

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 558-5815 Fax (804) 558-5851 TDD 711 Va Relay

Application Date: 10-12-17
 Application Accepted: 10-20-17-00830
 GPIN: 6786-20-3674/55-A-0 110
 Issued: 10-19-17

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

OWNER INFORMATION	* Site Address 1220 The Forest		District	
	Owner RICHARD AND DIANE BURGESS		Phone #	
	Address 1220 THE FOREST, CAZIER, VA 23039			
	Proposed Use RESIDENTIAL	Current Use RESIDENTIAL	Existing Buildings on Property HOUSE	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	
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: LEIGH GORDON Phone: 804-972-3877

Email: GORDONBUILDERSCONSTRUCTION@YAHOO.COM

CONTRACTOR INFORMATION	Contractor GORDON BUILDERS CONSTRUCTION LLC		Phone 804-556-9180	
	Address 2945 RIVER RD. WEST, GOOCHLAND, VA 23063			
	Contractor License Number 2705144137	Type CLASS A	Expiration 12-31-17	

Description of Work	Scope of Work: CHECK HUMBOLDT TO REC. ROOMS COMPLETE ROOM IN BASEMENT, DEMO & INSTALL NEW TILE IN MASTER BATHROOM, ADD WALL IN DEN, PAINT SCREEN PORCH			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 480	Finished Sq. Ft. 480	Unfinished Sq. Ft.

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

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

Application Fee	\$ 124.50
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ 2.49
Total	\$ 126.99

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.

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: 11.28.2016

Application Accepted: BP-2016-00927

Old Map Number: 32-18-11

GPIN: 6788-04-9656

Issued: 1-18-17

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

OWNER INFORMATION	Site Address 2428 Bridgewater Dr. Maidens, VA 23102		District	
	Owner Nicholas (Nick) Alberti		Phone # 804-513-5756	
	Address 12148 Loblolly Ln. Rockville, VA 23146			
	Proposed Use One family dwelling	Current Use	Existing Buildings on Property None	
	Proposed Occupant Load (Commercial)	Acreage 3.342	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Bridgewater	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$16,173.00	Date Paid: DUE
	New Street Address		Zoning District RR	
	Front Setback 55' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
	Side Setback 15' / 35'	Side Setback 15' / 35'	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: [Signature] Date 11/28/16

Applicant/Contact: Nick Alberti Phone: 804-513-5756

Email: n.alberti@yahoo.com

CONTRACTOR INFORMATION	Contractor Mark Dailey of Dailey Roofing - OWNER		Phone 804-514-5559
	Address 12148 Loblolly Ln. Rockville, VA 23146		
	Contractor License Number 2705137623	Type Class A	Expiration 11/30/2018

Description of Work	Scope of Work: revised 10/19/17 add 140 sq ft to deck, finish basement into playroom/den, bathroom, bar, workout room & finished storage area				
	SFD attached garage & unfinished basement				
	SEWER Public/Private	WATER Public/Private	4.5	# of Bathrooms Bathroom unfinished	
	# of Floors 3	Total Sq. Ft. 3282	Finished Sq. Ft. 4917	Unfinished Sq. Ft. 2123	# of Bedrooms 4

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

VALUE OF WORK	7040	Total: \$2189.29
Building	250,000 432,735.00	
Excludes All Trades Permits \$508,172.50		

Application Fee	\$1958.50
Zoning Fee	\$50.00
Septic/Well Fee	\$40.00
State Levy Fee	\$39.99
RLD	\$100.00

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

Signature of Applicant: N. Alberti

revision OWES:
\$346.26

finish 256 sq ft storage room on 2nd floor over garage into craft room



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Issued

Planning and Zoning Office
P.O. Box 103

10-18-17

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: <u>10/18/17</u>	Application No.: <u>AP-2017-00837</u>	Fee: \$25.00
Zoning Approval: Yes <u>David [Signature]</u>	No: _____	Date: <u>10/18/17</u>

Zoning Application Type: *Please appropriate check box*

Residential Accessory Structure – 256 sq. feet or less – structures over 256 sq. feet require a building permit

Farm Use Structure – Attached Farm Use Affidavit shall be completed and signed by property owner

Application Requirements

- Applicant shall submit two (2) sets of sealed surveyed site plans showing proposed location of building on property with setbacks clearly marked
- Applicant is responsible for locating the property lines and clearly marking them for inspection purposes and to assure setbacks are not violated

Applicant/Owner Information

Name of Property Owner: SAMUEL C. WHITE Telephone: 804 556-7999
 Address: 2710 TURNER ROAD Cell phone: 804 475-1493
GOOCHLAND VA. 23063 FAX: _____
 E-mail: SAMWHITEGOOCH@AOL.COM

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

Property Information

Street Address: SAME Zoning: A2
 GPIN Number: 107109-44-5089 Acreage: 9
 Existing Use: _____

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 480 2. Value of Building: 4,500.00
3. Written Description of Proposed Physical Improvements:
metal building to keep tractor in.



