



BUILDING PERMIT APPLICATION

Application Date: 6/23/2017

Permit Number: **BP-2017-00514**

GPIN/Tax Map: 7727-56-1101 and 7727-46-8720

Issued: **7-25-17** **48-1-0-40-0**

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 1950 Rockville Industrial Way	
	Owner Luck Stone - Mike Plale	Phone # 8044766492
APPLICANT INFORMATION	Address PO Box 29682, Richmond, VA 23242	Email mplale@luckstone.com
	Applicant/Contact Jack Heisler	Phone # 8043149237
	Address 3201 Lanvale Avenue, Richmond, VA 23230	Email jack@jaheisler.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 15' from ROL	Center Line Setback	Rear Setback 10'	CUP/Variance/COA
	Side Setback 30' Adjacent to 10'	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: MZ	Planning & Zoning Officer: David Floyd Date: 6/28/17		

CONTRACTOR INFORMATION	Contractor J.A. Heisler Contracting Co., Inc.	Phone 8043552616
	Address 3201 Lanvale Avenue, Richmond, VA 23230	
	Contractor License Number 2701027149A	Type A

DESCRIPTION OF WORK	Scope of Work: Construction of wash building			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER no sewer <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft. 240	Unfinished Sq. Ft.	Total Sq. Ft. 240	

Building Only - Excludes All Trades Permits		Application Fee \$ 137.92
Value of Work \$15,360.00		State Levy Fee \$ 2.76
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: John A. Heisler Date: 6/23/17		Zoning Fee \$ 100.00
		RLD \$
		SWP \$
		Total \$ 240.68



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:

6-27-17

Permit Number:

2017-00513

GPIN/Tax Map:

7704-45-0898 | 62-15-0-A-0

Issued:

7-25-17

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 115 Ben Dover Ln	
	Owner Firstmark Farm LLC	Phone #
	Address 115 Ben Dover Ln Manakin/Sabot	Email

APPLICANT INFORMATION	Applicant/Contact Douglas Arty	Phone # 804-647-0649
	Address 829 Toms Rd Barboursville, VA 22923	Email midatlantichomeimp56@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Ben Dover	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 40' from Row	Center Line Setback	Rear Setback 5'	CUP/Variance/COA —
	Side Setback 35' from Row Side	Side Setback 5'	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: RI Planning & Zoning Officer: <u>Daniel Lloyd</u> Date: <u>6/28/17</u>			

CONTRACTOR INFORMATION	Contractor Mid-Atlantic Home Imp LLC	Phone 804 647-0649
	Address 829 Toms Rd Barboursville, VA 22923	
	Contractor License Number 2705-116990	Type A Bld

DESCRIPTION OF WORK	Scope of Work: 16x28 detached solarium			
	Proposed Use N/A	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. 420	Total Sq. Ft. 420	

Building Only - Excludes All Trades Permits

Value of Work	30,000
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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: Douglas Arty Date: 6-27-17

Application Fee	\$ 147.00
State Levy Fee	\$ 294
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 174.94

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: 7-25-17

Application Date: 7-19-17
 Application Accepted: BP-2017-00565
 Old Map Number: 31-1-0-83-D
 GPIN: 6778-09-3879

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 2501 MAIDENS RD		District		
	Owner ROBERT + DEBBIE OGDEN		Phone # 804.399.6900		
	Address 2501 MAIDENS RD MAIDENS VA 23102				
	Proposed Use SUNROOM	Current Use SCREENROOM	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: STEVE JENKINS Phone 540.931.6116
 Email: JENKINS@TOTALREMODELINGSYSTEMS.COM

CONTRACTOR INFORMATION	Contractor TOTAL REMODELING SYSTEMS		Phone 540.678.3700	
	Address 303 ASHCAKE RD SUITE L ASHLAND VA 23005			
	Contractor License Number 2705127904	Type A	Expiration 4/30/19	

Description of Work	Scope of Work: REMOVE SCREEN AND INSTALL WINDOWS ON EXISTING DECK SCREEN PORCH TO MAKE SUNROOM				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 192 SF	Finished Sq. Ft. 192 SF	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	30,000.00
Excludes All Trades Permits	

Application Fee	\$ 149.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ 2.94
Total	\$ 149.94

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

Signature of Applicant _____

BUILDING PERMIT APPLICATION

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

TM: 39-1-0-86-A

Application Date: 7/21/17

Application Accepted: BP-2017-00576

GPIN: 6726-58-3809

Issued: 7.25.17

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 4650 THREE SQUARE RD, Goochland VA 23063		District		
	Owner Andrew & Erica Segal		Phone # 541.610.4279		
	Address SAME				
	Proposed Use RES	Current Use RES	Existing Buildings on Property HOME		
	Proposed Occupant Load (Commercial) NA	Acres	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: DANIEL GORDON Phone: 804-437-4231
 Email: gordonbrothersconstruction@yahoo.com

CONTRACTOR INFORMATION	Contractor GORDON BROTHERS CONSTRUCTION		Phone 804-437-4231	
	Address 2945 RIVER RD. WEST GOOCHLAND VA 23063			
	Contractor License Number A-270514437		Type A	Expiration 12/31/17

Description of Work	Scope of Work: REMODEL EXISTING KITCHEN & UPSTAIRS BATHROOM				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors NA	Total Sq. Ft. NA	Finished Sq. Ft. NA	Unfinished Sq. Ft. NA	# of Bedrooms NA

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

VALUE OF WORK	
Building	\$ 15,000.00
Excludes All Trades Permits	

Application Fee	\$ 119.50
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ 1.59
REG Total	\$ 81.09

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

X.



