



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: 9-25-17
 Permit Number: BP-2017-00758
 GPIN/Tax Map: 7704-45-0898 / 62-15-0-A-0
 Issued: 9-28-17
 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: 115 Ben Dover Ln
 Owner: William Coogan / Firstmark Farm Phone #:
 Address: SAME Email:

APPLICANT INFORMATION
 Applicant/Contact: Douglas Gentry - 804-647-6649 Phone #:
 Address: 829 Toms Rd Barboursville, VA 22923 Email:

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Ben Dover</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>---</u>	Date Paid: <u>---</u>
Front Setback: <u>55' from ROW</u>	Center Line Setback: <u>---</u>	Rear Setback: <u>35'</u>	CUP/Variance/COA: <u>---</u>
Side Setback: <u>20'</u>	Side Setback: <u>20'</u>	Flood Zone: <u>---</u>	

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: David Floyd Date: 9/26/17 A2

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 BID Expiration: 02-28-2019

DESCRIPTION OF WORK
 Scope of Work: demo interior, add addition to side of existing bldg moving bath + covered porch
 Proposed Use: office/exercise Current Use: CBC RBC Existing Buildings on Property: 1 # of Floors: 1
 SEWER Public/Private WATER Public/Private # of Bathrooms: 1 # of Bedrooms: 0
 Finished Sq. Ft.: 1785 Unfinished Sq. Ft.: 1213 Total Sq. Ft.: ~~1785~~ Finished 2,998.

Building Only - Excludes All Trades Permits

Value of Work: <u>\$180,000</u>	Application Fee: \$ <u>822.00</u>
	State Levy Fee: \$ <u>10.44</u>
	Septic/Well Fee: \$ <u>---</u>
	Zoning Fee: \$ <u>25.00</u>
	RLD: \$ <u>---</u>
	SWP: \$ <u>---</u>
	Total: \$ <u>863.44</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: Douglas Gentry Date: 9-25-17



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 9.27.17
 Permit Number: BP-2017-00770
 GPIN/Tax Map: 7716-00-9749/57-20-C-5-C
 Issued: 9.28.17

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 10 DEER RUN RD. MANAKIN-SABOT 23103	
	Owner TED & PAM LUSE	Phone #
	Address 10 DEER RUN RD. MANAKIN-SABOT 23103	Email
APPLICANT INFORMATION	Applicant/Contact J.A. TOMPKINS, INC	Phone # 804-690-6614
	Address 15354 WEST FORK ROAD GLEN ALLEN VA. 23059	Email JATBUILD@GMAIL.COM

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

CONTRACTOR INFORMATION	Contractor J.A. TOMPKINS, INC	Phone 804.690.6614
	Address 15354 WEST FORK RD. GLEN ALLEN VA 23059	
	Contractor License Number 2701029494	Type CLASS A CBC RBC

DESCRIPTION OF WORK	Scope of Work: interior ALTERATION of FAMILY ROOM FLOOR & ROOF			
	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. 384	Unfinished Sq. Ft. _____	Total Sq. Ft. 384	

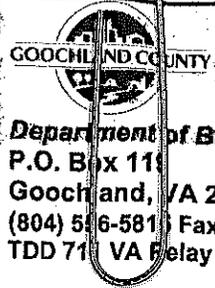
Building Only - Excludes All Trades Permits

Value of Work	30,000.00
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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: 9/27/17

Application Fee	\$ 141.00
State Levy Fee	\$ 2.94
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ 149.94



BUILDING PERMIT APPLICATION

Department of Building Inspection
 P.O. Box 111
 Goochland, VA 23063
 (804) 556-5811 Fax (804) 556-5651
 TDD 711 VA Relay

Application Date: 9/6/17

received
 9-12-17

Permit Number: BP-2017-00725

GPIN/Tax Map: 7725-33-0619/58-32-3-A-0

Issued: 9-28-17

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 15020 Capital One Drive, WC2 Richmond, VA 23238	
	Owner Capital One - Ted Tremain	Phone # 855-375-0822
APPLICANT INFORMATION	Address 15050 Capital One Drive, WC2 Richmond, VA 23238	
	Applicant/Contact Alan Harris	Phone # 540-449-9010
	Address 1001 Boulders Parkway, Suite 101 Richmond, VA 23225	
	Email saharris@gilbane.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 Gilbane Building Co.		Phone 804-782-6518
	Address 1001 Boulders Parkway, Suite 101 Richmond, VA 23225		
	Contractor License Number 2701004552	Type A	Expiration 10-31-18

DESCRIPTION OF WORK	Scope of Work: Demolition of existing interior partitions 4 floor, 156,720sf office building, including removal of four (4) roof top units and demolition of all gang bathrooms.			
	Proposed Use Business, B (no change)	Current Use Business, B	Existing Buildings on Property Interior Demolition of Existing Building	# of Floors 4
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 6	# of Bedrooms N/A
	Finished Sq. Ft. 150,000	Unfinished Sq. Ft. 6,720	Total Sq. Ft. 156,720	

Building Only - Excludes All Trades Permits		Application Fee	\$ 5589.19
Value of Work	\$745,225	State Levy Fee	\$ 111.78
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 5700.97
Signature of Applicant	Date 9/6/17		



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: 7.28.17
 Permit Number: BP-2017-00599
 GPIN/Tax Map: 6767-60-8870/43-1-0-3A-0
 Issued: 9.27.17
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION	Site Address <u>CAMP T. BRADY SAUNDERS 1723 MAIDENS ROAD MAIDENS, VA 23102</u>	
	Owner <u>BOY SCOUTS OF AMERICA ROBERT E. LEE COUNCIL, INC.</u>	Phone #
	Address <u>4015 FITZHUGH AVE, RICHMOND, VA 23230</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>TODD MARTIN</u>	Phone # <u>804/204-2013</u> 804-338-5
	Address <u>SAME</u>	Email <u>TMARTIN@BSAMAIL.ORG</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' From RW</u>	Center Line Setback <u>—</u>	Rear Setback <u>35' From R</u>	CUP/Variance/COA <u>CU-2017-00008</u>
	Side Setback <u>20' From R</u>	Side Setback <u>20' From R</u>	Flood Zone <u>—</u>	<u>CU-2017-00008 A</u> <u>CU-2017-00011</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date <u>8/2/17</u> IA-2			

