



BUILDING PERMIT APPLICATION

Department of Building Inspection
 P.O. Box 119
 Goochland, VA 23063
 (804) 556-5815 Fax (804) 556-5651
 TDD 711 VA Relay

Application Date: 6/6/17
 Permit Number: BP-2017-00454
 GPIN/Tax Map: 7704-85-2635 / 62-38-0-33-0
 Issued: 6-8-17
 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.

Residential Commercial

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address <u>310 Libby Hill Court</u>	
	Owner <u>Rudolph Ward</u>	Phone # <u>389-6819</u>
	Address <u>310 Libby Hill Court</u>	Email <u>rudyward73@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Jack Bergman</u>	
	Address	Email <u>jack@thedeck-tech.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>The Parkes</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>N/A</u>	Date Paid <u>N/A</u>
	<u>40 Manakin Woods</u>	Center Line Setback	Rear Setback <u>50' 6/5</u>	CUP/Variance/COA
	Front Setback <u>30' from pavement</u>	Side Setback <u>20' 6/5</u>	Flood Zone <u>N/A</u>	<u>N/A</u>
	Side Setback <u>20' 6/5</u>	Side Setback <u>20' 6/5</u>		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>RPUD</u>				
Planning & Zoning Officer: <u>David Floyd</u> Date: <u>6/7/17</u>				

CONTRACTOR INFORMATION	Contractor <u>JB Contracting Inc DBA The Deck Tech</u>		Phone <u>804-744-1001</u>
	Address <u>17801 Hall St Rd Moseley VA 23120</u>		
	Contractor License Number <u>2705127080</u>	Type <u>A</u>	Expiration <u>4-30-19</u>

DESCRIPTION OF WORK	Scope of Work: <u>remove existing deck, build 16x12 screen porch w/ new footers</u>			
	Proposed Use <u>Resid.</u>	Current Use <u>Resid.</u>	Existing Buildings on Property <u>1</u>	# of Floors <u>2</u>
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>192</u>	Total Sq. Ft. <u>192</u>	

Building Only - Excludes All Trades Permits

Value of Work: \$22,000.00

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

Signature of Applicant: [Signature] Date: 6/6/18

Application Fee	\$ <u>111.00</u>
State Levy Fee	\$ <u>2.22</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>138.22</u>

received 9-20-16

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

Application Date: 9/13/16
 Application Accepted: BD-2016-00760
 Old Map Number: 62-15-0-C-2
 GPIN: 7704-25-8868

ISSUED 10-31-16

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

OWNER INFORMATION	Site Address 103 Lindbergh Lane		District		
	Owner Richard & Sarah Boehling		Phone #		
	Address				
	Proposed Use single dwell. res.	Current Use	Existing Buildings on Property none		
	Proposed Occupant Load (Commercial)	Acreage 12.5	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 A-2		
	Front Setback 55' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.
 Planning & Zoning Officer: David Floyd Date: 9/22/16

Applicant/Contact: Creative Home Concepts Bryan Smith Phone: 804 8971639
 Email: chcsmith@msn.com

Contractor: Creative Home Concepts Phone: 804 8971639
 Address: PO Box 715 Midlothian VA 23113
 Contractor License Number: 2705 048699 Type: A Expiration: 3/31/17

Description of Work: new sfd w/ garage attached to covered porch
 revised 6-9-17 finish 180 sq ft into nursery off of bedroom #2

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
2	5998	41004340	1838	4

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

VALUE OF WORK	6178	Total fee 1,692.04	Application Fee	\$ 1,471.80
Building	324,400		Zoning Fee	\$ 50.00
Excludes All Trades Permits			Septic/Well Fee	\$ 40.00
* \$447,015.00			State Levy Fee	\$ 30.24
			R/D	\$ 100.00

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

Signature of Applicant: *[Signature]* Bryan manager

revision fee: \$562.80

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

Application Date: March 14, 2017
 Application Accepted: *AP-2017-00385*
 Old Map Number: 42-1-122
 GPIN: 6767-09-3012

Issued: 6-7-17

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	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: Donna Brown - Interplan LLC Phone 732.616.4625
 Email: *dbrown@interplanllc.com*