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: 7.18.17

Permit Number: BP-2017-00564

GPIN/Tax Map: 6810-00-7162/17-1-0-75-0

Issued: 7.24.17

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>RANDAL AND Deborah P. Bowman</u>		Phone #	<u>804-514-0255</u>
	Owner	<u>2718 NADENSVILLE FIVE RD Goochland</u>		Email	
APPLICANT INFORMATION	Applicant/Contact	<u>Robert McCowan</u>		Phone #	<u>804-252-6400</u>
	Address			Email	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>None</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> </u>	<u> </u>
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>15' from ROW</u>	<u> </u>	<u>35' from PL</u>	
	Side Setback	Side Setback	Flood Zone	
<u>20' from PL</u>	<u>20' from PL</u>	<u> </u>		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Officer <u>Daniel Floyd</u>			Date <u>7/19/17</u>	

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

DESCRIPTION OF WORK	Scope of Work:		
	<u>front 5x8 stoop rear 12x34 deck</u>		
	Proposed Use	Current Use	Existing Buildings on Property
	SEWER	WATER	# of Bathrooms
<input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> Public/Private <input type="checkbox"/>		
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
	<u>448</u>	<u>448</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>6,100.00</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 McCowan Date 7-18-17

Application Fee	\$ <u>39.95</u>
State Levy Fee	\$ <u>.19</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u>25-</u>
RLD	\$ <u> </u>
SWP	\$ <u> </u>
Total	\$ <u>65.24</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

Application Date: **7-14-17**

Permit Number: **BP-2017-00557**

GPIN/Tax Man: **6749-55-2271/29-1-0-73-A**

Issued: **7.21.17**

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

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OWNER INFORMATION	Site Address 3800 Bell Rd Goochland, Va 23063	
	Owner Kristopher Seamster	Phone # 804 840 3193
	Address: 3800 Bell Rd Same	Email 1kooltaco@gmail.com

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 75' from ROW	Center Line Setback	Rear Setback 35' from PL	CUP/Variance/COA
	Side Setback 30' from PL	Side Setback 20' from PL	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: A-1 Addition cannot project closer to road than existing structure.		
	Planning & Zoning Officer [Signature]	Date 7/17/17		

CONTRACTOR INFORMATION	Contractor Owner	Phone
	Address	
	Contractor License Number	Type
		Expiration

DESCRIPTION OF WORK	Scope of Work: 12'x14' Bedroom Add.			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft. 168 sqft	Unfinished Sq. Ft.	Total Sq. Ft. 168 sqft	

Building Only - Excludes All Trades Permits		Application Fee	\$ 79.50
Value of Work	15,000	State Levy Fee	\$ 1.59
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	\$ 25-
		RLD	\$
		SWP	\$
		Total	\$ 106.09
Signature of Applicant	[Signature]	Date	7/14/17



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: **7-14-17**
 Permit Number: **BP-2017-00558**
 GPIN/Tax Map: **6058-27-9958 / 30-1-0-28-0**
 Issued: **7.20.17**

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 2314 Jackson Shop rd	
	Owner Frank Duck	Phone # 804-873-4162
	Address 2314 Jackson Shop rd	

APPLICANT INFORMATION	Applicant/Contact Frank Duck		Phone #
	Address 2314 Jackson Shop rd Goochland VA 23063		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 75' from ROW	Center Line Setback _____	Rear Setback 5' from PL	CUP/Variance/COA
	Side Setback 5' from PL	Side Setback 5' from PL	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: David Floyd Date: 7/17/17			

CONTRACTOR INFORMATION	Contractor Boys Swimming Pool and Supply		Phone 804-515-7297
	Address 5815 Lakeside Ave Richmond VA 23228		
	Contractor License Number 2705114327	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: install 24' pool above ground (round)			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. 452	Total Sq. Ft. 452	

Building Only - Excludes All Trades Permits		Application Fee	30.90
Value of Work	4200.00	State Levy Fee	\$.62
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: Frank Duck Date: 7-14-2017		Septic/Well Fee	\$
		Zoning Fee	25-
		RLD	\$
		SWP	\$
		Total	56.52

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: 7/3/17 **received 7.5.17**
 Application Accepted: **BP-2017-00534**
 Old Map Number: **7-20-17**
 Issued: **7-20-17**
 GPIN: **6851-11-5543/20-1-0-58-A**

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

OWNER INFORMATION	Site Address 3530 Broad Street Rd		District		
	Owner Tana & David Hardaway		Phone # 804-519-8233		
	Address 3530 Broad Street Rd, Gum Springs, VA 23065				
	Proposed Use Res. Dwelling	Current Use Res. Dwelling	Existing Buildings on Property Main Residence; (4) Garages		
	Proposed Occupant Load (Commercial)	Acreage 2.11	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: **Jon Kirchner** Phone: **(540) 949-6553**
 Email: **permitting@sigorasolar.com**

CONTRACTOR INFORMATION	Contractor Sigora Solar		Phone (540) 949-6553	
	Address 292 Race Ave, Bldg#3; Waynesboro, VA 22980			
	Contractor License Number 2705141338		Type AES ELE	Expiration 07-31-2016

Description of Work	Scope of Work: Roof Mounted Photovoltaic Array Installation				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	\$ 25,764.00 2,576.40
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 *Jon Kirchner*

3 pages attached



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: 7-10-17

Permit Number: BP-2017-00542

GPIN/Tax Map: 7734-22-3103/64-22-B-2

Issued: 7-19-17

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

Residential Commercial

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OWNER INFORMATION	Site Address <u>13256 Barwick Lane Richmond VA 23238</u>	
	Owner <u>Mark / Ileana Shulman</u>	Phone # <u>561-305-2998</u>
	Address	Email <u>markshulman@usa.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>Ileana Shulman</u>		Phone # <u>561-305-4209</u>
	Address <u>Site address</u>		Email <u>ileanashulman@hotmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Rivergate</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>40' from ROW</u>	Center Line Setback <u>—</u>	Rear Setback <u>35' from Prop Line</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>15' from Prop. Line</u>	Side Setback <u>15' from Prop. Line</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>R-1</u>			

