

Stormwater BP-2016-00741

BUILDING PERMIT APPLICATION

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

Application Date: 9/16/16

Application Accepted: 9/16/16

GPIN: 64-28-F-17-0/7734-01-438

Issued: 11.28.16

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 153 Buttonbush Richmond, VA		District		
	Owner Harring Construction Co. 23238		Phone # 739-3405		
	Address 22221 Pear Orchard Rd • Moseley, VA 23120				
	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 West Oak		Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	New Street Address		Amount: 5269.00		
			Date Paid: Due		
			Zoning District RPUD		
	Front Setback 30' From PAVEMENT	Center Line Setback	Rear Setback 50' B/S	C.U. Permit N/A	Variance N/A
	Side Setback 20' B/S	Side Setback 20' B/S	COA N/A	Flood Zone N/A	
APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: Cash Proffer Due Before C.O. is Issued.	

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

Planning & Zoning Officer: David Floyd Date: 9/22/16

Applicant/Contact: Jeremy Harring Phone: 739-3405

Email: Jharring@harringconstruction.com

CONTRACTOR INFORMATION	Contractor Harring Construction Co.		Phone 739-3405	
	Address 22221 Pear Orchard Rd • Moseley, VA 23120			
	Contractor License Number 2705021378		Type CLASS A CONTRACTOR	Expiration 7/31/2017

Description of Work	Scope of Work: Single Family residential dwelling with attached garage Revised 8.11.17 finish 288 sq ft bonus room over garage into bedroom				
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		# of Bathrooms 4
	# of Floors 2	Total Sq. Ft. 34624350	Finished Sq. Ft. 31673449	Unfinished Sq. Ft. 901 1489	# of Bedrooms 5

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

VALUE OF WORK		Total \$17,421.19	Application Fee	\$ 1385.21
Building	\$ 305,000		Zoning Fee	\$ 50.00
Excludes All Trades Permits			Stormwater	\$ 200.00
			Sepic Well Fee	\$ 27.69
			State Levy Fee	\$ 100.00
			RLD	\$

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

N 57-16

CONSTRUCTION TRAILER



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: 8/8/17

Permit Number: BP-2017-00628

GPIN/Tax Map: 7727-56-1101 / 48-1-0-40-0

Issued: 8-11-17

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

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>1950 ROCKVILLE INDUSTRIAL WAY ROCKVILLE, VA. 23146</u>																	
	Owner <u>LUCK STONE CORPORATION</u>		Phone #															
	Address <u>P.O. BOX 29682 RICH. VA. 23242</u>		Email															
APPLICANT INFORMATION	Applicant/Contact <u>JOHN HEISLER</u>		Phone # <u>804 314 9472</u>															
	Address <u>3201 LANVALE AVE. RICH VA 23230</u>		Email <u>*JOHN@JAHEISLER.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>10' from ROW</u>	Center Line Setback	Rear Setback <u>10' from PL</u>	CUP/Variance/COA														
	Side Setback <u>10' from PL</u>	Side Setback <u>10' from PL</u>	Flood Zone	<u>Approved - GG 8/9/17</u>														
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:																	
	Planning & Zoning Officer <u>Daniel Boyd</u>		Date <u>8/9/17</u>															
CONTRACTOR INFORMATION	Contractor <u>J.A. HEISLER CONTRACTING CO.</u>		Phone <u>804-355-2616</u>															
	Address <u>3201 LANVALE AVE. RICHMOND, VA. 23230</u>																	
	Contractor License Number <u>270 027 149</u>		Type <u>CLASS A - BUILDING</u>	Expiration <u>12/31/18</u>														
	Scope of Work: <u>INSTALL RENTAL TRAILER - FOR CONSTRUCTION OFFICE</u> <u>8x32</u>																	
DESCRIPTION OF WORK	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. <u>256</u>		Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>256</u>														
	Building Only - Excludes All Trades Permits																	
Value of Work <u>\$ 1,130.99 - rental for 7 months.</u>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Fee</td> <td>\$ <u>30 -</u></td> </tr> <tr> <td>State Levy Fee</td> <td>\$ <u>60</u></td> </tr> <tr> <td>Septic/Well Fee</td> <td>\$</td> </tr> <tr> <td>Zoning Fee</td> <td>\$ <u>50 -</u></td> </tr> <tr> <td>RLD</td> <td>\$</td> </tr> <tr> <td>SWP</td> <td>\$</td> </tr> <tr> <td>Total</td> <td>\$ <u>80.60</u></td> </tr> </table>			Application Fee	\$ <u>30 -</u>	State Levy Fee	\$ <u>60</u>	Septic/Well Fee	\$	Zoning Fee	\$ <u>50 -</u>	RLD	\$	SWP	\$	Total	\$ <u>80.60</u>
Application Fee	\$ <u>30 -</u>																	
State Levy Fee	\$ <u>60</u>																	
Septic/Well Fee	\$																	
Zoning Fee	\$ <u>50 -</u>																	
RLD	\$																	
SWP	\$																	
Total	\$ <u>80.60</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>John Heisler</u>		Date <u>8/8/17</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