CONTRACTOR INFORMATION	Contractor OWNER <u>Eagle Commercial Const.</u>	Phone <u>741-41063</u>
	Address <u>2250 Old Brick Rd. Suite 220 Glen Allen, VA 23060</u>	
	Contractor License Number <u>2105131232</u>	Type <u>CBC</u>

DESCRIPTION OF WORK	Scope of Work: <u>CONSTRUCT NEW SINGLE STORY STEM CENTER</u>		
	Proposed Use <u>STEM CENTER</u>	Current Use <u>VACANT LAND / CAMP BUILDINGS</u>	Existing Buildings on Property <u>—</u>
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>3</u>
	# of Floors <u>1</u>	# of Bedrooms <u>0</u>	
	Finished Sq. Ft. <u>2,570</u>	Unfinished Sq. Ft. <u>1,850</u>	Total Sq. Ft. <u>4,420</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>3795.00</u>
Value of Work	<u>\$415,000.00</u> <u>\$506,000.00</u>	State Levy Fee	\$ <u>151,764.00</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>[Signature]</u> Date: <u>7.28.17</u> <u>CHAIR, BIDG COMMITTEE</u>		Septic/Well Fee	\$ <u>25-</u>
		Zoning Fee	\$ <u>100-</u>
		RLD	\$ <u>—</u>
		SWP	\$ <u>—</u>
		Total	\$ <u>3090.40</u>



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Residential Commercial

Application Date: 9/15/2017

Permit Number: **BP-2017-00736**

GPIN/Tax Map: 6758-42-6305 / 30-23-G-30-0

Issued: 9.18.17

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.

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 2022 Steeplechase Pkwy Goochland, VA 23063	
	Owner James F. DeLoach III	Phone # 804-248-1703
	Address 2022 Steeplechase Pkwy Goochland, VA 23063	Email jfdeloach3@gmail.com

APPLICANT INFORMATION	Applicant/Contact James (Jay) DeLoach	Phone # 804-248-1703
	Address 2022 Steeplechase Pkwy Goochland, VA 23063	Email jfdeloach3@gmail.com

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

Planning & Zoning Officer: **David Ford** Date: **9/18/17**

CONTRACTOR INFORMATION	Contractor N/A	Phone
	Address	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: Finish basement to include electrical, framing, insulation, plumbing, and drywalling. SPACE WILL INCLUDE A THEATER, RECREATION AREA, HATCHERETTE, AND BATHROOM			
	Proposed Use Residential/Personal	Current Use Unfinished Basement	Existing Buildings on Property 1	# of Floors 3
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 1	# of Bedrooms 0
	Finished Sq. Ft. 1797	Unfinished Sq. Ft. 0	Total Sq. Ft. 1797	

Building Only - Excludes All Trades Permits		Application Fee	\$ 59.25
Value of Work	15,000 \$10,500	State Levy Fee	\$ 1.19
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 60.44

Signature of Applicant: **[Signature]** Date: **9/15/2017**



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 (804) 556-5815 Fax (804) 556-5651
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Residential

Commercial

Application Date: 9.15.17

Permit Number: AP-2017-00734

GPIN/Tax Map: 7724-69-0123 / 69-25-1-18-0

Issued: 9.25.17

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.

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	
	2000 BROAD BRANCH CIR. RICHMOND, VA 23238	
APPLICANT INFORMATION	Owner	Phone #
	BRISTOL Development Group	
APPLICANT INFORMATION	Address	Email
	381 MALLORY STATION RD SUITE 204 FRANKLIN, TN 37067	
APPLICANT INFORMATION	Applicant/Contact	Phone #
	TODD ANDERSON (ATLANTIC ALUMINUM PRODUCTS)	
APPLICANT INFORMATION	Address	Email
	12144 SUSSEX HIGHWAY, GREENWOOD, DE 19950	
APPLICANT INFORMATION	TANDERSON@AAPRAILING.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	Phone
	ATLANTIC ALUMINUM PRODUCTS (302) 349-9091	
	Address	
12144 SUSSEX HIGHWAY, GREENWOOD, DE 19950		
Contractor License Number	Type	Expiration
947-112280 2705130520	Contractor Resident CIC	12/31/2018 9-30-17

DESCRIPTION OF WORK	Scope of Work:			
	INSTALLING APPROX 400' FENCE AROUND POOL			
	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.	

Building Only - Excludes All Trades Permits		Application Fee	\$ 188.23
Value of Work \$ 25,112.00		State Levy Fee	\$ 3.77
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 <i>[Signature]</i>		Zoning Fee	\$
Date 9/1/17		RLD	\$
		SWP	\$
		Total	\$ 192.11

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: 56-1-0-64-A

Application Date: 2-10-2017

Application Accepted: BP-2017-00112

GPIN: 60796-53-2200

Issued: 2.21.17

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.

OWNER INFORMATION	Site Address 1289 Shallow Well Rd		District		
	Owner Mary Keevil		Phone # 434-466-8349		
	Address 1225 Shallow Well Rd				
	Proposed Use Single Family	Current Use Single Family	Existing Buildings on Property Yes		
	Proposed Occupant Load (Commercial)	Acreage	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: Troy Wade Phone 434-466-8349

Email: troy@jamison-davis-company.com

Contractor Jamison Davis & Company Phone 434-466-8349

Address PO Box 1070 Louisa VA

Contractor License Number 2705141671 Type BLD Expiration 6/30/17

Scope of Work: Interior Remodel / Dormer added to 2nd floor for shared bath **Revised 9-18-17 to include 360 sq ft deck**

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors 2	Total Sq. Ft. 1400	Finished Sq. Ft. 1470	Unfinished Sq. Ft. 140	# of Bedrooms 3

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

Building	VALUE OF WORK <u>133,000</u>
	<u>143,000.00</u> <u>123,000.00</u>
Excludes All Trades Permits	

Application Fee	\$ 505.50
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ 11.31
RLD Total	\$ 516.81

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]

received
9-19-17

BUILDING PERMIT APPLICATION

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

Application Date: 9-20-17
Application Accepted: BP-2017-00749
GPIN: 7733-35-1827 / 67-20-0A
Issued: 9-21-17

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.