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: **8-28-17**
 Permit Number: **BP-2017-00682**
 GPIN/Tax Map: **5892-54-4414/9-13-0-5-0**
 Issued: **8-31-17**

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 3925 FOURCEE FARMS LANE	
	Owner DAVID BOHNHOFF	Phone # 434-591-0429
	Address 3925 FOURCEE FARMS LANE	Email bohnhoffwoodworking@gmail.com

APPLICANT INFORMATION	Applicant/Contact DAVID BOHNHOFF	
	Address 3925 FOURCEE FARMS LANE	Phone # 434-591-0429 Email bohnhoffwoodworking@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Fourcee Farms	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 55' from ROW (Fourcee Farm Rd)	Center Line Setback _____	Rear Setback 5'	CUP/Variance/COA _____
	Side Setback 35' from ROW (Community House Rd)	Side Setback 5'	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			

Planning & Zoning Officer: **David Lloyd** Date: **8/29/17** **A-1**

CONTRACTOR INFORMATION	Contractor DAVID BOHNHOFF (PROPERTY OWNER)		Phone 434-591-0429
	Address 3925 FOURCEE FARMS LANE		
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: BUILD A WOOD SHED ADJOINING GARAGE FOR LUMBER STORAGE Building REVISED 10-16-17 Add 180 sq ft to storage bldg			
	Proposed Use STORAGE	Current Use WOOD STUDIO	Existing Buildings on Property 2	# of Floors 2
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0
	Finished Sq. Ft. 1200	Unfinished Sq. Ft. 1200 1380	Total Sq. Ft. 1200 1380	

Building Only - Excludes All Trades Permits

Value of Work 40,000	Application Fee \$ 192-
	State Levy Fee \$ 3.84
	Septic/Well Fee \$
	Zoning Fee \$ 25-
	RLD \$
	SWP \$
Signature of Applicant: David Bohnhoff Date: 8/28/17	Total \$ 220.84

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

Issued 10-17-17



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: <u>10-16-17</u>	Application No.: <u>AP-2017-00831</u>	Fee: \$25.00
Zoning Approval: Yes <u>David Lloyd</u>	No:	Date: <u>10/17/17</u>

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: Meadow wood Acres LLC Telephone: 804-556-3734
 Address: 6530 Timber Rd Cell phone: 804-241-9883
Columbia, Va 23153 FAX: _____
 E-mail: jagger6@comcast.net

Name of Applicant: Jeff Walter Telephone: 804-556-3734
 Address: 2746 Checketts Dr Cell phone: 804-241-9883
Sandy Hook, Va 23153 FAX: _____
 E-mail: jagger6@comcast.net

Property Information

Street Address: 6530 Timber Rd Zoning: A1
 GPIN Number: 5880-56-7634 Acreage: 28
 Existing Use: Farm and Timber

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 2688
2. Value of Building: 13,500
3. Written Description of Proposed Physical Improvements:
Accessory Structure
pole barn with three openings 48 x 56
hold equipment + supplies



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: **10-10-17**

Permit Number: **BP-2017-00823**

GPIN/Tax Map: **714-91-3783/63-3-A-3-0**

Issued: **10.16.17**

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 105 Willow Oaks Rd.	
	Owner ROBERT CHENAULT	Phone # 804-305-6866
	Address 6010A N. CRESTWOOD AVE.	Email BOB@DCGIONLINE.COM
APPLICANT INFORMATION	Applicant/Contact BOB CHENAULT	
	Address RICHMOND VA 23230	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision River Oaks	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 40' from ROW	Center Line Setback 65'	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 Floyd Date: 10/13/17 R1			

CONTRACTOR INFORMATION	Contractor ROBERT W. CHENAULT		Phone 804-305-6866
	Address 6010A N. CRESTWOOD AVE. RICHMOND, VA 23230		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: DE-TACKED REAR PLATFORM, PATIO & WALKWAYS RE-MODEL BATHROOMS / CREATWORKOUT ROOM / UPGRADE KITCHEN			
	Proposed Use RESIDENTIAL	Current Use RESIDENTIAL	Existing Buildings on Property 1	# of Floors 2
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 3	# of Bedrooms 3
	Finished Sq. Ft. 2800	Unfinished Sq. Ft. 800	Total Sq. Ft. 3600	

Building Only - Excludes All Trades Permits

Value of Work 25,000⁰⁰	Application Fee \$124.50
	State Levy Fee \$2.49
	Septic/Well Fee \$
	Zoning Fee \$
	RLD \$
	SWP \$
Signature of Applicant: [Signature] Date: 10-10-17	Total \$126.99

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.