Residential Commercial

Application Date: 8.8.17
 Permit Number: BP-2017-00624
 GPIN/Tax Map: 6821-98-5145/12-14-0E-4
 Issued: 8.11.17
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 4253 Watson Road Sandy Hook VA 23153
 Owner: Graham A. Robinson Phone #: 804-457-4192
 Address: 4253 Watson Rd Sandy Hook VA Email: megrob1969@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: _____ Phone #: 804-901-0799
 Address: _____ Email: _____

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>25' from PL</u>	GUP/Variance/COA: _____
Side Setback: <u>5' from PL</u>	Side Setback: <u>5' from PL</u>	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 8/9/17 A-1

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

DESCRIPTION OF WORK
 Scope of Work: 40x32 detached garage

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"/>	<u>Single Family Home</u>	<u>1</u>
Finished Sq. Ft.		Unfinished Sq. Ft.	Total Sq. Ft.
		<u>1280</u>	<u>1280</u>

Building Only - Excludes All Trades Permits

Value of Work: <u>35,000</u>	<u>35,200.00</u>	Application Fee	\$ <u>170.40</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.		State Levy Fee	\$ _____
Signature of Applicant: <u>[Signature]</u>	Date: _____	Septic/Well Fee	\$ <u>3.41</u>
		Zoning Fee	\$ <u>25-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>198.81</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: **8-10-17**

Permit Number: **BP-2017-00630**

GPIN/Tax Map: **7123-06-7675/66-2-0-A-3**

Issued: **8-11-17**

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

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 240 Vinita Road, Richmond VA 23238	
	Owner Jonathan Payne	Phone #
	Address 240 Vinita Road, Richmond VA 23238	

APPLICANT INFORMATION	Applicant/Contact Ryan Haskell		Phone #
	Address 2419 Westwood AVE, Richmond 28230		Email r.haskell@sermat.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:			

CONTRACTOR INFORMATION	Contractor SERMAT Construction		Phone 804-264-4800
	Address 2419 Westwood Ave Richmond VA 23230		
	Contractor License Number 2701025440CBC-RBC	Type Class A	Expiration 10/31/18

DESCRIPTION OF WORK	Scope of Work: Demo and Replacement of Interior Finishes in Existing Addition due to fire damage			
	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.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	\$50,000.00
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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: **[Signature]** Date: **8/9/17**

All waived

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

Received 8-10-17



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

Application Date: 8-10-17
Permit Number: BP-2017-00631
GPIN/Tax Map: 6748-41-3559 / 41-2-0-24-0
Issued: 8-11-17

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: 2122 Dogtown Rd. Goochland, Va 23063
Owner: Preston Schatzberg Phone #: (804) 368-4082
Address: 2122 Dogtown Rd. Goochland, Va 23063 Email:

APPLICANT INFORMATION
Applicant/Contact: Ricky Rowe Phone #: 804-512-6032
Address: 2419 Westwood Ave. Richmond, Va 23230 Email: RROWE@SERMAT.COM

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

CONTRACTOR INFORMATION
Contractor: Sermat Construction Phone: 804-264-4800
Address: 2419 Westwood Ave Richmond, Va 23230
Contractor License Number: 2701025440 Type: CLASS A Expiration: 10/31/17

DESCRIPTION OF WORK
Scope of Work: Replace framing damage per engineers report from tree damage
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
Value of Work: \$ 30,000
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: 8/10/17
Application Fee: \$ _____
State Levy Fee: \$ _____
Septic/Well Fee: \$ _____
Zoning Fee: \$ _____
RLD: \$ _____
SWP: \$ _____
Total: \$ _____



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: 8-1-17

Permit Number: BP-2017-00619

GPIN/Tax Map: 6728-45-1471 / 27-3-2B

Issued: 8-11-17

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

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>2146 Haskin Road, Goochland, VA 23063</u>			
	Owner <u>Laura Brice</u>	Phone # <u>804-248-2743</u>		
	Address <u>2146 Haskin Road, Goochland, VA 23063</u>	Email		
APPLICANT INFORMATION	Applicant/Contact <u>Andrew Campbell</u>		Phone # <u>804-426-9312</u>	
	Address <u>14807 Colony Forest Place, Midlothian VA 23114</u>		Email <u>chl.permits@gmail.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>25' from Row</u>	Center Line Setback	Rear Setback <u>35' from PL</u>	CUP/Variance/COA
	Side Setback <u>20' from PL</u>	Side Setback <u>20' from PL</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
Planning & Zoning Officer <u>David Ford</u>		Date <u>8/9/17</u>		<u>A-1</u>