Planning & Zoning Officer: David Floyd Date: 7/12/17

CONTRACTOR INFORMATION	Contractor <u>Owners</u>		Phone <u>—</u>
	Address <u>Site address</u>		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>concrete block patio/deck 12x15</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>180</u>	Total Sq. Ft. <u>180</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>3,500</u>	Application Fee \$ <u>30.00</u>
	State Levy Fee \$ <u>.60</u>
	Septic/Well Fee \$ <u>—</u>
	Zoning Fee \$ <u>2500</u>
	RLD \$ <u>—</u>
	SWP \$ <u>—</u>
	Total \$ <u>55.60</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.

Signature of Applicant: [Signature] Date: July 10/17



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: 7-14-17

Permit Number: BP-2017-00556

GPIN/Tax Map: 1704-94-2943/6240-0-15-0

Issued: 7-19-17

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

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>702 Taylors Hill Ct., Manakin-Sabot, VA. 23103</u>	
	Owner <u>David + Nancy Sober</u>	Phone # <u>804-708-0563</u>
	Address <u>702 Taylors Hill Ct., Manakin Sabot, VA. 23103</u>	Email <u>d.sobers@comcast.net</u>

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>The Parke at Manakin Woods</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u> </u>	Date Paid <u> </u>
	Front Setback <u>30' from Pavement</u>	Center Line Setback <u> </u>	Rear Setback <u>50' B/S</u>	CUP/Variance/COA <u> </u>
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone <u> </u>	<u> </u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u> </u>	Planning & Zoning Officer <u>David Boyd</u> Date <u>7/14/17</u>		

CONTRACTOR INFORMATION	Contractor <u>David W. Sober - owner</u>	Phone <u> </u>
	Address <u>Same</u>	
	Contractor License Number <u> </u>	Type <u> </u>

DESCRIPTION OF WORK	Scope of Work: <u>Screen porch over existing 12 x 16 deck + ^{also to} replace decking boards</u>			
	Proposed Use	Current Use <u> </u>	Existing Buildings on Property	# of Floors <u> </u>
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER 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	<u>9,500.00</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 Nancy H. Sober Date 7/14/17

Application Fee	\$ <u>54.74</u>
State Levy Fee	\$ <u>1.10</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u> </u>
RLD	\$ <u> </u>
SWP	\$ <u> </u>
Total	\$ <u>55.84</u>

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: 42-1-0-24-B

Application Date: 6.30.17

Application Accepted: BP-2017-00529

GPIN: 67160-17-2597

Issued: 7.18.17

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	1394 Maidens Rd (parcel B)		District	Lickinghole
Owner	Ross + Claudia McClung		Phone #	804-556-6943
Address	1398 Maidens Rd Maidens, VA 23102			
Proposed Use	tack room	Current Use	BARN	
Proposed Occupant Load (Commercial)		Acreege	2.24	
		Existing Buildings on Property	None (except BARN)	
		Commercial Use	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	None	Proffer	Amount:	Date Paid:
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—	—
New Street Address	—		Zoning District	A-2
Front Setback	100' from ROW	Center Line Setback	Rear Setback	35' from PL
Side Setback	20' from PL	Side Setback	COA	—
			Flood Zone	—
APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>	COMMENTS: * Survey locate side setbacks. was.	

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 Teyl Date: 7/17/17

Applicant/Contact: Ross McClung Phone: 804 556-6943

Email:

Contractor	Owner	Phone	804 556-6943
Address	(1 bedroom + 1 bathroom)		
Contractor License Number	↑	Type	Expiration

Description of Work	Scope of Work: Add living space to existing barn to create single family dwelling. Add Bathroom, windows, interior walls and room to existing barn room.			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
	1	5282	347	4935
			# of Bedrooms	1

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

VALUE OF WORK ~~BARN~~ \$19,085.00

Building	\$4,000.00 (lumber & supplies)
Excludes All Trades Permits	

Application Fee	\$91.88
Zoning Fee	\$25.00
Septic/Well Fee	\$
State Levy Fee	\$1.96
RED Total	\$124.84

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

X Ross McClung



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: 6-23-17
 Permit Number: BP-2017-00512
 GPIN/Tax Map: 6815-11-7920 / 1-6-0-11-0
 Issued: 6-29-17
 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: 5910 Three Chopt Rd. Louisa, VA 23093
 Owner: Colenda B. Paschall Phone #: 804-457-2843
 Address: 5910 Three Chopt Rd. Louisa, VA 23093 Email:

APPLICANT INFORMATION
 Applicant/Contact: Blanchard & Associates Residential Contractor, Inc. Phone #: 804-457-9426
 Address: 6020 Community House Rd Columbia VA 23038 Email: gregoryblnchr@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: Deep Run Proffer: Yes No Amount: — Date Paid: —
 Front Setback: 75' from ROW Center Line Setback: — Rear Setback: 35' CUP/Variance/COA:
 Side Setback: 15' Side Setback: 15' Flood Zone: —
 APPROVED REJECTED COMMENTS: RR
 Planning & Zoning Officer: David Boyd Date: 6/28/17

CONTRACTOR INFORMATION
 Contractor: Blanchard & Associates Residential Contractor, Inc. Phone: 804-457-9426
 Address: 6020 Community House Rd. Columbia VA 23038
 Contractor License Number: 2705093745 Type: Class A Expiration: 4-30-19

DESCRIPTION OF WORK
 Scope of Work: New deck - Add to existing deck. Add 415 sqft to existing deck. Revised 7-14-17 to include 151 additional sq. ft.