BUILDING PERMIT APPLICATION

Application Date: 10/11/2017

Permit Number: BP-2017-00826

GPIN/Tax Map: 6802-55-6011 / 10-1-0-7-0

Issued: 10-13-17

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 4360 Payne Road	
	Owner Richard Drumheller & Kim Pryor	Phone # 804-337-1323
	Address 4360 Payne Road	Email scott.drumheller@irco.com
APPLICANT INFORMATION	Applicant/Contact Brian Rettman	
	Address 4360 Payne Road	Phone # 804-349-8832
	Email bjrettman@gmail.com	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 75' From ROW	Center Line Setback —	Rear Setback 35'	CUP/Variance/COA —
	Side Setback 20'	Side Setback 20'	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>10/12/17</u> A1			

CONTRACTOR INFORMATION	Contractor Virginia Estate Custom Building LLC		Phone 804-349-8832
	Address 4360 Payne Road, Columbia VA 23038		
	Contractor License Number 2705161452	Type Class A - RBC	Expiration 10-31-2018

DESCRIPTION OF WORK	Scope of Work: Construct 16' x 24' wood deck at rear of the existing house. <u>Revised</u> <u>10-13-17 add 158 sq ft to deck</u>			
	Proposed Use residential	Current Use residential	Existing Buildings on Property 4	# 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 4	# of Bedrooms 6
	Finished Sq. Ft. 1400	Unfinished Sq. Ft. 384 + (158) = 542	Total Sq. Ft. 384 + (158) = 542	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30-</u> State Levy Fee \$ <u>.60</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25-</u> RLD \$ _____ SWP \$ _____ Total \$ <u>55.60</u>
Value of Work	<u>2,500</u> <u>3,840.00</u> <u>5,400.00</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>10/11/17</u>	



BUILDING PERMIT APPLICATION

Application Date: 10/11/2017

Permit Number: BP-2017-008216

GPIN/Tax Map: 6802-55-6011 / 10-1-0-7-0

Issued: 10-13-17

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 4360 Payne Road	
	Owner Richard Drumheller & Kim Pryor	Phone # 804-337-1323
	Address 4360 Payne Road	Email scott.drumheller@irco.com
APPLICANT INFORMATION	Applicant/Contact Brian Rettman	
	Address 4360 Payne Road	Phone # 804-349-8832
	Email bjrettman@gmail.com	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 75' From ROW	Center Line Setback —	Rear Setback 35'	CUP/Variance/COA —
	Side Setback 20'	Side Setback 20'	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Ford</u> Date: <u>10/12/17</u> AI			

CONTRACTOR INFORMATION	Contractor Virginia Estate Custom Building LLC		Phone 804-349-8832
	Address 4360 Payne Road, Columbia VA 23038		
	Contractor License Number 2705161452	Type Class A - RBC	Expiration 10-31-2018

DESCRIPTION OF WORK	Scope of Work: Construct 16' x 24' wood deck at rear of the existing house.			
	Proposed Use residential	Current Use residential	Existing Buildings on Property 4	# of Floors 3
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 4	# of Bedrooms 6
	Finished Sq. Ft. N/A	Unfinished Sq. Ft. 384 - (158) = 542	Total Sq. Ft. 384 - (158) = 542	

Building Only - Excludes All Trades Permits		Application Fee	\$ 30-
Value of Work	2,500 3,840.00 5,420.00	State Levy Fee	\$.60
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
Signature of Applicant	<u>B. Rettman</u>	Zoning Fee	\$ 25-
Date	10/11/17	RLD	\$
		SWP	\$
		Total	\$ 55.60

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 886-6816 Fax (804) 886-6661 TDD 711 Va Relay

Application Date: 10/11/17
~~10/6/2017~~

Application Accepted: DP-2017-00825

Old Map Number: 5-0-13-0-9

GPIN: 6813-53-9906

Issued 10-13-17

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.