OWNER INFORMATION	Site Address <u>20 DAHLGREN ROAD</u>		District <u>DOVER</u>		
	Owner <u>JOEL HAWKINS</u>		Phone # <u>804-784-4452</u>		
	Address <u>20 DAHLGREN ROAD, RICHMOND, VA. 23233</u>				
	Proposed Use <u>RESIDENCE</u>	Current Use <u>RESIDENCE</u>	Existing Buildings on Property <u>YES</u>		
	Proposed Occupant Load (Commercial)	Acreage	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: MRT CONSTRUCTION CO., INC. Phone 804-839-7141
Email: mrtconstructionco@comcast.net

CONTRACTOR INFORMATION	Contractor <u>MRT CONSTRUCTION CO., INC</u>		Phone <u>804-743-5690</u>	
	Address <u>7101 IRON BRIDGE RD., NORTH CHESTERFIELD, VA. 23234</u>			
	Contractor License Number <u>2701036657</u>	Type <u>UNSA CBC, RBC</u>	Expiration <u>5-31-18</u>	

Description of Work	Scope of Work: <u>ADD FULL BATHROOM IN STORAGE ROOM OFF GARAGE WITH ACCESS TO ADJACENT BEDROOM</u> <u>NO CHANGE TO FOOT PRINT OF HOUSE</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>2 1/2</u>		
	# of Floors <u>2</u>	Total Sq. Ft. <u>4,000</u>	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms <u>5</u>

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

VALUE OF WORK	
Building	<u>\$ 14,000.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>75.00</u>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>1.50</u>
R/LD Total	\$ <u>76.50</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.

Joel Hawkins PRESIDENT MRT

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

Application Date: 5-1-2017

Application Accepted: BP-2017-00352

Old Map Number: 31-1-86-A2

GPIN: 6778-26-4421

Issued 5-11-17

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.

OWNER INFORMATION	Site Address <u>2110 AWA HAWK TOWN ROAD</u>		District		
	Owner <u>STEVEN RUOLLO - KAREN HOFFMAN</u>		Phone # <u>410-440-0897</u> 410-440-0897		
	Address <u>same</u>				
	Proposed Use <u>GARAGE</u>	Current Use <u>OPEN LAND</u>	Existing Buildings on Property <u>2-</u>		
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Monterey</u>	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District <u>A-2</u>		
	Front Setback <u>55' from Row</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>
	Side Setback <u>5'</u>	Side Setback <u>4' 5'</u>	C O A <u>1</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

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

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

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

Description of Work	Scope of Work: <u>BUILD A DETACHED GARAGE 38' W X 30' DEEP - 6 4</u> <u>WITH UNFINISHED BONUS ROOM</u>				
	SEWER Public/Private	WATER Public/Private	Prevised to change <u>180</u> # of Bedrooms <u>1</u>		
	# of Floors <u>2-</u>	Total Sq. Ft. <u>1780</u>	Finished Sq. Ft. <u>0 AND</u>	Unfinished Sq. Ft. <u>180 009</u>	# of Bedrooms <u>Room +</u>
	<u>9-18-17</u>				

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

VALUE OF WORK 1926

Building	<u>60,000.00</u>	<u>80,000</u>
Excludes All Trades Permits		

Application Fee	\$ <u>304.50</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>6.09</u>
RLD Total	\$ <u>335.59</u>

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

Signature of Applicant [Signature]

PERMIT APPLICATION
 County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 +1 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

9-18-17

Application Date: 8-29-17

Application Accepted: BP-2017-00684

Old Map Number: 47-33-0-11-C

GPIN: 7727-48-0977

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 2424-C Granite Ridge Rd Rockville, Va 23146		District		
	Owner Melbourne Enterprises		Phone # 804-512-4991		
	Address 1307 Toler Lane Rockville, Va 23146				
	Proposed Use B	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Rockville Commerce Center	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District M-2		
	Front Setback 20' from Ker	Center Line Setback	Rear Setback 10'	C.U. Permit	Variance
	Side Setback 35' from Granite Ridge Rd.	Side Setback 18'	COA	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * No change in Bldg. Footprints.					

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: 8/29/17

Applicant/Contact: Mitch Bell Phone: 804-564-1541

Email: mitch@jimbelling.com

CONTRACTOR INFORMATION	Contractor J.M. Bell, Inc		Phone 804-564-1541	
	Address 16194 Wolf Creek Rd Montpelier, Va 23192			
	Contractor License Number 270103517A	Type A	Expiration 9-30-17	

Description of Work	Scope of Work: Tenant build out -> Security Scales				
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms 1		
	# of Floors 1	Total Sq. Ft. 1500	Finished Sq. Ft. 508	Unfinished Sq. Ft. 912	# of Bedrooms

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

VALUE OF WORK	
Building	\$ 19,035.00
Excludes All Trades Permits	

Application Fee	\$ 142.70
Zoning Fee	\$ 100.00
Septic/Well Fee	\$
State Levy Fee	\$ 2.86
Total	\$ 245.62

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 *[Signature]*

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

Issued 9.18.17

Application Date: September 12, 2017

Application Accepted: **BP-2017-00731**

Old Map Number: **47-37-0-14-0**

GPIN: 7716-77-4404

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 1516 Camberley		District	
	Owner Erikk L. Arnold Sr and Mahalia J. McGill Arnold		Phone # 804.986.1370	
	Address 1510 Camberley Drive			
	Proposed Use No Change	Current Use 10 Single Family Home	Existing Buildings on Property 10 Single Family Home	
	Proposed Occupant Load (Commercial)	Acreeage .183	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Parke 40 Saddlecreek</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	New Street Address _____		Zoning District <i>RPUD</i>	
	Front Setback <i>30' from Pinepoint</i>	Center Line Setback _____	Rear Setback <i>50' B/S</i>	C.U. Permit _____
	Side Setback <i>20' B/S</i>	Side Setback <i>20' B/S</i>	COA _____	Flood Zone _____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: *Daniel Lloyd* Date: *9/15/17*

Applicant/Contact: Jeremy N. Shank Phone 804.400.3545
 Email: Jeremy@ParagonRVA.com

CONTRACTOR INFORMATION	Contractor Paragon Construction Company LLC		Phone 804.744.8480	
	Address 12747 Oak Lake Court			
	Contractor License Number 2705 079880	Type Class A	Expiration 4/30/2018	

Description of Work	Scope of Work: Enclose existing 12x12 screened porch on brick piers with tempered safety glass for 3 season room. Construct new 4' x 6' landing with steps to grade, including footings to support the landing.				
	SEWER Public/Private	WATER Public/Private	n/a	# of Bathrooms	
	# of Floors 1	Total Sq. Ft. 168	Finished Sq. Ft. 144 (under roof)	Unfinished Sq. Ft. 24 (landing)	# of Bedrooms n/a

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

VALUE OF WORK	
Building	9,158
Excludes All Trades Permits	

Application Fee	\$ 53.22
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.06
Total	\$ 79.28

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

Signature of Applicant: *[Signature]* LLC member



BUILDING PERMIT APPLICATION

Application Date: 6-14-17Permit Number: BP-2017-00485GPIN/Tax Map: 7104-26-1048 / 62-15-0-D-2AIssued: 9-13-17

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.