CONTRACTOR INFORMATION	Contractor <u>Campbell Home Improvement</u>		Phone <u>804-426-9312</u>
	Address <u>700 Colony Forest Drive, Midlothian, VA 23114</u>		
	Contractor License Number <u>2705100592</u>	Type <u>Class B</u>	Expiration <u>8/31/17</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install a 14' x 20' wood, freestanding deck and 5' x 5' side porch freestanding</u>			
	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.	Unfinished Sq. Ft. <u>305</u>	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>32.59</u>
Value of Work <u>6,575.00</u>		State Levy Fee \$ <u>.65</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>8-1-17</u>		Septic/Well Fee \$
		Zoning Fee \$ <u>25.00</u>
		RLD \$
		SWP \$
		Total \$ <u>58.24</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: 6.9.17
 Permit Number: BP-2017-00466
 GPIN/Tax Map: 6814.34.5091/1-1-0-30-A
 Issued: 8-10-17
 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 <u>5351 Martin Road, Kent: Store, VA 23084</u>	
	Owner <u>Fools Gold, LLC.</u>	Phone # <u>530-574-0149</u>
	Address <u>321 E. Main Street, Suite 300, Charlottesville VA 22902</u>	Email <u>rbrady@coronalenergy.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Benjamin Cooper Ness</u>		Phone # <u>602-361-9055</u>
	Address <u>4501 Avia Circle, Unit 418, Richmond VA 23233</u>		Email <u>bness@mcCarthy.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>75' from ROW</u>	Center Line Setback <u>5'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>N/A</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: <u>A-1</u> Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>6/9/17</u>			

CONTRACTOR INFORMATION	Contractor <u>McCarthy Building Companies, Inc.</u>		Phone <u>404-557-3935</u>
	Address <u>6225 N. 24th St, Suite 200 Phoenix, AZ 85016</u>		
	Contractor License Number <u>2701017428</u>	Type <u>Class A Contractor's</u>	Expiration <u>5-31-2018</u>

DESCRIPTION OF WORK	Scope of Work: <u>Temp Construction Trailer</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. <u>1410 sf</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>1410 sf</u>	

Building Only - Excludes All Trades Permits		Application Fee	<u>\$58.35</u>
Value of Work	<u>\$6985.00</u>	State Levy Fee	<u>\$1.17</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>Benjamin Cooper Ness</u> Date <u>5-26-2017</u>		Septic/Well Fee	\$
		Zoning Fee	<u>\$50.00</u>
		RLD	\$
		SWP	\$
		Total	<u>\$109.52</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 8.10.17

Application Date: 5/26/17
 Application Accepted: BP-2017-00455
 Old Map Number: S1-1-0-45-A
 GPIN: 60726-96-6215

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 1409 Rock Castle Rd.		District		
	Owner Mark Rhodes		Phone #		
	Address 1409 Rock Castle Rd.				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address			Zoning District A-1	
	Front Setback 75' from ROW	Center Line Setback	Rear Setback 5'	C.U. Permit N/A	Variance N/A
	Side Setback 5'	Side Setback 5'	C.O.A. N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planting & Zoning Officer: David J. Ford Date: 6/7/17

Applicant/Contact: Shaun Patterson Phone: 804-387-1617
 Email: spatterson@superiorhomebuildersinc.com

CONTRACTOR INFORMATION	Contractor Premier First, Inc.		Phone 804-387-1617	
	Address 2031 Old Tavern Rd.			
	Contractor License Number 2705163110	Type A	Expiration 2/28/19	

Description of Work	Scope of Work: <u>Build Workshop. Clear pad for steel building</u>				
	SEWER Public/Private	WATER Public/Private	0		# of Bathrooms
	# of Floors 1	Total Sq. Ft. 5000	Finished Sq. Ft. 5000	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	\$ <u>25,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>229.50</u>
Zoning Fee	\$ <u>100.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>4.59</u>
Net Total	\$ <u>234.09</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

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
 Permit Number: BP-2017-00470
 GPIN/Tax Map: 700-80-2933/57-39-0-5-0
 Issued: 8.9.17

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>
	Address <u>1300 SABOT CREEK COURT</u>	Email <u>M.W. Matthews@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>THOMAS LANCASTER</u>		Phone # <u>804-513-0615</u>
	Address <u>P.O. Box 18372 RICHMOND, VA 23226</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 ROW</u>	Center Line Setback <u>5'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>N/A</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>N/A</u>	<u>N/A</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>RA</u>			