OWNER INFORMATION	Site Address 4544 Peters Creek Rd		District	
	Owner Joseph Turner		Phone # 804-591-0867	
	Address 4544 Peters Creek Rd Columbia, VA 23038			
	Proposed Use Res. Dwelling	Current Use Res. Dwelling	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 Shannon Hill Farms	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District A1	
	Front Setback 55' from ROW	Center Line Setback	Rear Setback 5'	C.U. Permit
	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 <u>David Floyd</u> Date <u>10/12/17</u>				
Applicant/Contact: Jon Kirchner			Phone (540) 949-6553	
Email: permitting@sigorasolar.com				
CONTRACTOR INFORMATION	Contractor Sigora Solar		Phone (540) 949-6553	
	Address 292 Race Ave, Bldg#3; Waynesboro, VA 22980			
	Contractor License Number 2705141338	Type AES ELE	Expiration 07-31-2018	
Description of Work	Scope of Work: Ground mounted solar photovoltaic system installation			
	System Size: 12.24 kWp DC			
	SEWER Public/Private # of Floors	WATER Public/Private Total Sq. Ft.	Finished Sq. Ft.	# of Bathrooms 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	\$7,785.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <u>47.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ <u> </u>
State Levy Fee	\$ <u>.94</u>
BLD	\$ <u>72.97</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 Jon Kirchner



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: 10-10-17
 Permit Number: BP-2017-00822
 GPIN/Tax Map: 7717-05-6242 / 46-3A-0-1-0
 Issued: 10-13-17

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

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

OWNER INFORMATION	Site Address <u>458 MASSIES LN, MANAKIN SABOT, VA 23103</u>	
	Owner <u>RUDY & CATHY DESANTI</u>	Phone # <u>631-872-6375</u>
	Address <u>458 MASSIES LN, MANAKIN SABOT, VA 23103</u>	

APPLICANT INFORMATION	Applicant/Contact <u>LEGACY HOMES LLC / TRAVIS JOHNSON</u>		Phone # <u>804-564-9097</u>
	Address <u>207 ECHO MEADOWS RD. ROCKVILLE, VA 23146</u>		Email <u>LEGACYHOMES09@AOL.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Massie Bend</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>40' from ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone <u>X</u>	—
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/11/17</u> <u>R1</u>			

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 <u>2705052698</u>	Type <u>CLASS A HIC/CBC/RBC</u>	Expiration <u>10-31-2017</u>

DESCRIPTION OF WORK	Scope of Work: <u>NEW 13'4" X 13' ADDITION FOR CLOSET</u>			
	Proposed Use <u>CLOSET</u>	Current Use <u>RESIDENCE</u>	Existing Buildings on Property <u>2 STORY BRICK & FRAME DWELLING</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. <u>174 169</u>	Unfinished Sq. Ft. —	Total Sq. Ft. <u>174 169</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>79.50</u>
Value of Work	<u>\$15,000.00</u>	State Levy Fee	\$ <u>1.39</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>10-10-17</u>		Septic/Well Fee	\$ —
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ —
		SWP	\$ —
		Total	\$ <u>81.09 106.89</u>



BUILDING PERMIT APPLICATION

Application Date: 10.4.17
 Permit Number: BP-2017-00805
 GPIN/Tax Map: 7733-07-6925/6A-27-A-1-0
 Issued: 10-13-17
 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 100 Boxelder	
	Owner Rita & Joe Nuara	Phone # 804-347-0227
	Address 100 Boxelder, Richmond, VA 23238	Email docjoe00@aol.com

APPLICANT INFORMATION	Applicant/Contact Catherine Gallagher		Phone # 804-333-9192
	Address 196 Selftown Road, Warsaw, VA 22572		Email catherine@riverpoolsandspas.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Oak</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>30' from pavement</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Rear setback to be survey located.</u>			

Planning & Zoning Officer David Ford Date 10/5/17 RPUD

CONTRACTOR INFORMATION	Contractor River Pools & Spas		Phone 804-333-9192
	Address 196 Selftown Road, Warsaw, VA 22572		
	Contractor License Number 2705099652	Type A	Expiration 10-31-17

DESCRIPTION OF WORK	Scope of Work: install inground 12'x24' fiberglass pool w/ Auto Cover			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. 288	Total Sq. Ft. 288	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>147-</u>	
Value of Work	<u>35000 30,000</u>	State Levy Fee	\$ <u>2.94</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>174.94</u>

Signature of Applicant Catherine Gallagher 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: 9/6/17

Permit Number: BP-2017-00726

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

Issued: 10-12-17

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 15060 Capital One Drive, WC2 Richmond, VA 23238	
	Owner Capital One Bank	Phone # 855-375-0822
	Address 14601 Sweitzer Lane Laurel, MD 20707	Email:

APPLICANT INFORMATION	Applicant/Contact Alan Harris		Phone # 540-449-9010
	Address 1001 Boulders Parkway, Suite 101 Richmond, VA 23225		Email saharris@gilbaneco.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" 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: Interior renovation of all 4 floors of Capital One West Creek 2; replace 4 roof top units, renovate all existing bathrooms.			
	Proposed Use Business, B (no change)	Current Use Business, B	Existing Buildings on Property Interior Demolition of Existing Building	# of Floors 4
	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	<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 \$ 60,404.57
Value of Work \$8,053,942		State Levy Fee \$ 1208.09
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
Signature of Applicant	Date 9/6/17	Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ 61,612.66



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: 6739-90-6972 / 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 Beryl Wood Run</u>		Phone #
	Owner <u>Chris Carl</u>		
	Address <u>Goochland, VA 23063</u>		Email

APPLICANT INFORMATION	Applicant/Contact <u>Jeff Stankle / 3108 Rock Cress 23153</u>		Phone # <u>804 334-4092</u>
	Address <u>JEFF STANKLE@GMAIL.COM</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 R/W</u>	Center Line Setback	Rear Setback <u>35' from PL</u>	CUP/Variance/COA <u>—</u>
	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: <u>A-1</u>	Planning & Zoning Officer <u>David Boyd</u> Date <u>7/25/17</u>		

CONTRACTOR INFORMATION	Contractor <u>Woodright Construction</u>		Phone <u>804-556-6767</u>
	Address <u>3108 Rock Cress Lane Sandy 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>revised 10.12.17 with 3 bay attached garage below</u>			
	Proposed 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. <u>228</u>	Unfinished Sq. Ft. <u>988 11600</u>	Total Sq. Ft. <u>988 1828</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>259.50</u>
Value of Work	\$55,000 <u>\$66,820.00</u>	State Levy Fee \$ <u>5.19</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>7-24-17</u>		Septic/Well Fee \$ <u>—</u>
		Zoning Fee \$ <u>25-</u>
		RLD \$ <u>—</u>
		SWP \$ <u>—</u>
		Total \$ <u>289.69</u>

Revision fee: \$54.25



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-2017-00611

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

Issued: 10-11-17

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>2738 FAIRGROUNDS RD</u>	
	Owner <u>COURT HOUSE VENTURES, LLC</u>	Phone # <u>252-492-8990</u>
	Address <u>P.O. BOX 32267, RALEIGH, NC 27622</u>	Email <u>John@chasedevelopment.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>EAGLES VIEW REALTY GROUP, LLC</u>	Phone # <u>585-370-2042</u>
	Address <u>608 CROSS RIDGE LA, MINNAPIN SABOT, VA 23013</u>	Email <u>luisandjuliana@aol.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Court House Commons</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' from lot line</u>	Center Line Setback —	Rear Setback <u>30' from lot line</u>	CUP/Variance/COA <u>CU-2017-1</u>
	Side Setback <u>10' from lot line</u>	Side Setback <u>30' from lot line</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date <u>8/7/17</u>			

CONTRACTOR INFORMATION	Contractor <u>THS Construction</u>	Phone <u>804-335-6336</u>
	Address <u>P.O. Box 218 Oilville, VA 23129</u>	
	Contractor License Number <u>2705-110435</u>	Type <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>TENANT FIT-UP FOR NEW DUNKIN' DONUTS; NEW DINING AREA, KITCHEN, RESTROOMS & OFFICE, AND DRIVE THRU WINDOW</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>2</u>	# of Floors <u>1</u>
	Finished Sq. Ft. <u>2001 s.f.</u>	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 180,000.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant [Signature] Date 8/4/17
[Signature] 10/12/17

Application Fee	\$ <u>1350.00</u>
State Levy Fee	\$ <u>27.00</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>100.00</u>
RLD	\$
SWP	\$
Total	\$ <u>1,477.00</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: 10-2-17
 Permit Number: BP-2017-00786
 GPIN/Tax Map: 60607-32-8866/42-23-0-16-0
 Issued: 10-12-17

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>2516 Courthouse Creek Rd, Maidens, VA 23102</u>	
	Owner <u>Robert E. & Ona Grace Croonenberghs</u>	Phone # <u>804-205-7165</u>
APPLICANT INFORMATION	Address <u>SAME</u>	Email <u>Bob.CROONENBERGHs@gmail.com</u>
	Applicant/Contact <u>SAME</u>	Phone # <u>SAME</u>
	Address <u>SAME</u>	Email <u>SAME</u>