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

Description of Work	Scope of Work: Four (4) marquee signs (as per plan)(outside bulletin boards)				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	1	33,844	33,844		N/A

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

VALUE OF WORK	
Building	\$1,000.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ 30.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$.60
RLD Total	\$ 30.60

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

Donna Brown



BUILDING PERMIT APPLICATION

Application Date: 6.6.17
 Permit Number: BP-2017-00453
 GPIN/Tax Map: 7704-88-4141/62.21.0.10.0
 Issued: 6.7.17

Department of Building Inspection
 P.O. Box 119
 Goochland, VA 23063
 (804) 556-5815 Fax (804) 556-5651
 TDD 711 VA Relay

Residential Commercial

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.

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address <u>517 Ada Ash Lane, Manakin Salet, VA 23103</u>	
	Owner <u>Sanders Wilhelm</u>	Phone # <u>804 922 7464</u>
	Address <u>Same</u>	Email <u>sanderswilhelm@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Sanders Wilhelm</u>		Phone # <u>804 922 7464</u>
	Address <u>Same as above</u>		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer _____ Date _____			

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

DESCRIPTION OF WORK	Scope of Work: <u>Demo 3 existing Dormers, add 1 new dormer. Add interior walls and bathroom to create</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.		Unfinished Sq. Ft.	Total Sq. Ft.

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>36.75</u>
Value of Work	<u>\$5500⁰⁰</u>	State Levy Fee	\$ <u>.73</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.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>37.48</u>
Signature of Applicant <u>[Signature]</u>		Date	<u>6/6/17</u>

received
3-24-17

Application Date: 3/24/17
 Application Accepted: BP-2017-00227
 Old Map Number: 59-3-2-90-B
 GPIN: 7720-75-9224

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 6.7.17

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 1630 Wilkes Ridge Parkway		District		
	Owner Medarva		Phone # (804) 775-4500		
	Address 8700 Stony Point Pkwy				
	Proposed Use Ambulatory Eye Ctr	Current Use Shell Space	Existing Buildings on Property yes		
	Proposed Occupant Load (Commercial) 112	Acresage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision West Creek Business Park		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address		Zoning District M-1		
	Front Setback 21' from Pkwy	Center Line Setback	Rear Setback 10'	C.U. Permit N/A	Variance N/A
	Side Setback 10'	Side Setback 10'	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 Taylor Date 3/27/17

Applicant/Contact: Mark Hansell Phone 804-288-8118 x305
 Email: mhansell@rgigc.com

CONTRACTOR INFORMATION	Contractor RGI General Contractors		Phone 288-8118 x305		
	Address 3805 Gaskins Road Henrico VA 23233				
	Contractor License Number 2705040395A		Type A	Expiration	
Description of Work	Scope of Work: Expanded Phase I of AEC into exty shell space for an enlarged Ambulatory Eye Center. Tenant upfit				
	SEWER (Public/Private)	WATER (Public/Private)	3 new baths # of Bathrooms		
	# of Floors 1	Total Sq. Ft. 11,285	Finished Sq. Ft. 11,285 SF	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 \$634,000
 Excludes All Trades Permits

Application Fee \$6115.00
 Zoning Fee \$100.00
 Septic/Well Fee \$
 State Levy Fee \$120.30
 Total \$6235.30

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

Signature of Applicant [Signature]

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

Issued 4.19.17

Application Date: 4.18.17

Application Accepted: BP-2017-00311

Old Map Number: 62.2.B.14.0

GPIN: 7704-94-9602

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

OWNER INFORMATION

Site Address	113 Willow Drive		District	5
Owner	Richard A. & Doris A. Hanes		Phone #	641-8816
Address	30 Fleewood Lane, Manakin Sabot, VA 23103			
Proposed Use	Current Use	Existing Buildings on Property		
Single Fam. Dwelling	Single Fam. Dwelling	house		
Proposed Occupant Load (Commercial)	Acreage	Commercial Use		
	.958	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Street Address		Zoning District	
Front Setback	Center Line Setback	Rear Setback	C.U. Permit Variance
Side Setback	Side Setback	C O A	Flood Zone
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Richard A. Hanes Phone 641-8816