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 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>735 River Road West</u>		Phone #
	Owner <u>Midgette</u>		
	Address <u>7836 Crittenden Road, Suffolk VA, 23432</u>		Email
APPLICANT INFORMATION	Applicant/Contact <u>Jim Dunkum</u>		Phone # <u>804-396-0196</u>
	Address <u>1606 Wood Grove Circle</u>		Email <u>jim@dunkum.net</u>

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>55' from Row</u>	Center Line Setback —	Rear Setback <u>5' / PL</u>	CUP/Variance/COA —
	Side Setback <u>5' / PL</u>	Side Setback <u>5' / PL</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>A-2</u>			
Planning & Zoning Officer <u>David Foyl</u>		Date <u>8/1/17</u>		

CONTRACTOR INFORMATION	Contractor <u>Jim Dunkum - Dunkum, Inc.</u>		Phone <u>804-363-9738</u>
	Address <u>1606 Wood Grove Circle</u>		
	Contractor License Number <u>2705-024554A</u>	Type <u>CBL, RBL</u>	Expiration <u>6-30-2018</u>

DESCRIPTION OF WORK	Scope of Work: <u>Detached garage with guest house above office workspace</u>			
	Proposed Use <u>garage</u>	Current Use	Existing Buildings on Property	# of Floors <u>2</u>
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1</u>	# of Bedrooms <u>1</u>
	Finished Sq. Ft. <u>700</u>	Unfinished Sq. Ft. <u>400</u>	Total Sq. Ft. <u>1,500</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>462.00</u>
Value of Work	<u>4100,000</u>	State Levy Fee	\$ <u>9.24</u>
		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>496.24</u>

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: JJ Dunkum Date: 6/14/17



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: 9-5-17

Permit Number: BP-2017-00703

GPIN/Tax Map: 32-1-70AT / 6788-26-8814-9999

Issued: 9-14-17-9-13-17

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.

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 1975 Pony Farm Road	
	Owner Vallambrosa LLC	Phone #
	Address 2651 Perkinsville Road, Maidens, VA 23102	Email
APPLICANT INFORMATION	Applicant/Contact Verizon Wireless C/O Kelsey Chase	Phone # 804.357.3131
	Address 4435 Waterfront Drive, Suite 100, Glen Allen, VA 23060	Email KCHASE@NBCLLC.COM

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>55' from ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA <u>CU-1999-00010</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>* No change in Footprints</u>		
Planning & Zoning Officer <u>David Floyd</u>		Date <u>9/6/17</u>	<u>A-2</u>	

CONTRACTOR INFORMATION	Contractor Arc Con Solutions Inc		Phone
	Address 3624 Old Greenville Rd, Staunton, VA 24401		
	Contractor License Number 2705154158	Type Class A - CBC	Expiration 2018.06.30

DESCRIPTION OF WORK	Scope of Work: <u>Collocation and installation of antennas and associated equipment at the existing telecommunications facility</u>			
	Proposed Use Telecommunications	Current Use Telecommunications Tower	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.	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>450.00</u>
Value of Work	<u>\$60,000</u>	State Levy Fee \$ <u>29.00</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>200.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>659.00</u>
Signature of Applicant <u>[Signature]</u> Date <u>8-30-17</u>		



BUILDING PERMIT APPLICATION

Application Date: 9-12-17Permit Number: BP-2017-00721GPIN/Tax Map: 6038-91-1189 / 40-1-0-40-0Issued: 9.13.17This 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.

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 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>3951 RIVER RD. WEST GOOCHLANDS - LEAKS MILL PARK</u>			
	Owner <u>COUNTY OF GOOCHLANDS</u>		Phone #	
	Address		Email	
APPLICANT INFORMATION	Applicant/Contact			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>100' 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:			
	Planning & Zoning Officer <u>David [Signature]</u> Date <u>9/13/17</u> A-1			
CONTRACTOR INFORMATION	Contractor <u>LEGACY HOMES LLC</u>			Phone <u>804-564-9097</u>
	Address <u>207 ECHO MEADOWS RD. ROCKVILLE, VA 23146</u>			
	Contractor License Number		Type	Expiration
	Scope of Work: <u>Leaks Mill Park (2) PICNIC SHELTERS FOR GOOCHLANDS COUNTY</u>			
DESCRIPTION OF WORK	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. <u>400 SQ FT. EACH</u> <u>800</u>	
	Building Only - Excludes All Trades Permits			

Value of Work \$36,000.00

fees waived, county project

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 9-12-17

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

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 9.13.17

Application Date: 9.5.17
 Application Accepted: BP-2017-00707
 Old Map Number: 46-40-0-2-0
 GPIN: 7708-61-4239

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 2565 Covey Run Ct		District		
	Owner Jeff Seredni		Phone # 804 536-0809		
	Address 2565 Covey Run Ct				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage 20.904	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Covey Run	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District A-2		
	Front Setback 55' from ROW	Center Line Setback	Rear Setback 5'	C.U. Permit	Variance
	Side Setback 5'	Side Setback 5'	COA	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Fay Date: 9/6/17

Applicant/Contact: PA-Mor Const. / Mary Ann Phone: 804 781-0442

Email: MaryAnn-pmc_pools@gmail.com

Contractor PA-Mor Const	Phone 804 781-0442
Address P.O. Box 215 Mech. VA 23111	
Contractor License Number 2705091041	Type A (Pob)
Expiration 1/31/2019	