Planning & Zoning Officer David Floyd Date 6/12/17

CONTRACTOR INFORMATION	Contractor <u>LANCASTER CUSTOM BUILDER</u>		Phone <u>804-764-9698</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>SCAR w/ 357 sq. ft of UNFINISHED STORAGE</u>		
	Proposed Use <u>DETACHED GARAGE</u>	Current Use	Existing Buildings on Property <u>SINGLE FAMILY DWELLING</u>
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1/2</u>
	Finished Sq. Ft. <u>1491</u>	Unfinished Sq. Ft. <u>357</u>	Total Sq. Ft. <u>1848</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>1483.90</u>
Value of Work <u>327,090</u>		State Levy Fee \$ <u>29.68</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>0</u>
Signature of Applicant <u>[Signature]</u>	Date <u>6/19/17</u>	Zoning Fee \$ <u>25-</u>
		RLD \$ <u>0</u>
		SWP \$ <u>0</u>
		Total \$ <u>1538.58</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 8.9.17

Application Date: 8/2/2017

received
 8.7.17

Application Accepted: **BP-2017-00621**

Old Map Number: 62-28-0-14-0

GPIN: 7705-71-5564

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 580 MANAKIN TOWNE PLACE		District MEADOWS	
	Owner JOSEPH & KATHI TRAFICANTI		Phone # 804-380-5002	
	Address 580 MANAKIN TOWNE PLACE MANAKIN-SABOT, VA 23103			
	Proposed Use DWELLING	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage 4.828	Commercial Use		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision	Proffer	Amount:	Date Paid:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
Side Setback	Side Setback	COA	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: JUSTIN STORY Phone 804-495-4646

Email: JSTORY@JESNOW.COM

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

Scope of Work: CRAWLSPACE ENCAPSULATION & DRAINTILE W/ DISCHARGE SUMP SYSTEM

Description of Work	SEWER Public <input checked="" type="checkbox"/> Private		WATER Public <input checked="" type="checkbox"/> Private		# of Bathrooms	
	# of Floors	Total Sq. Ft. 828	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	10735.80
Excludes All Trades Permits	

Application Fee	\$60.31
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$1.21
Total	\$61.52

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 _____



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: 8-4-17
 Permit Number: BP-2017-00613
 GPIN/Tax Map: 1734-01-3054/6A-28-F20-C
 Issued: 8-8-17

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>211 Wild Plum Richmond, VA. 23238</u>	
	Owner <u>Leslie Hoffman</u>	Phone # <u>303-921-9280</u>
	Address <u>211 Wild Plum Richmond VA 23238</u>	

APPLICANT INFORMATION	Applicant/Contact <u>TOM HOMER</u>		Phone # <u>804-426-7846</u>
	Address <u>12536 PATTERSON AVE Richmond VA 23038</u>		Email <u>TOM@landpult.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Oak Sec. 1</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>30' from Paul road</u>	Center Line Setback —	Rear Setback <u>50' B/S</u>	CUP/Variance/COA —
	Side Setback <u>30' B/S</u>	Side Setback <u>30' B/S</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			

Planning & Zoning Officer: David Floyd Date: 8/7/17 RPUD

CONTRACTOR INFORMATION	Contractor <u>LANE HOMES + Remodeling</u>		Phone <u>804-784-0012</u>
	Address <u>12536 Patterson Ave Richmond VA. 23238</u>		
	Contractor License Number <u>2701 0291</u>	Type <u>A</u>	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>BUILD Deck, Patio AND OUT DOOR FIRE PLACE IN BACKYARD OF House.</u>			
	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.	
		<u>Deck 370 sqft</u>	<u>962</u>	

Building Only - Excludes All Trades Permits Patio 592 sqft.

Value of Work 107,192.00

Application Fee	\$ <u>494.36</u>
State Levy Fee	\$ <u>9.89</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>529.25</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: Thomas G. Homer Date: 8-4-17



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: 7-19-17

Permit Number: BP-2017-00567

GPIN/Tax Map: 6139-06-8235 / 28-1-0-71-E

Issued: 8-4-17

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

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: 4501 Riddles Bridge Road Goochland VA

Owner: Curtis Parrish JR Phone #: 215-817-1922

Address: 4501 Riddles Bridge Road Email:

APPLICANT INFORMATION
Applicant/Contact: Eddie Phone #: 804-798-9135

Address: 11160 Washington Hwy Glen Allen Email: r702@clayton.net

JOB COMPLETED DATE: _____	Subdivision	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CCP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

CONTRACTOR INFORMATION
Contractor: Oakwood Homes DBA CMH Inc Phone: 804-798-9135

Address: 11160 Washington Hwy Glen Allen VA 23059

Contractor License Number: 2705048123 Type: _____ Expiration: 04/30/2019

DESCRIPTION OF WORK
Scope of Work: Removal of remaining debris from existing house that was there.