Email: richard@hanes.org

CONTRACTOR INFORMATION	Contractor	na. / self		Phone
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: Remove 1 bearing wall, 2 non-bearing walls. Complete Renodil of Kitchen + Master Bathroom. Upgrade Basement to code re: insulation. Revised 6-6-17				
	SEWER Public/Private	WATER Public/Private	to include master ^{# of Bathrooms} Bathroom		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	1		2,600		3 concrete foundation

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

VALUE OF WORK	
Building	\$ 35,000.00
Excludes All Trades Permits	

Application Fee	\$ 1109.50
Zoning Fee	\$ -
Septic/Well Fee	\$ -
State Levy Fee	\$ 3.39
RED Total	\$ 112.89

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

Signature of Applicant: R. Hanes

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 6.6.17

Application Date: 5.31.17
 Application Accepted: BP-2017-00435
 Old Map Number: 45-1-0-41-A
 GPIN: 6786-88-2225

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 1611 GENITO ROAD		District	
	Owner FRANK & EDITH CARNEY		Phone # 804-749-3067	
	Address 1611 GENITO ROAD			
	Proposed Use NEW REAR ADDITION	Current Use SINGLE FAMILY	Existing Buildings on Property SINGLE FAMILY RESIDENCE	
Proposed Occupant Load (Commercial) N/A	Acreage 2.94	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-2	
	Front Setback 55'	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
	Side Setback 20'	Side Setback 20'	C O A N/A	Variance N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.			

Planning & Zoning Officer: [Signature] Date: 6/1/17

Applicant/Contact: SAVOY PROPERTIES - BILL PANGBURN Phone: 804-241-1955
 Email: SAVOY PROPERTIES @ VERIZON.NET

CONTRACTOR INFORMATION	Contractor SAVOY PROPERTIES		Phone 804-241-1955	
	Address 6125 LOOKOUT POINT CR. / MIDLOTHIAN VA 23112			
	Contractor License Number 2905102807	Type: "A"	Expiration 01-21-18	

Description of Work	Scope of Work: CONSTRUCT A NEW SINGLE STORY FAMILY ROOM ADDITION & DECIC ON REAR OF HOME, NO ADDITIONAL BATHS OR BED ROOMS.			
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms 0	
	# of Floors 1	Total Sq. Ft. 932	Finished Sq. Ft. 352	Unfinished Sq. Ft. 580
			# 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	\$288.74
Building	\$61,500.00	Zoning Fee	25.00
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$5.78
		Fee Total	\$319.52

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] 05/31/2017

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 6.6.17

Application Date: 5.31.17
 Application Accepted: BP-2017-00439
 Old Map Number: 4817-0-17-0
 GPIN: 1738-20-0783

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 7033 Benhall Circle Gln Alb VA 23059		District	
	Owner Stephen Fleming		Phone # 804-304-6868	
	Address 7033 Benhall Circle Gln Alb VA 23059			
	Proposed Use Residential	Current Use Residential	Existing Buildings on Property YCS	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Parkside Villas	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: Stephen Fleming Phone: 804-304-6868
 Email: stephen.fleming@gmail.com

CONTRACTOR INFORMATION	Contractor Owner	Phone
	Address	
	Contractor License Number	Type

Description of Work	Scope of Work: Part 15 Finish Basement into Rec Room - # 3rd Floor Finish #				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 800 FF	Finished Sq. Ft. 800 FF Total	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	3500.00
Excludes All Trades Permits	

Application Fee	\$ 30.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$.60
TOTAL	\$ 30.60

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

Signature of Applicant _____

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: 64.22.B.4.0

Application Date: 3/9/17

Application Accepted: BP-2017-00184

GPIN: 7733-18-7700

Issued: 3.9.17

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 13295 BECKFORD LN.		District	
	Owner DAVID & BARBARA PITTS		Phone #	
	Address 13295 BECKFORD LN.			
	Proposed Use RESIDENCE	Current Use	Existing Buildings on Property 1	
	Proposed Occupant Load (Commercial)	Acreage 3+	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Subdivision RIVERGATE	Proffer <input type="checkbox"/> Yes <input checked="" 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: JOHN EZEK Phone 804-405-6462