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
	<u>415 566</u>	<u>415 566</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$5,000.00 5,600</u>	Application Fee	\$ <u>34.50</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: <u>Susan Blanchard</u> Date: <u>6/23/17</u>		State Levy Fee	\$ <u>.69</u>
		Septic/Well Fee	\$ <u>—</u>
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ <u>—</u>
		SWP	\$ <u>—</u>
		Total	\$ <u>460.19</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

Application Date: 7/12/17

Permit Number: BP-2017-00550

GPIN/Tax Map: 6767-09-3012/42-1-0-122-0

Issued: 7-14-17

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

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>2730 FAIRGROUND RD</u>	
	Owner <u>COURT HOUSE VENTURES LLC</u>	Phone #
	Address <u>P.O. BOX 32267 RALEIGH, NC 27622</u> (*)	

APPLICANT INFORMATION	Applicant/Contact <u>CHARLS KINCAID</u>	Phone #
	Address <u>3603 BRANDONS BLUFF CT</u>	

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 checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Not expanding foot print of bldg.</u> Planning & Zoning Officer: <u>[Signature]</u> Date: <u>7/13/17</u>			

CONTRACTOR INFORMATION	Contractor <u>BLANCHARD AND ASSOCIATES</u>		Phone <u>804-457-9426</u>
	Address <u>6020 COMMUNITY HOUSE RD, COLUMBIA VA 23038</u>		
	Contractor License Number <u>2705093745</u>	Type <u>RBC CBC</u>	Expiration <u>4/30/2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>TENANT UPFIT -> old Dominion massage LLC</u> <u>INSERT 5 MASSAGE THERAPY ROOMS (8' x 14')</u>			
	Proposed Use <u>MASSAGE THERAPY</u>	Current Use <u>EMPTY</u>	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. <u>1600</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>1600</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.00</u>
Value of Work	<u>\$3,000</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. Signature of Applicant: <u>[Signature]</u> Date: <u>7/12/17</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>100.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>130.60</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: 06/29/2017 **received 7.5.17**

Permit Number: **BP-2017-00533**

GPIN/Tax Map: **7125-33-0619/58-32-3-A-0**

Issued: **7-14-17**

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

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 15000 Capital One Drive (Commons), Richmond, VA 23238	
	Owner Clif White/ Capital One	Phone # (804) 229-2935
	Address 15050 Capital One Drive Richmond, VA 23238	Email clif.white@capitalone.com

APPLICANT INFORMATION	Applicant/Contact Emily Covey		Phone # (804) 405-3795
	Address 5500 Cox Road, Suite M, Glen Allen, VA 23060		Email emilyc@dpr.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 checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Not expanding footprint on bldg.				
	Planning & Zoning Officer David Lund Date 7/12/17				

CONTRACTOR INFORMATION	Contractor DPR Construction, A General Partnership		Phone (804) 433-4160
	Address 5500 Cox Road, Suite M, Glen Allen, VA 23060		
	Contractor License Number 2705137646	Type Class A	Expiration 11/30/2018

DESCRIPTION OF WORK	Scope of Work: Removal of existing door, installation of revolving door, and modifying ground paving.		
	Proposed Use Entrance/Egress	Current Use Entrance/Egress	Existing Buildings on Property 1
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms N/A
	# of Floors 1	# of Bedrooms N/A	
	Finished Sq. Ft. 565	Unfinished Sq. Ft. 0	Total Sq. Ft. 565

Building Only - Excludes All Trades Permits		Application Fee \$845.66
Value of Work \$112,754.00		State Levy Fee \$16.91
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 Emily Covey	Date 07/12/2017	Zoning Fee \$
		RLD \$
		SWP \$
		Total \$862.57



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Issued 7-13-17

Office Use Only

Application File Date: 7/12/17	Application No.: AP-2017-00549	Fee: \$25.00
Zoning Approval: Yes <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Date: 7/13/17

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: Doug & Amber Sessie Telephone: 804-269-1624
 Address: 2436 Hadenville-Life Rd Cell phone: 804-365-2581
 Goochland, VA 23063 FAX: _____
 E-mail: purplecoby8@yahoo.com

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

Property Information

Street Address: 2436 Hadenville-Life Rd Zoning: A-1
 GPIN Number: 6709-93-8192 Acreage: 7.962
 Existing Use: _____
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____
 N/A

Project Information

1. Estimated square footage of the building(s): 256 sq. ft. 2. Value of Building: \$1500.00
 3. Written Description of Proposed Physical Improvements:
 12 X 20 shed



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: 7-7-17

Permit Number: **BD-2017-00541**

GPIN/Tax Map: 48-6-1-C / 7738-01-8997

Issued: 7-13-17

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

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 Ashland Road , Rockville VA	
	Owner Pouncey Tract Partners	Phone # 349-8455
	Address Po Box 192 Manakin 23103	Email sgaeser@eagle Realtyva.com

APPLICANT INFORMATION	Applicant/Contact Scott M Gaeser, Manager	Phone #
	Address Po Box 192 Manakin Sabot, Va	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 Charlie Higgs	Phone
	Address Broad Street Road , Manakin Sabot, VA	
	Contractor License Number 2705156234	Type CLASS B CONT

DESCRIPTION OF WORK	Scope of Work: Removal of demolished house. <i>debris to landfill 623</i>			
	Proposed Use B-1	Current Use Agricultural	Existing Buildings on Property None Standing	# of Floors 0
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
	Building Only - Excludes All Trades Permits			