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

CONTRACTOR INFORMATION	Contractor <u>Robert E. Croonenberghs</u>		Phone <u>SAME</u>
	Address <u>SAME</u>		
	Contractor License Number <u>N/A</u>	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Remove plastic liners; break up concrete in bottom and lower sides of walls; pull concrete into pool; fill with dirt, cover with topsoil</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30-</u>
Value of Work	\$ <u>3,100</u>	State Levy Fee	\$ <u>.60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>30.60</u>
Signature of Applicant <u>Robert E. Croonenberghs</u>		Date	<u>9/19/2017</u>

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 10-10-17

Application Date: 10.2.2017
 Permit Number: BP-2017-00806
 Old Map Number: NON-ASSUMED 50-9-0-2-0
 GPIN: 6716-85-6196

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 1140 Castle View Drive		District Goochland	
	Owner David & Pam Heird		Phone # 804.402.8213	
	Address 1140 Castle View Drive, Goochland, VA 23063			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Lot Size	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
	Side Setback	Side Setback	Census Track	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Daniel Gordon Phone 804.437.4231
 Email: gordonbrothersconstruction@yahoo.com

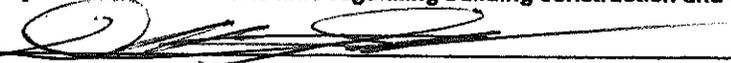
CONTRACTOR INFORMATION	Contractor Gordon Brothers Construction, LLC		Phone 804.556.8180	
	Address 2945 River Road West, Goochland, VA 23063			
	Contractor License Number 27-05144137		Type Class-A	Expiration 12.31.2017

Description of Work	Scope of Work: Finish basement living area room & bathroom, gym & finished storage				
	SEWER Public/Private	WATER Public/Private	Unfinished ^{un}		
	# of Floors n/a	Total Sq. Ft. 810	Finished Sq. Ft. 550	Unfinished Sq. Ft. 260	# of Bedrooms 1
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	\$20,000.00
Excludes All Trades Permits	

Application Fee	\$ 102.-
Septic/Well Fee	\$
State Levy Fee	\$ 2.04
Zoning Fee	\$
Total	\$ 104.04

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

Signature of Applicant 



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: 10/3/17

Permit Number: BP-2017-00800

GPIN/Tax Map: 6-111-39-7010 / 43-18-0-3-A

Issued: 10-5-17

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.

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>2160 Fairgrounds Rd Maidens VA 23102</u>	
	Owner	<u>Renovatio III LLC</u>	Phone # <u>804-216-7222</u>
APPLICANT INFORMATION	Address	<u>Po Box 71595 Richmond, VA 23255</u>	Email <u>jlnettco@aol.com</u>
	Applicant/Contact	<u>Wonderview Homes David Street</u>	Phone # <u>804-216-7222</u>
APPLICANT INFORMATION	Address	<u>Po Box 71595 Rich VA 23255</u>	Email <u>jlnettco@aol.com</u>

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

CONTRACTOR INFORMATION	Contractor	<u>Wonderview Homes</u>	Phone	<u>804 216 7222</u>
	Address	<u>Po Box 71595 Richmond VA 23255</u>		
	Contractor License Number	<u>27051350EEA</u>	Type	<u>RBC A</u>
			Expiration	<u>6/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>finish existing garage into playroom</u> <u>split room over garage into 2 smaller bedrooms</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<u>SFD</u>	<u>SFD</u>	<u>1</u>	<u>2</u>
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	<u>4</u>	<u>4</u>		
Adding Finished Sq. Ft. <u>110 sq ft = 2253 Total 484</u>		Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>2253 484</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>57.00</u>
Value of Work	<u>\$10,000</u>	State Levy Fee	\$ <u>1.14</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>58.14</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>10/3/17</u>



BUILDING PERMIT APPLICATION

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

Application Date: 10-3-17

Permit Number: BP-2017-00797

GPIN/Tax Map: 7716-76-9357/47-38-0-6

Issued: 10-5-17

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 1331 Hounslow Drive Manakin Sabot VA 23103	
	Owner Kenneth and Patricia Howle	Phone # 804-243-0298
	Address 1331 Hounslow Drive Manakin Sabot VA 23103	Email kdh50@yahoo.com
APPLICANT INFORMATION	Applicant/Contact Malcolm Staton	
	Address 7010 Horsepen Rd Richmond VA 23226	Phone # 804-767-9450 Email staton2261@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parke at Saddle Creek</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid	
	Front Setback <u>30' from pavement</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: <u>Remaining within existing footprint.</u>				
	Planning & Zoning Officer <u>David Reid</u> Date <u>10/4/17</u> RPUD				