Email: EZEKINC@901.COM

CONTRACTOR INFORMATION	Contractor EZEK G., INC.		Phone	
	Address 2300 DOWD LN. / N. CHESTERFIELD, VA 23235			
	Contractor License Number 021547A	Type A	Expiration 7-31-2017	

Description of Work: REMOVE EXISTING SUPPORT WALL, ADD BEAM, REMOVE NEW WALLS TO EXTEND ROOM INTO UNFINISHED AREA. STRUCTURE & FINISH, ADDING 260 SQ. FT. FINISHED OF FAMILY ROOM

SEWER (Public/Private)	WATER (Public/Private)	# of Bathrooms 6		
# of Floors 3	Total Sq. Ft.	Finished Sq. Ft. Approx 260 4108	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	\$14,000 18,000 Dr
Excludes All Trades Permits	

Application Fee	\$ 75.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ 1.50
RLD Total	\$ 76.50

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.

* Revised 10.2.17 finish box 3 (log sq ft) to enlarge family room *

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

Issued 6.6.17

Application Date: 6.2.17
 Application Accepted: BP-2017-00443
 Old Map Number: SS-1-0-10-0
 GPIN: 60996-92-2037

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			District	
	Owner <i>Richmond</i>			Phone #	
	Address <i>1451 Beaver Dam Creek Rd Goochland VA 23039</i>				
	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 <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>75' from ROW</i>	Center Line Setback <i>—</i>	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>	COA <i>N/A</i>	Flood Zone <i>N/A</i>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: *David Floyd* Date: *6/2/17*

Applicant/Contact: *Roger L. Turner* Phone: *804-920-2100*
 Email:

CONTRACTOR INFORMATION	Contractor <i>Roger L. Turner</i>	Phone <i>804-920-2103</i>
	Address <i>1509 Beaver Dam Creek Rd</i>	
	Contractor License Number <i>2705090238</i>	Expiration <i>11-30-18</i>

Description of Work	Scope of Work: <i>BATH ADD. 8x14</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <i>112</i>	Finished Sq. Ft. <i>112</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>14,000.00</i>
Excludes All Trades Permits	

Application Fee	\$ <i>15.00</i>
Zoning Fee	\$ <i>25.00</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>1.50</i>
RLD Total	\$ <i>101.50</i>

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

Signature of Applicant: *Roger L. Turner*

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 6.5.17

Application Date: 5/20/2017
 Application Accepted: BP-2017-00428
 Old Map Number: 47-12-0-2-B2
 GPIN: 1717-110-3289

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 Mamakin Road Mamakin VA		District Mamakin		
	Owner Shi Flett Moore		Phone # (811) 289		
	Address 2395 Mamakin Road Mamakin VA				
	Proposed Use Storage	Current Use	Existing Buildings on Property None w/ attached Garage		
	Proposed Occupant Load (Commercial) 0	Acreage 2	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-2		
	Front Setback 75' from Kew	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 Office: David Boyd Date: 5/31/17

Applicant/Contact: _____ Phone: _____
 Email: Rolfe28@Verizon.net

CONTRACTOR INFORMATION	Contractor Shi Flett Construction Services Inc		Phone 305 7015		
	Address 2645 Judas Ferry Rd Pamunkey VA				
	Contractor License Number 2705044180	Type Class A General	Expiration 4/30/18		
Description of Work	Scope of Work: Build Detached Bean/Storage Building				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 1	Total Sq. Ft. 864	Finished Sq. Ft.	Unfinished Sq. Ft. 864	# of Bedrooms 0
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	36,000.-
Excludes All Trades Permits	

Application Fee	\$ 104.00
Zoning Fee	\$ 25.-
Septic/Well Fee	\$
State Levy Fee	\$ 3.48
TOTAL	\$ 202.48

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

Signature of Applicant: _____

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 1-26-17

Application Date: 12.9.16
 Application Accepted: BP-2016-00983
 Old Map Number: 11-4-5
 GPIN: 10821-57-9637