Value of Work	5,000.00
---------------	-----------------

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 **7-10-17**
MANAGER PTP

Application Fee	\$ 35.19
State Levy Fee	\$ _____
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ 35.19

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: 7-11-17

Application Date: 3-16-17 **3-27-17**
 Application Accepted: **BP-2017-00241**
 Old Map Number: **30-1-0-14-C**
 GPIN: **6758-99-4287**

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 2389 Sandy Hook Road		District Lickinghole	
	Owner Sharon J. Athey		Phone # 804-556-4573	
	Address 2389 Sandy Hook Rd Goochland Va. 23063			
	Proposed Use	Current Use RESIDENT	Existing Buildings on Property my home	
	Proposed Occupant Load (Commercial)	Acreage 1.54 Acre	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 100' from ROW	Center Line Setback ---	Rear Setback 5'	C.U. Permit N/A Variance N/A
	Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer **David Floyd** Date **3/28/17 7/17/17**

Applicant/Contact: **Sharon J. Athey** Phone **804-556-4573**

Email: **owner**

CONTRACTOR INFORMATION	Contractor I will be my own Contractor		Phone 804-556-4573	
	Address			
Contractor License Number		Type	Expiration	
Description of Work	Scope of Work: Detached A Attach Carport to my home 16'x22'			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 528 352	Finished Sq. Ft.	Unfinished Sq. Ft. 528 352
			# of Bedrooms	

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

VALUE OF WORK	
Building	2500.00 5,280.00
Excludes All Trades Permits	

Application Fee	\$ 35.76
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 72
RLD Total	\$ 61.48

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 **Sharon J. Athey**



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: BP-2017-00481

GPIN/Tax Map: 7126-85-1136 / 59-3-2-90-B

Issued: 7/11/17

received
6-13-17

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

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>1630 Wilkes Ridge, 1st floor</u>	
	Owner <u>West Creek MDR LLC c/o Lingerfelt Commonwealth Partners</u>	Phone # <u>804-228-4938</u>
APPLICANT INFORMATION	Address <u>4198 Cox Road, Suite 200, Glen Allen, VA 23060</u>	
	Applicant/Contact <u>Bob Levesque</u>	Email <u>pransone@LingerfeltCommonwealth.com</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>4900 Fitzhugh Ave., Richmond, VA 23230</u>	
	Applicant/Contact <u>Bob Levesque</u>	Phone # <u>804-421-9326</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>4900 Fitzhugh Ave., Richmond, VA 23230</u>	
	Applicant/Contact <u>Bob Levesque</u>	Email <u>blevsque@dallanconstruction.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Creek Business Park</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 R/W</u>	Center Line Setback	Rear Setback <u>10'</u>	CUP/Variance/COA <u>N/A</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS <u>M-1 No change to footprint of</u>			
Planning & Zoning Officer <u>[Signature]</u>		Date <u>6/14/17</u>		

CONTRACTOR INFORMATION	Contractor <u>Dallan Construction, Inc.</u>	Phone <u>804-421-9326</u>
	Address <u>4900 Fitzhugh Ave., Richmond, VA 23230</u>	
CONTRACTOR INFORMATION	Contractor License Number <u>A2705046705A</u>	Expiration
	Type	

DESCRIPTION OF WORK	Scope of Work: <u>Interior work only. New partitions for Offices and Exam Rooms. New finishes throughout. Mechanical, Electrical, and Plumbing improvements for Dr. Schmidt.</u>			
	Proposed Use <u>Medical</u>	Current Use	Existing Buildings on Property	# of Floors <u>3</u>
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms
	Finished Sq. Ft. <u>2,983</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>2983</u>	

Building Only - Excludes All Trades Permits		Application Fee	<u>\$805.75</u>
Value of Work	<u>\$190,922.00</u>	State Levy Fee	<u>\$30.12</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	<u>\$100.00</u>
		RLD	\$
		SWP	\$
		Total	<u>\$1941.87</u>
Signature of Applicant <u>Bob Levesque</u>		Date	<u>6-12-17</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

Application Date:

6-12-17

 received
 6-13-17

Permit Number:

BP-2017-00478

GPIN/Tax Map:

7726-85-1136 / 54-32-90-B

Issued:

7-11-17

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 1630 Wilkes Ridge, 1 st floor		
	Owner West Creek MDR LLC c/o Lingerfelt Commonwealth Partners	Phone # 804-228-4938	
APPLICANT INFORMATION	Address 4198 Cox Road, Suite 200, Glen Allen, VA 23060		Email pransone@LingerfeltCommonwealth.com
	Applicant/Contact Bob Levesque		Phone # 804-421-9326
TO BE COMPLETED BY ZONING DEPARTMENT	Address 4900 Fitzhugh Ave., Richmond, VA 23230		Email blevesque@dallanconstruction.com
	Subdivision West Creek Business Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount N/A
	Front Setback 28' From Rd	Center Line Setback N/A	Real Setback 10'
	Side Setback 10'	Side Setback 10'	Flood Zone N/A
CUP/Variance/COA N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: M-1			
Planning & Zoning Officer: <i>[Signature]</i>			Date: 6/13/17

CONTRACTOR INFORMATION	Contractor Dallan Construction, Inc.		Phone 804-421-9326	
	Address 4900 Fitzhugh Ave., Richmond, VA 23230			
	Contractor License Number A2705046705A	Type	Expiration	
DESCRIPTION OF WORK	Scope of Work: Interior work only. New partitions for Offices and Exam Rooms, New finishes throughout, Mechanical, Electrical, and Plumbing improvements for Dr. Zuravleff, Tenant Upfit			
	Proposed Use Medical	Current Use	Existing Buildings on Property 3	
	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. 1,100	Unfinished Sq. Ft.	Total Sq. Ft. 1,100	

Building Only - Excludes All Trades Permits

Value of Work

\$111,199.00

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

Bob Levesque

Date

6-12-17

Application Fee	\$1048.39
State Levy Fee	\$20.97
Septic/Well Fee	\$
Zoning Fee	\$100-
RLD	\$
SWP	\$
Total	\$1169.36



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: 7/5/17Permit Number: BP-2017-00528GPIN/Tax Map: 7714-15-3983Issued: 7-10-17

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

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: 401 Hickory Dr.