CONTRACTOR INFORMATION	Contractor Malcolm Staton Contracting		Phone 8047679450
	Address 13480 Independence Rd Ashland VA 23005		
	Contractor License Number 2705041367	Type Class A	Expiration 2/28/2018

DESCRIPTION OF WORK	Scope of Work: 15 x 18 screened porch over existing 15 x 27 deck			
	Proposed Use Screened Porch	Current Use Exterior Deck	Existing Buildings on Property	# of Floors
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft. <u>270</u>	Unfinished Sq. Ft. 270	Total Sq. Ft. 270	

Building Only - Excludes All Trades Permits

Value of Work	12500
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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 Malcolm Staton Date 10/3/2017

Application Fee	\$ <u>68.24</u>
State Levy Fee	\$ <u>1.37</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25-</u>
RLD	\$
SWP	\$
Total	\$ <u>94.61</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: 10-4-17
 Permit Number: BP-2017-00798
 GPIN/Tax Map: 6099-41-9628/45-1-0-72-C
 Issued: 10-5-17

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 <u>1670 Shallowell Rd.</u>	
	Owner <u>Tyler McNeely</u>	Phone # <u>(434) 806-7257</u>
	Address <u>1670 Shallowell Rd.</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Jud Waff</u>	Phone # <u>804-677-3424</u>
	Address <u>3014 Grove Ave. Richmond, VA 23221</u>	Email <u>judwaff@gmail.com</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 ROW</u>	Center Line Setback <u>100'</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Floyd</u>	Date <u>10/4/17</u>		

CONTRACTOR INFORMATION	Contractor <u>WAFF CONSTRUCTION LLC</u>		Phone <u>804-677-3424</u>
	Address <u>3014 Grove Ave.</u>		
	Contractor License Number <u>2705106495</u>	Type <u>A</u>	Expiration <u>5/31/2018</u>

DESCRIPTION OF WORK	Scope of Work: <u>Remove existing porch and build new front porch</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>1108</u>	Total Sq. Ft. <u>1108</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$23,500</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 Jud Waff Date 10/3/17

Application Fee	\$ <u>117.75</u>
State Levy Fee	\$ <u>2.30</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>25-</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>145.11</u>

Issued 8-24-17
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
LOT 16-3 PARKSIDE VILLAGE

Application Date: 08-16-17
 Permit Number: BP-2017-00656
 Old Map Number: 48-19-0-16-0
 GPIN: 7738-11-3320

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 7284 Ellingham Court		District
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060		
	Proposed Use	Current Use	Existing Buildings on Property
	Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parkside Village Sec. 3</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: <u>\$5987.00</u>	Date Paid: <u>Due</u>	
	New Street Address _____		Zoning District <u>RPUD</u>		
	Front Setback <u>30' from pavement</u>	Center Line Setback _____	Rear Setback <u>50' B/S</u>	C.U. Permit _____	Variance _____
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Census Track _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: <u>*Cash Proffer is due before C.O. 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: 8/21/17

Applicant/Contact: BERTON JAMES	Phone (804)217-6910
Email: <u>bjames@eagleofva.com</u>	

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC		Phone (804)741-4663
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060		
	Contractor License Number 2705096467A	Type CLASS A	Expiration 6-30-2019

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE <u>revised 10-2-17 Add screen porch bump out master bedroom & study, bedroom #4 five feet, add H2O closet in master bath, Add finished play room on 2nd floor</u>				
	SEWER Public/Private	WATER Public/Private	3.5	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	2	3257 4192	2677 3198	580 994	3

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

VALUE OF WORK	<u>\$277,125.00</u>
Building	<u>\$222,525.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>1013.36</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>20.27</u>
Zoning Fee	\$ <u>50-</u>
Total	\$ <u>1083.63</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]

Add full bath to study
↓
on 2nd floor



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: 9/18/17
 Permit Number: BP-2017-00756
 GPIN/Tax Map: 7708-70-3350/46-1-0-79
 Issued: 10-4-17
 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.