*debris to 123 landfill - concrete only
no floor*

Proposed Use: _____ Current Use: _____ Existing Buildings on Property: _____ # of Floors: _____
Foundation of existing house removal

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
Value of Work: \$9,050.00

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: Edward Filer Date: 7/18/17

Application Fee	\$
State Law Fee	\$
Service Fee	\$
Printing Fee	\$
REB	\$
SWP	\$
Total	\$

received
5-10-17

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

Issued: 6-16-17

Application Date: 5/10/17
 Application Accepted: PD-2017-00381
 Old Map Number: 40-37-C-1-0
 GPIN: 6767-44-3545

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 1865 Abbeyfield Rd., Maidens 23102			District	
	Owner Chesterfield Const. Svcs. Benjamin Sears DBA Emerald Homes			Phone # 674-0231	
	Address P.O. Box 4309, Midlothian, Va. 23112				
	Proposed Use Sngl. Family Sub.	Current Use Same	Existing Buildings on Property N/A		
	Proposed Occupant Load (Commercial) N/A	Acreage 1.979	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Clinton		Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$20,196.00
	New Street Address -		Zoning District R-1		
	Front Setback 40' from PAV	Center Line Setback -	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 15'	Side Setback 35' from PAV	Flood Zone N/A		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Backfill in Cash Potter Due before C.O. is issued.				

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

Planning & Zoning Officer: [Signature] Date: 5/15/17

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

CONTRACTOR INFORMATION	Contractor Chesterfield Const. Svcs. DBA Emerald Homes		Phone 674-0231	
	Address PO Box 4309, Midlothian, Va. 23112			
	Contractor License Number 2701-024711A	Type Class A-BLD.	Expiration 9/30/17	

Description of Work	Scope of Work: Revised: 8-2-17 to add 70 sq. ft morning room Construct single family dwelling w/attached garage + add 40 sq. ft deck				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2		
	# of Floors 2	Total Sq. Ft. 26622112	Finished Sq. Ft. 2013 2113	Unfinished Sq. Ft. 649 1659	# of Bedrooms 4
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Total 610491	Application Fee	\$ 700.11
Building	152,913		Zoning Fee	\$ 5000
Excludes All Trades Permits			Septic/Well Fee	\$ 40.00
			State Levy Fee	\$ 14.30
			RLD	\$ 1000.00
			Storm	\$ 200.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Revision fee: \$26.85

Signature of Applicant: Ray Avery IV



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: 7.28.17
 Permit Number: BP-2017-00598
 GPIN/Tax Map: 6758-27-9958/30.1.0.28.0
 Issued: 8/2/17
 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.

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>2314 Jackson Shop rd</u>	
	Owner <u>Frank Duck</u>	Phone # <u>804-873-4162</u>
	Address <u>2314 Jackson Shop rd</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Frank Duck</u>		Phone #
	Address		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from ROW</u>	Center Line Setback	Rear Setback <u>35' from PL</u>	CUP/Variance/COA
	Side Setback <u>20' from PL</u>	Side Setback <u>20' from PL</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Doreen Floyd</u> Date <u>8/1/17</u> A-2			

CONTRACTOR INFORMATION	Contractor <u>Owner</u>		Phone <u>804-873-4162</u>
	Address <u>2314 Jackson Shop rd</u>		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>extend deck to pool, deck is detached existing freestanding from house</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>300</u>	Total Sq. Ft. <u>300</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30-</u>
Value of Work	<u>1,500.00</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. Signature of Applicant <u>Frank Duck</u> Date <u>7-27-2017</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>55.60</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: 7.31.17
 Permit Number: BP-2017-00601
 GPIN/Tax Map: 6069-44-3070/43-37-B-19-0
 Issued: 8/2/17

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.

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>2519 BUCKNELL LN. MAIDENS, VA.</u>	
	Owner <u>MR & MRS HAROEN</u>	Phone #
APPLICANT INFORMATION	Address <u>2519 BUCKNELL LN. MAIDENS, VA.</u>	
	Applicant/Contact <u>BRYAN ROBERTS (AQUATIC CONCEPTS)</u>	Phone # <u>804 363-2379</u>
	Address <u>P.O. Box 367 OILVILLE VA 23129</u>	
	Email <u>BRYAN@ARCHCONLLC.COM</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Clifton</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>40' from R.O.W.</u>	Center Line Setback —	Rear Setback <u>5' from R</u>	CUP/Variance/COA
	Side Setback <u>5' from PL</u>	Side Setback <u>5' from PL</u>	Flood Zone	—
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David [Signature]</u> Date <u>7/31/17</u> <u>R-1</u>			

CONTRACTOR INFORMATION	Contractor <u>AQUATIC CONCEPTS LLC.</u>		Phone <u>804-556-4312</u>
	Address <u>P.O. Box 367 OILVILLE-VA 23129</u>		
	Contractor License Number <u>2705129869</u>	Type <u>CLASS "A"</u>	Expiration <u>8/31/17</u>