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 3917 Pace Rd. Goochland, VA		District		
	Owner Commolisa Pace & Michael Alexander		Phone # 804-402-1314 (804) 245-4282		
	Address 8808 Three Chopt Rd. Apt. 106 Henrico, VA 23229				
	Proposed Use Residential	Current Use	Existing Buildings on Property none		
Proposed Occupant Load (Commercial)	Acreage 3	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District A-1		
	Front Setback 55' From R/W	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 Ford Date: 12/13/16

Applicant/Contact: Michael Alexander & Commolisa Pace Phone: (804) 245-4282 804-402-1314
 Email: cpaces005@gmail.com

CONTRACTOR INFORMATION	Contractor owner	Phone
	Address	
	Contractor License Number	Type

Description of Work	Scope of Work: SFD Revised 5/8/17 increase room sizes finished adding 864 sq. ft.				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2		
	# of Floors 1	Total Sq. Ft. 2536	Finished Sq. Ft. 2016 to 2880	Unfinished Sq. Ft. 520	# of Bedrooms 3

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

VALUE OF WORK 3400 \$235,500.00
 Building \$147,940.00
 Excludes All Trades Permits

Application Fee	\$100.00
Zoning Fee	\$20.00
Septic/Well Fee	\$
State Levy Fee	\$13.55
RLD Total	\$141.28

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: Commolisa Pace

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: 5-24-17
 Application Accepted: BP-2017-00412
 Old Map Number: 31-1-0-69-A2
 GPIN: 6779-36-1718

Issued: 6-2-17

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>2400 Goodluck Rd</u>		District		
	Owner <u>Gerald & Rae-Anne Evans</u>		Phone # <u>(804) 548-6922</u>		
	Address <u>2400 Goodluck Rd Maidens VA 23102</u>				
	Proposed Use	Current Use	Existing Buildings on Property <u>Single Family Residence</u>		
Proposed Occupant Load (Commercial)	Acreage <u>2.73</u>	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		Zoning District <u>A-2</u>		
	Front Setback <u>55' from ROW</u>	Center Line Setback <u>---</u>	Rear Setback <u>35'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 5/24/17

Applicant/Contact: SN Home Maintenance & Construction / Steve Nixon Phone: 804 514 8129

Email: Steve @ snhomemaintenance.com

CONTRACTOR INFORMATION	Contractor <u>SN Home Maintenance & Construction</u>		Phone <u>804 514 8129</u>	
	Address <u>14902 Scotchtown Rd</u>			
	Contractor License Number <u>2705113068</u>	Type <u>Class A</u>	Expiration <u>2-28-2019</u>	

Description of Work	Scope of Work: <u>15' x 22' addition consisting of a living room, laundry room, & an living office</u>				
	SEWER Public/Private <u>Private</u>		WATER Public/Private <u>Private</u>		# of Bathrooms <u>0</u>
	# of Floors <u>1</u>	Total Sq. Ft. <u>330</u>	Finished Sq. Ft. <u>3304</u>	Unfinished Sq. Ft.	# of Bedrooms <u>0</u>

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

VALUE OF WORK	
Building	<u>32,917.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>160.13</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>3.20</u>
TOTAL	\$ <u>188.33</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 6.2.17

Application Date: 5.23.17

Application Accepted: BP-2017-00410

Old Map Number: 67-2-E-10-0

GPIN: 7723-64-2487

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 219 EAST BROOK RUN DRIVE			District		
	Owner HUNTER & SAMANTHA HUBER			Phone #		
	Address SAME					
	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	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: JAY VANSTORY Phone: 804-338-5639

Email: Jay@moderincva.com

CONTRACTOR INFORMATION	Contractor MODERIN CONSTRUCTION		Phone 804 822-6787		
	Address 2601 DEVENWOOD RD, N. CHESTERFIELD, VA 23235				
	Contractor License Number 2705120181		Type AIC, CBC, RBC	Expiration 2-25-18	

Description of Work	Scope of Work: FINISH OFF EXISTING SCREENED PORCH TO LIVING SPACE ROOM				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		250	250		