Description of Work:
 15'5" x 40' fiberglass Inground Pool w/ Automatic cover that meets ASTM 1346-91 code

SEWER Public/Private	WATER Public/Private	# of Bathrooms	
# of Floors	Total Sq. Ft. 640	Finished Sq. Ft.	Unfinished Sq. Ft. 640
		# of Bedrooms	

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

VALUE OF WORK	
Building	58438.00
Excludes All Trades Permits	

Application Fee	\$ 274.97
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 5.50
RLD Total	\$ 305.47

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

Signature of Applicant: S. N. Clements



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: 9.11.17
Permit Number: BP-2017-00719
GPIN/Tax Map: 6729-91-0049/28-12-0-2-C
Issued: 9.12.17

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>2424 CHAPEL HILL ROAD, GOOCLAND, VA 23063</u>	
	Owner <u>FLODOIR V. PE</u>	Phone # <u>757-352-8752</u>
APPLICANT INFORMATION	Address <u>2176 BLENCE DR. VIRGINIA BEACH, VA 23454</u>	
	Applicant/Contact	Email <u>flodoir@cox.net</u>
	Address	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>—</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>J. David Floyd</u> Date <u>9/11/17</u> A-1			

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

DESCRIPTION OF WORK	Scope of Work: <u>8' X 40' STORAGE CONTAINER INSTALLATION</u>		
	Proposed Use <u>STORAGE SHED</u>	Current Use <u>—</u>	Existing Buildings on Property <u>—</u>
	# of Floors <u>—</u>	# of Bathrooms <u>—</u>	# of Bedrooms <u>—</u>
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	
	Finished Sq. Ft. <u>320</u>	Unfinished Sq. Ft. <u>—</u>	Total Sq. Ft. <u>320</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30-</u> State Levy Fee \$ <u>22.60</u> Septic/Well Fee \$ <u>—</u> Zoning Fee \$ <u>25-</u> RLD \$ <u>—</u> SWP \$ <u>—</u> Total \$ <u>55.60</u>
Value of Work	<u>\$2,100.00</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>Floidoir V. Pe</u> Date <u>9/8/17</u>	



BUILDING PERMIT APPLICATION

Application Date: 9/11/2017

Permit Number: BP-2017-00920

GPIN/Tax Map: 7706-80-2933 / 57-39-0-5-0

Issued: 9.12.17

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

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 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 1300 Sabot Creek Court	
	Owner Matthews	Phone #
	Address 1300 Sabot Creek Court	Email
APPLICANT INFORMATION	Applicant/Contact JoPa Co / Farrar Pace	Phone # 804-767-0775
	Address 8711 West Broad St.	Email fpace@jopa.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 JoPa Company	Phone 767-07752
	Address 8711 West Broad St.	
	Contractor License Number 2701005553	Type CL A

DESCRIPTION OF WORK	Scope of Work: Gunite Swimming Pool <i>indoor inground</i>			
	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. 350	Unfinished Sq. Ft.	Total Sq. Ft. 350	

Building Only - Excludes All Trades Permits		Application Fee \$ 192-
Value of Work 40000		State Levy Fee \$
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ 3.84
Signature of Applicant <i>[Signature]</i>	Date 9/11/2017	Zoning Fee \$
		RLD \$
		SWP \$
		Total \$ 195.84

Reviewed by: *[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: 8-1-17

Permit Number: BP-2017-00608

GPIN/Tax Map: 6767-03-4917/42-1-0-50-0

Issued: 9.12.17

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

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>3601 River Road West</u>	
	Owner <u>Goochland Free Clinic</u>	Phone # <u>804-339-1408</u>
	Address	

APPLICANT INFORMATION	Applicant/Contact <u>TOM HOMER / Lane Homes + Remodeling</u>		Phone # <u>804-426-7846</u>
	Address <u>12536 Patterson Ave. Richmond VA 23038</u>		Email <u>Tom@lanebuilt.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from PL</u>	Center Line Setback <u> </u>	Rear Setback <u>30' from PL</u>	CUP/Variance/COA
	Side Setback <u>10' from PL</u>	Side Setback <u>10' from PL</u>	Flood Zone <u> </u>	<u>COA?</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>8/2/17</u> B-2			

CONTRACTOR INFORMATION	Contractor <u>Lane Homes + Remodeling Inc.</u>		Phone <u>804-784-0012</u>
	Address <u>12536 Patterson Ave Richmond VA. 23038</u>		
	Contractor License Number <u>2701 0291 25A</u>	Type <u>A</u>	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>INTERIOR RENOVATIONS ONLY TO CREATE Homeless Temporary emergency housing</u> <u>Shelter for Free Clinic</u>			
	Proposed Use <u>Shelter</u>	Current Use <u>Home</u>	Existing Buildings on Property <u>Yes</u>	# of Floors <u>Basement + 2</u>
	SEWER <input checked="" type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>4 1/2</u>	# of Bedrooms <u>8</u>
	Finished Sq. Ft. <u>2920</u>	Unfinished Sq. Ft. <u>188</u>	Total Sq. Ft. 3108 <u>3108</u>	

Building Only - Excludes All Trades Permits		Application Fee <u>\$125.00</u>
Value of Work <u>\$230,000</u>		State Levy 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.		Septic/Well Fee \$
Signature of Applicant <u>Thomas G Homer</u> Date <u>8-1-17</u>		Zoning Fee \$
<u>L.H. + R. Inc.</u>		RLD \$
		SWP \$
		Total <u>\$159.50</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: **8.31.17**

Permit Number: **BP-2017-00694**

GPIN/Tax Map: **7733-36-8367/67-1-0-14-B**

Issued: **9.7.17**

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

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 32 Dahlgren rd.	
	Owner Richmond VA 23238	Phone #
	Address	

APPLICANT INFORMATION	Applicant/Contact OSTAP ZAGORODNYI		Phone # 804 8526672
	Address		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Lower Tuckahoe	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 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: David Loyd Date: 8/31/17 R-1			

CONTRACTOR INFORMATION	Contractor OWNER		Phone
	Address		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: deck			
	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. 322	Total Sq. Ft. 322 sq. ft.	