Owner: Raina Nitsch Phone #: 804-244-4356

Address: 401 Hickory Dr. Email: rainamp@comcast.net

APPLICANT INFORMATION

Applicant/Contact: Steve Wilson Phone #: 804-350-1394

Address: 8205 Hermitage Rd. Richmond 23228 Email: _____

TO BE COMPLETED BY ZONING DEPARTMENT

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

Front Setback: 40' from ROW Center Line Setback: _____ Rear Setback: 35' CUP/Variance/COA: _____

Side Setback: 15' Side Setback: 35' from ROW of Red Cedar Dr. Flood Zone: _____

APPROVED REJECTED COMMENTS: R-1
 Planning & Zoning Officer: David Boyd Date: 7/5/17

CONTRACTOR INFORMATION

Contractor: Lonestar Construction Co Inc Phone: 804-266-1717

Address: 8205 Hermitage Rd. Richmond VA 23228

Contractor License Number: 2701 032188 Type: A Expiration: 6/30/2018

DESCRIPTION OF WORK

Scope of Work: Build 21'x12' freestanding deck with an 11'x12' shed style roof over one side of the deck.

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.: 268 Total Sq. Ft.: 268

Building Only - Excludes All Trades Permits

Value of Work: 9108.00

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: 7/3/17

Application Fee	\$ <u>52.99</u>
State Levy Fee	\$ <u>1.00</u>
Septic/Well Fee	\$ <u>-</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>-</u>
SWP	\$ <u>-</u>
Total	\$ <u>79.05</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

Application Date: 6-30-17
 Permit Number: BP-2017-00524
 GPIN/Tax Map: 7704-6A-6667 / 62-18-0-80
 Issued: 7-10-17
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 515 CALM CREEK ROAD, MANAKIN SABOT 23103
 Owner: BRUCE & DIXIE HORNSTEIN Phone #: 804-337-7294
 Address: SAME Email:

APPLICANT INFORMATION
 Applicant/Contact: HIGHLAND BUILDERS / KEVIN KITTEL Phone #: 804-387-5707
 Address: P.O. BOX 281 ROCKVILLE VA 23146 Email: KEVIN@HIGHLANDBUILDING.COM

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: Dyscobel County Proffer: Yes No Amount: — Date Paid: —
 Front Setback: 55' from ROW Center Line Setback: — Rear Setback: 5' CUP/Variance/COA: —
 Side Setback: 5' Side Setback: 5' Flood Zone: —
 APPROVED REJECTED COMMENTS: A-2
 Planning & Zoning Officer: Daniel Floyd Date: 6/30/17

CONTRACTOR INFORMATION
 Contractor: HIGHLAND BUILDERS INC. Phone: 804-387-5707
 Address: PO BOX 281 ROCKVILLE VA 23146
 Contractor License Number: 2705068282 Type: A Expiration: 4-30-18

DESCRIPTION OF WORK
 Scope of Work: 25x25 DETACHED GARAGE/WORK SHOP
 Proposed Use: GARAGE/SHOP Current Use: HOUSE Existing Buildings on Property: HOUSE # of Floors: 1
 SEWER: Public/Private WATER: Public/Private # of Bathrooms: 0 # of Bedrooms: 0
 Finished Sq. Ft.: — Unfinished Sq. Ft.: 625 Total Sq. Ft.: 625

Building Only - Excludes All Trades Permits

Value of Work	<u>45,000</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: Kevin Kittel Date: 6/29/17

Application Fee	\$ <u>214.50</u>
State Levy Fee	\$ <u>4.29</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>243.79</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

Application Date: 6-30-17
 Permit Number: BP-2017-00523
 GPIN/Tax Map: 7123-56-2389/67-2-B-4-0
 Issued: 7/7/17

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>100. west Brook Run</u>	
	Owner <u>Roy & Regie Drinkwater</u>	Phone # <u>804-283-1251</u>
	Address <u>SAME</u>	Email <u>Mark@Curtis Home Improvements.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Curtis Home Improvements Mark Curtis</u>		Phone # <u>Same</u>
	Address <u>18092 Pets Lane Beaverdam VA 23015</u>		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>James River Estates</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>---</u>	Date Paid <u>---</u>
	Front Setback <u>40' from ROW</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>---</u>
	Side Setback <u>35' (1/2 acre)</u>	Site Setback <u>5'</u>	Flood Zone <u>---</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>R-1</u>		

Planning & Zoning Officer: David Floyd Date: 6/30/17

CONTRACTOR INFORMATION	Contractor <u>Curtis Home Improvements LLC</u>		Phone <u>804-283-1251</u>
	Address <u>18092 Pets Lane, Beaverdam VA 23015</u>		
	Contractor License Number <u>2705150120</u>	Type <u>RD Class A</u>	Expiration <u>6-30-18</u>