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

VALUE OF WORK	
Building	\$ 10,000 \$13,750.00
Excludes All Trades Permits	

Application Fee	\$ 73.87
Zoning Fee	\$ -
Septic/Well Fee	\$ -
State Levy Fee	\$ 1.48
TOTAL	\$ 75.35

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

Department of Building Inspection
 P.O. Box 119
 Goochland, VA 23063
 (804) 556-5815 Fax (804) 556-5651
 TDD 711 VA Relay

Application Date: 5/26/17

Permit Number: BP-2017-00423

GPIN/Tax Map: 5789-86-9321/15.1.0.7.A

Issued: 6.2.17

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.

Residential Commercial

This application requires two copies of construction drawings and two copies of the site plan of the property (if new construction or going outside of existing footprint) 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.

OWNER INFORMATION	Site Address <u>6276 River Rd. W. Columbus VA</u>	
	Owner <u>Rassawek Farm LLC</u>	Phone # <u>804-749-3276</u>
	Address <u>1851 Bennington Rd, Rockville, VA 23146</u>	Email <u>---</u>

APPLICANT INFORMATION	Applicant/Contact <u>BEN BOTTLEY - EDA</u>	Phone # <u>804-310-6985</u>
	Address <u>5628 S. LABURNUM AVE. RICHMOND VA</u>	Email <u>BOTTLEY@EDAEKOR.COM</u>

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>
	Front Setback <u>100' from Row</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>CU-2012-01</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>5/30/17</u>			

CONTRACTOR INFORMATION	Contractor <u>OWNER</u>	Phone <u>---</u>
	Address <u>---</u>	
	Contractor License Number <u>---</u>	Type <u>---</u>

DESCRIPTION OF WORK	Scope of Work: <u>CONSTRUCT NEW 38' x 16' PIER</u>			
	Proposed Use <u>RECREATIONAL PIER</u>	Current Use <u>N/A</u>	Existing Buildings on Property <u>YES</u>	# of Floors <u>---</u>
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>---</u>	# of Bedrooms <u>---</u>
	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>608</u>	Total Sq. Ft. <u>608</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>20.00</u>
Value of Work <u>\$3,000.00</u>		State Levy Fee \$ <u>.60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ <u>---</u>
Signature of Applicant <u>[Signature]</u>	Date <u>5/26/17</u>	Zoning Fee \$ <u>50.00</u>
		RLD \$ <u>---</u>
		SWP \$ <u>---</u>
		Total \$ <u>80.60</u>



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	6.5.17
Permit #	17-24
GPIN	
Tax Map	

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.

Please call or visit our website to calculate fee
www.goochlandva.us/permitcalc

LOCATION

Street Address
2425 Commons Creek Drive

PROPERTY OWNERSHIP

Name	Keith Snow	Phone	241-6507
Mailing Address	2425 Commons Creek Drive	Email	

APPLICANT

Name	Legacy Electrical	Phone	804-512-6900
Address	1533 Swiftwood Dr	Email	

CONTRACTOR

Name	Legacy Electrical	Phone	804-512-6900	
Mailing Address	1533 Swiftwood Dr	Email		
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705111062	Expiration 12-31-17	License Type E6	Class B

DESCRIPTION OF WORK

wire New Home Revised 6-8-17 to include 22 kw generator

# of Bathrooms 3 1/2	Service Size 200 Amp	Power Company Va Power	Inquiry # 10133030
Value of Work (required) 6900.00			

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.