Building Only - Excludes All Trades Permits	
Value of Work \$4,000	Application Fee \$ 30- State Levy Fee \$.60 Septic/Well Fee \$ _____ Zoning Fee \$ 25- RLD \$ _____ SWP \$ _____ Total \$ 55.60
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 [Signature]	Date 8/31/17

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 9-7-17

Application Date: 8/28/2017-9-1-17

Application Accepted: BP-2017-00699

Old Map Number: 63-32-0-B-0

GPIN: 7723-08-5934

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 380 FLAG STATION ROAD		District		
	Owner BENNETT & JENNIFER JOHNSON		Phone # 804-370-2881		
	Address 380 FLAG STATION ROAD				
	Proposed Use DWELLING	Current Use DWELLING	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage 3.16	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	COA	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

Planning & Zoning Officer _____ Date _____

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

Email: JSTORY@JESNOW.COM

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

Description of Work	Scope of Work: CRAWLSPACE ENCAPSULATION				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft. 751	# of Bedrooms

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

VALUE OF WORK	
Building	8000.01
Excludes All Trades Permits	

Application Fee	\$ 48.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$.96
Total	\$ 48.96

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 

11/11/17 Revised 8/31/17 to finish 3rd floor bonus room to game room & hallway 894 sq ft charge

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: 3-8-17
 Application Accepted: BP-2017-00186
 Old Map Number: 43-38-A-5-0
 GPIN: 6777-48-5157

TSSUND: 3-30-17

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

OWNER INFORMATION	Site Address <u>11668 Indy's Run</u>		District <u>Lickinghole</u>	
	Owner <u>Krickovic & Ziegler, LLC</u>		Phone # <u>804-569-9745</u>	
	Address <u>PO Box 1510 Mechanicsville, VA 23116</u>			
	Proposed Use <u>Residential</u>	Current Use <u>None</u>	Existing Buildings on Property <u>None</u>	
	Proposed Occupant Load (Commercial) <u>N/A</u>	Acreage <u>3.05</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Breere Hill</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: <u>19,852.00</u>	Date Paid: <u>Due</u>
	New Street Address		Zoning District <u>RP</u>	
	Front Setback <u>40' from ROW</u>	Center Line Setback	Rear Setback <u>25'</u>	C.U. Permit
	Side Setback <u>35' - 10m Lane Side</u>	Side Setback <u>10'</u>	COA	Flood Zone
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <u>*Cash Proffer Due before C.O. is issued.</u>	

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.
 Planning & Zoning Officer: David Floyd Date: 3/14/17

Applicant/Contact: Mike Krickovic Phone: 804-908-2253
 Email: Mike@kandzbuilders.com

CONTRACTOR INFORMATION	Contractor <u>Krickovic & Ziegler, LLC</u>	Phone <u>804-569-9745</u>
	Address <u>PO BOX 1510 Mechanicsville, VA 23116</u>	
	Contractor License Number <u>2705100072A</u>	Type <u>A</u>

Description of Work	Scope of Work: <u>Basement</u>			
	<u>Build New single family home w/ attached garage</u>			
	<u>Revised: 8-11-17 finish off 182 sq ft on 2nd floor into office</u>			
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	4 Full 2 1/2	# of Bathrooms <u>1 unfinished</u>
# of Floors <u>3</u>	Total Sq. Ft. <u>6585</u>	Finished Sq. Ft. <u>4733</u>	Unfinished Sq. Ft. <u>1852</u>	
		<u>3935</u>	# of Bedrooms <u>3</u>	

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

VALUE OF WORK		Application Fee	\$ <u>2,508.00</u>
Building	<u>828 525,427.50</u>	Zoning Fee	\$ <u>50.00</u>
	<u>#479,000.00</u>	Septic/Well Fee	\$ <u>40.00</u>
	<u>554,667.50</u>	State Levy Fee	\$ <u>50.96</u>
Excludes All Trades Permits		RLD	\$ <u>100.00</u>
		Storm	\$ <u>200.00</u>
		Total	\$ <u>2,948.96</u>

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

Signature of Applicant: [Signature]

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

Issued: 5-30-17

Application Date: 4-27-17

Application Accepted: BP-2017-00337

Old Map Number: 55-18-0-8-0

GPIN: 6786-06-3206

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

OWNER INFORMATION	Site Address ¹⁶¹⁷ Lot 8 Deerfield-Beaverdam Creek Rd.		District	
	Owner Casel, Richard M & Janice H.		Phone # (804) 569-9745	
	Address Po Box 1510, Mechanicsville, VA 23116			
	Proposed Use Residential	Current Use none	Existing Buildings on Property none	
	Proposed Occupant Load (Commercial) N/A	Acreage 5	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Deerfield	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address		Zoning District A-2	
	Front Setback 75' from Rd	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
	Side Setback 20'	Side Setback 80'	COA N/A	Variance N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: * Side Setback to be Survey located South boundary.	

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

Planning & Zoning Officer: David Floyd Date: 4/27/17

Applicant/Contact: Mike Krickortc Phone: 804-908-2253

Email: Mike@kandzbuilders.com

CONTRACTOR INFORMATION	Contractor Krickortc & Ziegler LLC		Phone 804-569-9745	
	Address Po Box 1510 Mechanicsville, VA 23116			
Description of Work	Contractor License Number 2705100072A		Type A	Expiration 11/30/17
	Scope of Work: Build New Single Family home with 2 attached garages 8/31/17 Revision to finish bedroom			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 3 1/2 baths 1693	
	# of Floors 2	Total Sq. Ft. 7025	Finished Sq. Ft. 4972	Unfinished Sq. Ft. 2053
				# of Bedrooms 4 5

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

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

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

Signature of Applicant: *[Signature]*



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: 7/28/17

received
8-8-17

Permit Number: BP-2017-00625

GPIN/Tax Map: 58-42-0-17-0 / 7726-06-2105

Issued: 9.5.17

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.