DESCRIPTION OF WORK	Scope of Work: <u>INSTALLATION OF INGROUND FIBERGLASS POOL 14x33</u> <u>fence barrier</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>462</u>	Total Sq. Ft. <u>462</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>169.50</u>
Value of Work <u>35000</u>		State Levy Fee	\$ <u>3.39</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>7/26/17</u>		Septic/Well Fee	\$ <u>0</u>
		Zoning Fee	\$ <u>25-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>197.89</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: ~~7-13-17~~ 7-31-17

Permit Number: BP-2017-00602

GPIN/Tax Map: 6814-61-7959 / 5-19-C-2-0

Issued: 8-2-17

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 4035 County Line Rd. Kents Store, VA 23084	
	Owner Jeff & Sandra Sirles	Phone # 804-356-0341
APPLICANT INFORMATION	Address 4035 County Line Rd. Kents Store, VA 23084	
	Applicant/Contact Add A Deck, Inc.	Phone # 804-285-4239
	Address 6408 Mallory Drive Henrico, VA 23226	
	Email admin@addadeck.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 Add A Deck, Inc.		Phone 804-285-4239
	Address 6408 Mallory Drive Henrico, VA 23226		
	Contractor License Number 2701-033201A	Type Class A	Expiration 11/30/2018

DESCRIPTION OF WORK	Scope of Work: Build a 14'x14' open porch on existing deck. <i>No Change in Footprint - Area to remain "unfinished" square footage.</i>		
	Proposed Use open porch	Current Use deck	Existing Buildings on Property DWELLING
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms
	# of Floors 1		# of Bedrooms
Finished Sq. Ft. 196		Unfinished Sq. Ft. 196	Total Sq. Ft.

Building Only - Excludes All Trades Permits

Value of Work	8700.00
---------------	----------------

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: *Stephen T. Murphy* Date: 7/26/17

Application Fee	\$ <u>51.15</u>
State Levy Fee	\$ <u>1.02</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>52.17</u>

Per LORETTA 7-26-17



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: 7/26/17
 Permit Number: BP-2017-00590
 GPIN/Tax Map: 7114-96-5546 / 634-0-4-0
 Issued: 8-2-17

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>643 MONACAN DR RICHMOND, VA 23238</u>	
	Owner <u>GINTAUTAS PUTNAS</u>	Phone #
	Address <u>Same</u>	Email <u>GINTASLLC@GMAIL.COM</u>
APPLICANT INFORMATION	Applicant/Contact	Phone # <u>(804) 306-1504</u>
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Monacan Hills</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' from PL</u>	CUP/Variance/COA _____	
	Side Setback <u>5' from PL</u>	Side Setback <u>5' from PL</u>	Flood Zone _____		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>A-2</u>				
	Planning & Zoning Officer <u>David Floyd</u> Date <u>7/27/17</u>				

CONTRACTOR INFORMATION	Contractor <u>OWNER</u>	Phone <u>(804) 306-1504</u>
	Address	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Detached garage 36'6" x 36'6"</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>1296</u>	Total Sq. Ft. <u>1296</u>	

Building Only - Excludes All Trades Permits

Value of Work \$25,000 - \$22,000
\$36,640

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 7/26/17

Application Fee	\$ <u>178.38</u>
State Levy Fee	\$ <u>3.45</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>200.83</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: 7-26-17
 Permit Number: BP 2017-00586
 GPIN/Tax Map: 1716-78-5604 / 47-1-0-35-A
 Issued: 8-2-17
 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: 1903 Manakin Road
 Owner: Happy Feet LLC - DBA Aspire Dance Academy
 Address: 1903 Manakin Rd.

APPLICANT INFORMATION
 Applicant/Contact: Tim Ratliff - JA Heisler Contracting Co
 Address: 3201 Lanvale Ave Richmond VA 23231

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None
 Proffer: Yes No
 Amount: ---
 Date Paid: ---
 Front Setback: 55' from PL
 Side Setback: 10' from PL
 Center Line Setback: ---
 Side Setback: 10' from PL
 Rear Setback: 10' from PL
 Flood Zone: ---
 CUP/Variance/COA: ---
 APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: Darius Taylor Date: 7/26/17

CONTRACTOR INFORMATION
 Contractor: JA Heisler Contracting Co
 Address: 3201 Lanvale Ave Rich. Va. 23231
 Contractor License Number: 027149 Type: A Expiration: 12/31/17

DESCRIPTION OF WORK
 Scope of Work: Demolish existing finishes & Replace. Install new ADA Restroom and ramp. Combine two suites. Demolish and eliminate (1) restroom
 Proposed Use: Handicap Current Use: --- Existing Buildings on Property: --- # of Floors: ---
 SEWER: Public/Private WATER: Public/Private
 # of Bathrooms: --- # of Bedrooms: ---
 Finished Sq. Ft.: 2,226 Unfinished Sq. Ft.: HC Ramp 635 SF Total Sq. Ft. (including HC Ramp): 2,226 (2,289)