Signature of Applicant: Date: 6.5.17

Approval: Fisher	Office Use Only	Approval date: 6.5.17
Permit Fee: 51.26		Issued date: 6.5.17

Please call or visit our website to calculate fee: www.goochlandva.us/permitcalc

(owner's affidavit on back)



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	6-1-17
Permit #	211-2017-00433
Old Map #	
G-Pin	

LOCATION

Street Address 2149 Pine Lane	District
----------------------------------	----------

PROPERTY OWNERSHIP

Name Lloyd Lowmaster	Phone 804-240-7158
Mailing Address 2149 Pine Lane Maidens, VA 23102	

APPLICANT

Name "SAME"	Phone
E-Mail Address	

CONTRACTOR

Name Woodfin	Phone 804-764-4533
Mailing Address 1823 N Hamilton St. Richmond 23230	License Type ELE, GFC HIC, HVA PLB
Class A	
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701037820
Expiration 11-30-2017	

DESCRIPTION OF WORK

Install 22KW generator, 200AMP ATS, Replace 200 Amp PANEL, Surge Protector			
# of Baths	Service Size 200	Power Company DOM	Inquiry #

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

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

_____(Owner)

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

_____(Notary)

My commission expires _____

Signature of Applicant

[Handwritten Signature]

Value of work:

9650.00

Permit fee:

65.71

Approval

[Handwritten Signature]

Date

6-6-17

Issue date:

6-6-17



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	6-7-17
Permit #	M-452
Old Map #	
G-Pin	

LOCATION

Street Address 2205 JACKSON SHOP ROAD	District
--	----------

PROPERTY OWNERSHIP

Name HELIA TOLLIVER	Phone 804-556-4373
Mailing Address 2205 JACKSON SHOP ROAD	

APPLICANT

Name WOODFIN	Phone
E-Mail Address	

CONTRACTOR

Name WOODFIN	Phone 804-764-4533
Mailing Address 1823 N HAMILTON STREET RICHMOND 23230	License Type A
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701037820
Expiration 11-30-2017	Class PLB, ELE, GFC, HIC, HVA

DESCRIPTION OF WORK

INSTALL 22 KW GENERATOR, 200 AMP ATS, SURGE PROTECTOR			
200AMP			
# of Baths	Service Size 200	Power Company DOM	Inquiry # N/A

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

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

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

_____(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]
Fisher

Approval

Date

6-7-17

Value of work:

\$9076.00

Permit fee:

65.83

Issue date:

6-7-17



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	06-02-17
Permit #	2017-00169
Old Map #	
G-Pin	

LOCATION

Street Address	2014 Steeplechase	District	
----------------	-------------------	----------	--

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	10134915
# 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

[Handwritten Signature]
[Handwritten Signature]

Permit fee:

99.45

Approval

Date

6.12.17

Issue date:

6.12.17

\$30 -
67.50
2% 1.95
99.45



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	06-09-17
Permit #	2017-00189
Old Map #	
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	1718 Bridgewater Bluff, Maidens, Va. 23102	District	
----------------	--	----------	--

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			
2.5	400	Rappahannock	10134924
# 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 _____

#30
 (15x4.50)
 67.50
 x 29%
 99.45

Value of work: \$17,000.00

Signature of Applicant Eduardo Dominguez

Permit fee: 99.45

Approval Fisher Date 6.13.17

Issue date: 6.13.17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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.

Please call or visit our website to calculate fee
www.goochlandva.us/permitcalc

Date: 6-21-2017

Permit #: 17-487

GPIN

Tax Map

LOCATION

Street Address: 4551 Payne Road

PROPERTY OWNERSHIP

Name: IDA MAE Melton Phone:

Mailing Address: 4551 Payne Road Email:

APPLICANT

Name: Jonathan Mills Phone: (804) 576-4634

Address: 2400 Goodwyn Lake Ct. Powhatan, Va 23139 Email:

CONTRACTOR

Name: Jm Electric Phone: (804) 576-4634

Mailing Address: 2400 Goodwyn Lake Ct. Powhatan, Va 23139 Email:

Gas Certification: YES NO

State License Number: 2705105540 Expiration: 4-30-2018 License Type: ELE Class: C

DESCRIPTION OF WORK

Wiring generator with Transfer switch
^ 22KW

of Bathrooms: Service Size: Power Company: Inquiry #:

Value of Work (required): \$5,000.00

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.

Signature of Applicant: *[Signature]* Date: 6-21-2017

Office Use Only

Approval: *[Signature]* Approval date: 6/21/17

Permit Fee: *[Signature]* Issued date: 6/21/17

Please call or visit our website to calculate fee: www.goochlandva.us/permitcalc

(owner's affidavit on back)