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: 1606 Centerville Parke Lane, Manakin Sabot, VA 23101

Owner: Stephan and Carol Matuschek Phone #: 804-704-0656

Address: 1606 Centerville Parke Lane, Manakin Sabot, VA 23101 Email: ca.st.matuschek@comcast.net

APPLICANT INFORMATION
 Applicant/Contact: Jocelyn Schafer Phone #: 804-405-5529

Address: 11044 Richardson Rd., Suite A29, Ashland, VA 23005 Email: jocelyn.schafer@pegalte.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 REJECTED COMMENTS:
 Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION
 Contractor: PEG ALTERNATIVE ENERGY, INC. Phone: 804-405-5529

Address: 11044 RICHARDSON RD., SUITE A29, ASHLAND, VA 23005

Contractor License Number: 2705159755 Type: AES Expiration: 4-30-19

DESCRIPTION OF WORK
 Scope of Work: INSTALL PHOTOVOLTAIC MODULES ROOF MOUNT

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
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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.
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Building Only - Excludes All Trades Permits

Value of Work: 10,000

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: Jocelyn Schafer Date: 7-28-17

Application Fee	\$ 57.00
State Levy Fee	\$ 1.14
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 58.14



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: 8/16/2017 **received**
Permit Number: **BP-2017-00690**
GPIN/Tax Map: 7715-58-3372 / 58-41-6-45-0
Issued: **9.5.17**

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: 623 Longfield Rd., Manakin Sabot, VA 23103

Owner: R. Craig & Linda C. Peyton Phone #: 804-784-4885

Address: 623 Longfield Rd., Manakin Sabot, VA 23103 Email: rcraigpeyton@msn.com

APPLICANT INFORMATION
Applicant/Contact: Lonnie Farmer II / Oakland Masonry Phone #: 804-938-4982

Address: PO Box 4783, Midlothian, VA 23112 Email: lonnie@oaklandmasonry.net

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: Kinloch, Sec. 6 Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 30' from pavement Center Line Setback: _____ Rear Setback: 50' b/s CUP/Variance/COA: _____
Side Setback: 20' b/s Side Setback: 20' b/s Flood Zone: _____

APPROVED REJECTED COMMENTS: _____
Planning & Zoning Officer: David Loyd Date: 8/30/17 RPUD

CONTRACTOR INFORMATION
Contractor: Oakland Masonry & Stonework, LLC Phone: 804-938-4982

Address: PO Box 4783 Midlothian, VA 23112

Contractor License Number: 2705-150449 Type: A Expiration: 3/31/19

DESCRIPTION OF WORK
Scope of Work: Installation of concrete footings, masonry fireplace & seat walls
A outdoor

Proposed Use: Patio with Fireplace & Seat Walls Current Use: Patio Existing Buildings on Property: 1 # of Floors: 2

SEWER: Public/Private WATER: Public/Private # of Bathrooms: 3.5 # of Bedrooms: 3

Finished Sq. Ft.: 4054 Unfinished Sq. Ft.: 4054 Total Sq. Ft.: 4054

Building Only - Excludes All Trades Permits
Value of Work: \$22,100

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: _____ Date: 08/16/2017

Application Fee: \$11.45
State Levy Fee: \$2.23
Septic/Well Fee: \$
Zoning Fee: \$25.
RLD: \$
SWP: \$
Total: \$138.68



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: **8/30/2017**

Permit Number: **BP-2017-00691**

GPIN/Tax Map: **6851-26-7174**

Issued: **9-5-17**

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.

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 4590 Fox Chase Run Gum Spring 20365	
	Owner Thomas Pavlish	Phone # 8045019112
	Address 4590 Fox Chase Run Gum Spring 23065	Email thumb1@gmail.com

APPLICANT INFORMATION	Applicant/Contact Same as above		Phone #
	Address		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Talleg Ho Estates	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 25' From ROW	Center Line Setback	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: *Front Setback to the Survey located			

Planning & Zoning Officer: **David Lloyd** Date: **8/30/17** **A-1**

CONTRACTOR INFORMATION	Contractor self-owner		Phone
	Address		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: put up pavillion 384 sq ft.			
	Proposed Use cover for equipment	Current Use	Existing Buildings on Property house	# 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.	
		384	384	

Building Only - Excludes All Trades Permits

Value of Work	2000# 10,560.00
---------------	------------------------

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: **8/30/17**

Application Fee	\$ 59.50
State Levy Fee	\$ 1.19
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 85.71



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

Submit by Email

Print Form

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	9.5
Permit #	17-706
Old Map #	
G-Pin	

LOCATION

Street Address 4421 Tabscott Road, Columbia, VA 23038	District
--	----------

PROPERTY OWNERSHIP

Name Stanley Richmond	Phone 757.858.9149
Mailing Address 4421 Tabscott Road, Columbia, VA 23038	

APPLICANT

Name Tanya S. Hale	Phone (804) 518-3060
E-Mail Address tanya@haleygenerators.com	

CONTRACTOR

Name Hale's Electrical Service, Inc.	Phone (804) 518-3060	
Mailing Address 23194 Airport St. N. Dinwiddie, VA 23803	License Type ELEC	Class A
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705 117246A	Expiration 02/29/18

DESCRIPTION OF WORK

Installation of 22kw Standby generator w/ 200A ATS			
SEE LOAD CALCULATION PG ATTACHED!			
# of Baths	Service Size 200A	Power Company DOMINION PWR - NO OUTAGE REQUIRED	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: Tanya S. Hale
 Approval: FISHER Date: 9.1.17

Value of work: 4000.00
 Permit fee: 39.78
 Issue date: 9.5.17



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 9.14.17

Permit # 16-868

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 <u>2771 Broadland Way</u>	District
---	----------

PROPERTY OWNERSHIP

Name <u>Jericho & Christine Cherry</u>	Phone <u>804.556.0619</u>
Mailing Address <u>PO Box 5 Gum Spring, Va 23065</u>	

APPLICANT

Name <u>MW BUTLER ELECTRICAL, LLC.</u>	Phone <u>804-746-2240</u>
E-Mail Address <u>APRIL@MWBUTLERELECTRICAL.COM</u>	

CONTRACTOR

Name <u>MW BUTLER ELECTRICAL, LLC.</u>	Phone <u>804-746-2240</u>
Mailing Address <u>8420 MEADOWBRIDGE RD ~ SUITE G MECHANICSVILLE, VA 23116</u>	E-mail address: <u>april@MWBUTLERELECTRICAL.COM</u>
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <u>2705110673 A</u>
Expiration <u>01/31/2018</u>	License Type: <u>ELECTRIC</u> Class: <u>A</u>

DESCRIPTION OF WORK

<u>Wire 22kW generator w/ 200A ATS</u>			
# of Baths	Service Size <u>200 A</u>	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 [Signature]