DESCRIPTION OF WORK	Scope of Work: <u>Carport 26' x 30'</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>780</u>	Total Sq. Ft. <u>780</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>35,000</u>	Application Fee \$ <u>169.50</u>
	State Levy Fee \$ <u>3.39</u>
	Septic/Well Fee \$ <u>---</u>
	Zoning Fee \$ <u>25.00</u>
	RLD \$ <u>---</u>
	SWP \$ <u>---</u>
	Total \$ <u>197.89</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] Date: 6-30-17



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: 6-30-17
Permit Number: BP-2017-00522
GPIN/Tax Map: 6840-93-2137 / 20-21-0-32-0
Issued: 7/6/17

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>3005 Heath Mill Dr. Sandy Hook VA 23153</u>	
	Owner <u>John Jandzinski</u>	Phone # <u>804-556-3016</u>
	Address	Email <u>jandzinski@yahoo.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Steve</u>	
	Address	Phone #

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Mill Forest II</u>	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>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>RR</u>			

Planning & Zoning Officer: David Floyd Date: 6/30/17

CONTRACTOR INFORMATION	Contractor <u>Same as above OWNER</u>	Phone _____
	Address	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>detached 20' x 16' shed. 8' walls. Not attached to house</u>		
	Proposed Use <u>Shed</u>	Current Use _____	Existing Buildings on Property <u>House</u>
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>0</u>
	Finished Sq. Ft. <u>320 sq ft</u>	Unfinished Sq. Ft. <u>320 sq ft</u>	Total Sq. Ft. <u>320</u>
	# of Floors <u>1</u>	# of Bedrooms <u>0</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 8,800</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: John Jandzinski Date: 6/30/17

Application Fee	\$ <u>21.60</u>
State Levy Fee	\$ <u>1.03</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>77.63</u>

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

T.M: 45-19-10

Application Date: 2-8-2016
 Application Accepted: 2016-00084
 GPIN: W798-40-8802
 Issued: 7/5/17

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 1173 TRICOUNTY DR		District
Owner WEST END FABRICATIONS		Phone # 804 360 2106
Address 12550 BROAD ST RD RICHMOND VA 23233		
Proposed Use	Current Use	Existing Buildings on Property
Proposed Occupant Load (Commercial)	Acreage 4.	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision Old Dominion Industrial Park	Proffer <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
New Street Address		Zoning District M-2	
Front Setback 20' From Rear	Center Line Setback 20' Off CW	Rear Setback 30'	C.U. Permit N/A
Side Setback 10'	Side Setback 10'	COA N/A	Variance N/A
Flood Zone NO 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: 2-10-2016

Applicant/Contact: [Signature] Date: 6/7/17
 H.W. Rice Phone: 804 360 2106
 Email: Fax: 360-2107

Contractor OWNER	Phone
Address 12550 BROAD ST RD R.V 23233	
Contractor License Number	Type
Expiration	

Description of Work	Scope of Work: 60x168 STEEL FABRICATION				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	1	10,080		10,080	0

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

VALUE OF WORK

Building	\$ 252,000.00
Excludes All Trades Permits	

Application Fee	\$ 2386.00
Zoning Fee	\$ 100.00
Septic/Well Fee	\$
State Levy Fee	\$ 47.72
R&D Total	\$ 2533.72

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]



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	6.30.17
Permit #	17-00016
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 830 Running Cedar Ct

PROPERTY OWNERSHIP

Name	Don Tate	Phone	804.833.9750	
Mailing Address	830 Running Cedar Ct; Goochland VA 23103		Email	bn2cars@comcast.net

APPLICANT

Name	Teddi Bartlett	Phone	804.231.9684	
Address	PO Box 35418; RVA 23235		Email	teddi@dgelectrical.com

CONTRACTOR

Name	Davis & Green			Phone	804.231.9684	
Mailing Address	PO Box 35418; RVA 23235			Email	teddi@dgelectrical.com	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class	
		2701 026667	8/17	ELE	A	

DESCRIPTION OF WORK

Furnish and install 22kW generator

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$6800.00			

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: T Bartlett Date: 6.30.17

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>7/5/17</u>
Permit Fee:	<u>52.63</u>		Issued date:	<u>7/5/17</u>

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

(owner's affidavit on back)

\$52.63
CK # 7451



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	JUN 14 2017
Permit #	2017-29
GPIN	
Tax Map	

LOCATION

Street Address: 4720 River Road West Goochland VA 23063

PROPERTY OWNERSHIP

Name	Michael Wheat	Phone	804 2214304
Mailing Address		Email	

APPLICANT

Name	Same	Phone	
Address		Email	

CONTRACTOR

Name	Owner	Phone			
Mailing Address		Email			
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class

DESCRIPTION OF WORK

Ⓢ. Wire House Revised 7/5/17 wire 22KW generator
~~WIRE FOR GENERATOR w/ 200 AMP~~

# of Bathrooms	Service Size	Power Company	Inquiry #
4	400 amp	Dominion	10124435
Value of Work (required)	19,000.00		
15,000.00			

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: Date: JUN 14 2017

Approval:	Office Use Only	Approval date: 6-14-17
Permit Fee: 90.27 108.63		Issued date: 6-14-17

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) 556-5305 Fax (804) 556-5651 TDD (804) 556-5317

TYPE
<input checked="" type="checkbox"/> Electrical
<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing
<input type="checkbox"/> 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 6-29-17
Permit # 17-52117
Map #

LOCATION

Street Address 428 Wellfield Rd	District
------------------------------------	----------

PROPERTY OWNERSHIP

Name Richard Burke	Phone
Mailing Address 428 Well Field Rd	

CONTRACTOR

Company Name Master Electrical Services	Phone 804-231-1973
Mailing Address 1735 Arlington Rd Richmond, Va 23230	License Type
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705 067 673
Expiration 3-31-18	Class A