Building Only - Excludes All Trades Permits
 Value of Work: 177,804

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: 7/25/17

Application Fee	\$ <u>683.53</u>
State Levy Fee	\$ <u>11.67</u>
Septic/Well Fee	\$ <u>---</u>
Zoning Fee	\$ <u>100.00</u>
RLD	\$ <u>---</u>
SWP	\$ <u>---</u>
Total	\$ <u>695.20</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: July 24 2017Permit Number: BP-2017-00581GPIN/Tax Map: 6939-90-6972 / 28-14-0-4-0Issued: 8/2/17

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>2321 Bayley Wood Run</u>	
	Owner <u>Chris Carl</u>	Phone #
	Address <u>Goochland, VA 23063</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Jeff Stankle / 3108 Rock Cress Lane 23153</u>	
	Address <u>Jeff Stankle @ Gmail.com</u>	Phone # <u>804 334-4092</u>
		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Cliff</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' from Rear</u>	Center Line Setback	Rear Setback <u>25' from PL</u>	CUP/Variance/COA
	Side Setback <u>20' from PL</u>	Side Setback <u>20' from PL</u>	Flood Zone	<u>—</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>A-1</u>			
Planning & Zoning Officer <u>David Land</u>		Date <u>7/25/17</u>		

CONTRACTOR INFORMATION	Contractor <u>Woodwright Construction</u>		Phone <u>804-556-6767</u>
	Address <u>3108 Rock Cress Lane Spring Hook, VA 23153</u>		
	Contractor License Number <u>2705032394A</u>	Type <u>A</u>	Expiration <u>2-28-18</u>

DESCRIPTION OF WORK	Scope of Work: <u>26' x 38' Covered Porch & Sun Room</u>			
	Proposed Use	Current Use	Existing Buildings on Property <u>Residence</u>	# of Floors <u>1</u>
	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.	Unfinished Sq. Ft. <u>988</u>	Total Sq. Ft. <u>988</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$55,000</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 [Signature] Date 7-24-17

Application Fee	\$ <u>259.50</u>
State Levy Fee	\$ <u>5.19</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25-</u>
RLD	\$
SWP	\$
Total	\$ <u>289.69</u>

Issued 8-1-17



ZONING COMPLIANCE APPLICATION
COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 7/28/17

Application No.: AP-2017-00596

Fee: \$25.00

Zoning Approval: Yes

8/1/17

No:

Date: 7-28-17

Zoning Application Type: Please check appropriate 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: Cabell Franklin

Telephone: (804) 283-4409

Address: 1490 Millers Lane

Cell phone: (804) 283-4409

Manakin-Saloot VA 23103

FAX: _____

E-mail: Cabellfranklin@gmail.com

Name of Applicant: OWNER

Telephone: _____

Address: _____

Cell phone: _____

E-mail: _____

FAX: _____

Property Information

Street Address: 1490 Millers Lane

Zoning: A-2 Ag 57-1-9 - 19.09 Ac

GPIN Number: _____

Acres: 33 57-1-6 - 10.08 Ac

Existing Use: Horse Farm

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): 3,000

2. Value of Building: 50,000

3. Written Description of Proposed Physical Improvements:

Farm Workshop, Storage, Maintenance Bldg.

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

Issued 8.1.17

Application Date: 7/21/2017
 Permit Number: BP-2017-00593
 Old Map Number: 6039-91-6481/TM:28.14.0.3.0
 GPIN:

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 2331 BEXLEY WOOD RUN, GOOCHLAND, VA 23063		District		
	Owner JAMES & SANDRA CAMPBELL		Phone # (m) 804-380-9011		
	Address (SAME)				
	Proposed Use RESIDENTIAL	Current Use (SAME)	Existing Buildings on Property HOUSE		
	Proposed Occupant Load (Commercial) N/A	Lot Size 10 ACRES	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Westcliff		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District A-1		
	Front Setback 75' from ROW	Center Line Setback	Rear Setback 35' from PL	C.U. Permit	Variance
	Side Setback 20' from PL	Side Setback 20' from PL	Census Track	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Loyd Date: 7/27/17

Applicant/Contact: JAMES CAMPBELL Phone (m) 804-380-9011
 Email: jpcampbell2331@gmail.com

CONTRACTOR INFORMATION	Contractor (By Owner) APPLICANT		Phone	
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: <u>REBUILD DECK (INCL. EXPANDING SIZE & ADDING PERGOLA)</u> NOTE: PERGOLA WILL BE FREE-STANDING.				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 345	Finished Sq. Ft.	Unfinished Sq. Ft. 345	# of Bedrooms

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

VALUE OF WORK		Application Fee	\$ 30.00
Building	\$4,000	Septic/Well Fee	\$ -N/A-
Excludes All Trades Permits		State Levy Fee	\$ 0.60
		Mazoning	\$?-25-
		Total	\$5,330.60

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: James Campbell



COMMERCIAL TRADES PERMIT APPLICATION **received**

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063
 (804) 556-5315 Fax: (804) 556-5861 TDD: (804) 556-5317

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.