Value of Work: \$3000.00

Approval [Signature] Date 9.14.17

Permit fee: 35.19

Issue date: 9.14.17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type: Electrical

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	9.18.17
Permit #	17-740
Old Map #	
G-Pin	

LOCATION

Street Address 1008 Fairstead Rd	District
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PROPERTY OWNERSHIP

Name Vicente Frank Ralph Trustee vicente, Constance Ann Trustee	Phone 814-880-5056
Mailing Address 9423 SE 124th Loop Summerfield, FL 34491	

APPLICANT

Name Marcie Haynie	Phone 804-276-5580
E-Mail Address jmelectrical@comcast.net	

CONTRACTOR

Name Haynie Electrical services Inc. Electrical dba J&B	Phone 804-276-5580
Mailing Address 400 Turner Rd N. Chesterfield, VA 23225 semi	License Type Elec.
Class A	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705099807
Expiration 10/31/2017	

DESCRIPTION OF WORK

install (1) 22KW Automatic standby generator w/ 200 AMP ATS switch			
# of Baths	Service Size	Power Company	Inquiry #

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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] Value of work: \$ 8,000
 Permit fee: \$ 58.14
 Approval Fisher Date 9.18.17 Issue date: 9.18.17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	9.13.17
Permit #	17-741
Old Map #	
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	731 Rockford Rd	District	
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PROPERTY OWNERSHIP

Name	Jeanne Franko	Phone	804.512.4054
Mailing Address	731 Rockford Rd; Manakin-Sabot VA 23130		

APPLICANT

Name	Teddi Bartlet	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 2701 026667	Expiration 8.31.18
		ELE	A

DESCRIPTION OF WORK

Provide and install 22kW generator with 200amp 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

Top Bartlet

Value of work: \$7,700.00

Permit fee: \$56.76

Approval

Fisher

Date

9.18.17

Issue date:

9.18.17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	9/14/17
Permit #	17-742
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 5054 Shannon Hills Rd, Kents Store, VA 23084

PROPERTY OWNERSHIP

Name	Michael Baudinet	Phone	203-232-8789
Mailing Address	5054 Shannon Hills Rd, Kents Store, VA 23084	Email	mabasd@gmail.com

APPLICANT

Name	Dave Dawson	Phone	434 960 4348
Address	4504 Turkey Sag Rd, Keswick, VA 22947	Email	dave@shova.net

CONTRACTOR

Name	Willie L. Christmas	Phone	540 894 5433						
Mailing Address	357 Rollins Lane, Louisa, VA 23093	Email	christmaslcs@aol.com						
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705004612	Expiration	9/30/2019	License Type	ELE	Class	B

DESCRIPTION OF WORK

Install 22 KW Generator with 200Amp Transfer Switch

# of Bathrooms	Service Size	Power Company	Inquiry #
	400	REC	
Value of Work (required)	7882		

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

Signature of Applicant: [Signature] Date: 9/14/17

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>9.18.17</u>
Permit Fee: <u>57.60</u>		Issued date: <u>9.18.17</u>

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD 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: 9.25.17

Permit #: 17-760

GPIN:

Tax Map:

LOCATION

Street Address: 850 Elmslie Lane, Manakin Sabot, VA 23103

PROPERTY OWNERSHIP

Name: Marjorie Morrisette Phone: 804-708-0604

Mailing Address: 850 Elmslie Lane, Manakin Sabot, VA 23103 Email: mdmorrisette@aol.com

APPLICANT

Name: Marjorie Morrisette Phone: 804-708-0604

Address: 850 Elmslie Lane, Manakin Sabot, VA 23103 Email: mdmorrisette@aol.com

CONTRACTOR

Name: Marway Electric - Wayne Thompson Phone: (540) 937-5607
(540) 219-5963 (cell)

Mailing Address: 14499 Storybook Lane, Amissville, VA 20106 Email: electrictherapy06@gmail.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705054300</u>	<u>2-28-2018</u>	<u>ELE</u>	<u>B</u>

DESCRIPTION OF WORK

Install 20,000 kw Generac generator - gas line was installed by builder during construction

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required): \$400

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: Marjorie Morrisette Date: 9/25/17

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>9.25.17</u>
Permit Fee: <u>30.00</u>		Issued date: <u>9.25.17</u>

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD 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: **9-26-17**

Permit #: **17-448**

GPIN

Tax Map

LOCATION

Street Address: **215 E Brook Run Drive**

PROPERTY OWNERSHIP

Name: **Brook Run LLC** Phone: **(804) 784-7245 (office)**
(804) 640-1294 (cell)

Mailing Address: **999 Waterside Drive Ste 1925** Email:

Norfolk, VA 23510

APPLICANT

Name: ~~Eric P. Baker~~ **Troy M. Keel** Phone: **(804) 955-9544**

Address: **2228 Cedarcrest Rd N. Chesterfield VA 23235** Email:

CONTRACTOR

Name: **Econ Electrical LLC** Phone: **(804) 955-9544**

Mailing Address: **2228 Cedarcrest Rd N. Chesterfield, VA 23235** Email:

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705128210	3/31/2018	EIE	B

DESCRIPTION OF WORK

Wire New Single family Home with 200Amp service and 50Amp Portable Generator

# of Bathrooms	Service Size	Power Company	Inquiry #
3	200Amp	 Dominion Power	10156221

Value of Work (required): **\$8,000.00**

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: **9/26/2017**

Approval: FISHER	Office Use Only	Approval date: 9-26-17
Permit Fee: 58.14		Issued date: 9-26-17

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

(owner's affidavit on back)

10/09



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	08/8/17
Permit #	17-748
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	1906 CAMBERLEY CT	District	
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PROPERTY OWNERSHIP

Name	TOM WALKER	Phone	856-630-5581
Mailing Address	1906 CAMBERLEY COURT		

APPLICANT

Name	WOODFIN HEATING	Phone	8047644533
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, ADD 2ND 200 AMP TRANSFER SWITCH, ONE EXISTING 200 AMP TRANSFER SWITCH WILL COMPLETE FULL HOUSE TRANSFER.			
# of Baths	Service Size	Power Company	Inquiry #
	400	DOM	

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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:	16732 65.03
Date	9.27.17	Issue date:	9.27.17