DESCRIPTION OF WORK

Install 20 kw generator to existing A/S			
# 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 _____ (NOTARY) MY COMMISSION EXPIRES _____

Signature of Applicant
Approval Fisher Date 7/5/17

Cost of Job 5,000
Permit Fee \$44.37
Issue Date 7/5/17

TRADE PERMIT -> Electrical



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: 7/10/17
 Permit Number: E11-2017-00540
 GPIN/Tax Map: 7106-71-3397/57-39-0-9-0
 Issued: 7/10/17

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 1634 Sabot Creek Drive	
	Owner Heather Aikin	Phone # 804-283-4581
	Address 1634 Sabot Creek Dr. Manikan Sabot VA	

APPLICANT INFORMATION	Applicant/Contact Richard Medeiros	Phone # 540-718-7505
	Address 2293 Seminole Ln. Charlottesville, VA 22901	

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 Never Dark Whole House Generators	Phone 434-975-3275
	Address 2291 Seminole Ln Charlottesville, VA 22901	
	Contractor License Number 2710025076	Type A

DESCRIPTION OF WORK	Scope of Work: wiring 22kw automatic generator with automatic transfer switch with load share modules			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ 30 -
Value of Work	1,800	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 <u>Richard Medeiros</u> Date <u>7-6-17</u>		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 30.60



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

(804) 556-5305 Fax (804) 556-5651 TDD (804) 556-5317

TYPE	
<input checked="" type="checkbox"/>	Electrical
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	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	6-22-17
Permit #	2017-00436
Map #	7714-27-1703

LOCATION

ELI-2017-00436

Street Address	516 Hickory Drive	District
----------------	-------------------	----------

PROPERTY OWNERSHIP

Name	Style Craft Homes	Phone	804-627-0000
Mailing Address	6225 Lakeside Ave Richmond, VA. 23228		

CONTRACTOR

CR Phillips Electrical Contractors, Inc.

Company Name	10996 Leadbetter Road Ashland, VA 23005	Phone	804-798-8853
Mailing Address		License Type	EE, BLD
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705054166
		Expiration	1-31-16
			GRC, PLB
			A

DESCRIPTION OF WORK

New wire Single Family			
22 KW Generator			
# of baths	Service size	Power Company	Inquiry #
	JOP	Dominion	10140738

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]*
Approval: *[Handwritten Signature]* Date: 7/17/17

Cost of Job: X 17050.00
Permit Fee: 99.68
Issue Date: 7/17/17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

(804) 556-5305 Fax (804) 556-5651 TDD (804) 556-5317

TYPE
<input checked="" type="checkbox"/> Electrical
<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing
<input type="checkbox"/> 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	6-22-17
Permit #	2017-00169
Map #	

LOCATION

ELJ-2017-00169

Street Address	2014 Steeple Chase Pkwy	District	
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PROPERTY OWNERSHIP

Name	Blue Ridge Custom Homes	Phone	804-614-4556
Mailing Address	1186 Licking Hole Road Goochland, VA. 23063		

CONTRACTOR

CR Phillips Electrical Contractors, Inc.

Company Name	10996 Leadbetter Road	Phone	804-798-8853
Mailing Address	Ashland, VA 23005	License Type	EIE, BLD
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705054166
		Expiration	1-31-18
			GRC, PLB A

DESCRIPTION OF WORK

New wire Single Family			
22KW Comator			
# of baths	Service size	Power Company	Inquiry #
	400	Dominion	10134915

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

I, _____ OF (ADDRESS) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA. _____ (OWNER)

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

Signature of Applicant: *[Signature]*
Approval: *Fowler* Date: 7/17/17

Cost of Job: 10500.00
Permit Fee: 69.61
Issue Date: 7/17/17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	7.25.17
Permit #	2016-01000
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 2652 EVERSHALT DR <u>Wincott Dr</u>	District
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PROPERTY OWNERSHIP

Name Scott Powers	Phone
Mailing Address 2652 EVERSHALT DR Goochland VA 23063	

APPLICANT

Name J. S. Schiess Elec (Joe)	Phone 784 6774
E-Mail Address jschiess21@aol.com	

CONTRACTOR

Name J.S. Schiess Elec	Phone 784 6774			
Mailing Address P.O. Box 231 231 MANAKIN SHOOT VA	E-mail address: jschiess21@aol.com			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705046710	Expiration 10/31/18	License Type: ELEC	Class: B

DESCRIPTION OF WORK

16 KW Generator			
+ ATS			
# of Baths	Service Size	Power Company	Inquiry #

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant _____ Value of Work: 8500⁰⁰
Permit fee: \$60.44

Approval Fisher Date 7-25-17 Issue date: 7-25-17



COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date: 7-26-17

Permit #: 17-334

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: 1305 Sabot Creek Court

PROPERTY OWNERSHIP

Name: Daryl Crone Phone: 400-3090

Mailing Address: 1305 Sabot Creek Court 23103 Email: ~~MANAKINSABOT~~

APPLICANT

Name: ~~BOGIE~~ Bogie Bandy Phone: 804-338-1536

Address: 3800 Skivers Lane Quanton VA 23141 Email: bo.bandy19@yahoo.com

CONTRACTOR

Name: Bandy Electrical Phone: 804-338-1536

Mailing Address: 3800 Skivers Lane Quanton VA 23141 Email:

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705144359	1-31-18	Contractor	C

DESCRIPTION OF WORK

Swimming pool with Pump - Auto cover - led light - Salt Generator

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

Value of Work (required): 2400.00

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: Bogie Bandy Date: 7-26-17

Approval: Fisher Office Use Only Approval date: 7-26-17

Permit Fee: 32.44 Issued date: 7-26-17

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

(owner's affidavit on back)