Date: 05/15/17

Permit #: 17-00441

Old Map #:

C.P.N. 6819-34-5091

LOCATION

Street Address: MARTIN RD SHANNON HILL RD KENTS STORE VA 23084

PROPERTY OWNERSHIP

Name: EGGS GOLD LLC Phone: 804-672-6487

Mailing Address: 2415 GRENOBLE RD RICHMOND VA 23294

APPLICANT

Name: ADAM PRATT Phone: 404-557-3935

E-Mail Address: apratt@mccorhy.com

CONTRACTOR

Name: MCCORHY BUILDING COMPANIES, INC. Phone: 404-557-3935

Mailing Address: 1341 N ROCK HILL RD ST LOUIS MO 63129

License Type: CBR/RBC Class: A

Gas: YES NO State License Number: 2701017428 Expiration: 05/31/2018

Classification: CONTRACTOR

DESCRIPTION OF WORK

CONSTRUCT 5 MEGA WATT AC SOLAR FARM

Workable: 0 Service Size: N/A Power Company: GVEC Industry: 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.

of (address) _____ (owner)

I am a contractor or subcontractor as required by section 54-1-111 of the Code of Virginia. (Owner)

Signature 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: Adam Pratt Value of work: \$1,302,757

Approval: [Signature] Date: 6/8/17 Permit fee: \$12,397.00 License fee: \$12,031.94



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: 8/7/17

Permit #: 17-615

GPIN:

Tax Map:

LOCATION

Street Address: 752 DOUBLE OAK LN

PROPERTY OWNERSHIP

Name: CAROLE NOBLES Phone: 804 784-5403

Mailing Address: 752 DOUBLE OAK LN MANASSAS VA 23103 Email: 23103

APPLICANT

Name: RIC SEABORN Phone: 804 389-4242

Address: P.O. Box 147 ROCKVILLE VA 23146 Email:

CONTRACTOR

Name: MANARIN ELECTRIC CONTRACTORS Phone:

Mailing Address: SAME Email:

Gas Certification: YES NO

State License Number: 2705018630 Expiration: 12/31/18 License Type: ELE Class: B

DESCRIPTION OF WORK

INSTALL 20 KW GENERATOR AND 100 AMP ATS

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

Value of Work (required): 0000

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: Ric Seaborn Date: 8/7/17

Approval: FILOR Office Use Only Approval date: 8/7/17

Permit Fee: 58.14 Issued date: 8/7/17

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

44170-305
8-10-17

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	08/8/17
Permit #	211-2017-00633
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	618 FAIRSTEAD ROAD	District	
----------------	---------------------------	----------	--

PROPERTY OWNERSHIP

Name	DIANE MUGFORD	Phone	804-514-5560
Mailing Address	618 FAIRSTEAD ROAD		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 22 KW NATURAL GAS GENERATOR, 200 AMP ATS (2), 2-SURGE PROTECTORS			
# of Baths	Service Size	Power Company	Inquiry #
	400	DOM	-

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant		Value of Work:	9500.00
Approval		Permit fee:	67.32 65.03
Date	8-10-17	Issue date:	8-10-17



RESIDENTIAL TRADES PERMIT APPLICATION

44770-305
8-10-17

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	08/8/17
Permit #	411-2017-634
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	385 EDGEHILL WOOD DRIVE	District	
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PROPERTY OWNERSHIP

Name	GENEVIEVE WILHELM	Phone	8042475350
Mailing Address	385 EDGEHILL WOOD DRIVE		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

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

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

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

(Signature)

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

(Notary)

My commission expires _____

Signature of Applicant		Value of Work:	9500.00
Approval		Permit fee:	65.03
Date	8-10-17	Issue date:	8-10-17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	8.25.17
Permit #	0112017-686
Old Map #	
G-Pin	7733-56-9768

LOCATION

Street Address	119 121 West Square Drive; RVA 23238	District	
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PROPERTY OWNERSHIP

Name	Noble	Phone	804.986.6595
Mailing Address	121 West Square Dr; RVA 23238		

APPLICANT

Name	Teddi Bartlett	Phone	804.231.9684
E-Mail Address	teddi@dgelectrical.com		

CONTRACTOR

Name	Davis & Green	Phone	804.231.9684
Mailing Address	PO Box 35418; RVA 23235	License Type	Class
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration
		2701 026667	08/2017
		ELE	A

DESCRIPTION OF WORK

Furnish and install 22kW generator and 200A 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.

_____(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 T Bartlett

Value of work: \$8,700.00

Permit fee: \$ 61.35

Approval fischer Date 8-29-17

Issue date: 8-29-17