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>682 Seay Rd., Manakin Sabot, VA 23103</u>	
	Owner <u>Steve + Jennifer Carlton</u>	Phone # <u>804-306-2170</u>
	Address <u>(same)</u>	Email <u>jennifer.lynn.carlton@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Matt Williamson</u>		Phone # <u>804-592-0774</u>
	Address <u>2114 Tomlynn st., Richmond, VA 23230</u>		Email <u>matt@triarcbuilders.com</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 ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date: <u>9/25/17</u> A2			

CONTRACTOR INFORMATION	Contractor <u>TRI ARC BUILDERS LIC</u>		Phone <u>804-592-0774</u>
	Address <u>11732 Timber Mill Ln., Henrico, VA 23233</u>		
	Contractor License Number <u>2705150785</u>	Type <u>CLASS A, BLD.</u>	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Add a 16x16 screen porch out of the rear door.</u>			
	Proposed Use	Current Use	Existing Buildings on Property <u>2</u>	# of Floors <u>1</u>
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>256</u>	Total Sq. Ft. <u>256</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>93-</u> State Levy Fee \$ <u>1.86</u> Septic/Well Fee \$ <u>---</u> Zoning Fee \$ <u>25-</u> RLD \$ <u>---</u> SWP \$ <u>---</u> Total \$ <u>119.86</u>
Value of Work	<u>\$18,000</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>9/18/17</u>	



BUILDING PERMIT APPLICATION

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

Application Date: September 26, 2017

Permit Number: **BP-2017-00774**

GPIN/Tax Map: **6767-11-0645/42-1-0-110**

Issued: **10-4-17**

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 2900 River Road	
	Owner Ray Parish	Phone # 804-556-4444
	Address 2900 River Road, Goochland VA 23063	
APPLICANT INFORMATION	Applicant/Contact Diane Baar	
	Address 11106 Air Park Road Ashland, VA	
		Phone # 804-746-2628
		Email dbaar@hermitageroofing.com

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

CONTRACTOR INFORMATION	Contractor Hermitage Roofing, Co., Inc.		Phone 804-746-2628
	Address 11106 Air Park Road, Ashland VA 23005		
	Contractor License Number 270134899	Type Class A	Expiration 8/31/2019

DESCRIPTION OF WORK	Scope of Work: Remove existing flat roof and installing new Duro-Last flat Roof.		
	Proposed Use Car Dealership	Current Use Car Dealership	Existing Buildings on Property 1
	# of Floors 1	# of Bathrooms	# of Bedrooms
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	
Finished Sq. Ft. 3800	Unfinished Sq. Ft.	Total Sq. Ft. 3800	

Building Only - Excludes All Trades Permits															
Value of Work \$39,985.00	<table border="1"> <tr><td>Application Fee</td><td>\$ 299.89</td></tr> <tr><td>State Levy Fee</td><td>\$ 6.00</td></tr> <tr><td>Septic/Well Fee</td><td>\$</td></tr> <tr><td>Zoning Fee</td><td>\$</td></tr> <tr><td>RLD</td><td>\$</td></tr> <tr><td>SWP</td><td>\$</td></tr> <tr><td>Total</td><td>\$ 305.89</td></tr> </table>	Application Fee	\$ 299.89	State Levy Fee	\$ 6.00	Septic/Well Fee	\$	Zoning Fee	\$	RLD	\$	SWP	\$	Total	\$ 305.89
Application Fee	\$ 299.89														
State Levy Fee	\$ 6.00														
Septic/Well Fee	\$														
Zoning Fee	\$														
RLD	\$														
SWP	\$														
Total	\$ 305.89														
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.															
Signature of Applicant Diane L. Baar	Date 9/27/2017														

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

Issued 10-3-17

Application Date: *9-25* **received** *9-25-17*
 Application Accepted: *OK-2017-00761*
 Old Map Number: *48-1-0-13-K*
 GPIN: *1727-49-7314*

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

OWNER INFORMATION	Site Address <i>2326 Commerce Center Dr. Rockville, VA 23146</i>		District	
	Owner <i>Rockville RV Storage LLC</i>		Phone # <i>804-640-7949</i>	
	Address <i>3357 Manor Grove Circle Glen Allen, VA 23059</i>			
	Proposed Use <i>Vehicle Storage</i>	Current Use <i>Same</i>	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 <i>Rockville Commerce Center</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District <i>Dover M2</i>	
	Front Setback <i>20' from Road</i>	Center Line Setback	Rear Setback <i>10'</i>	C.U. Permit
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	C O A	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 Boyd* Date: *9/25/17*

Applicant/Contact: *Andy Duke* Phone: *804-640-7949*
 Email: *aduke@dukems.net*

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

Description of Work	Scope of Work: <i>Construct 1 carport 12'x41' 492 sqft</i>			
	" <i>2 carports 14'x41' 574 sqft for RV storage</i>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. <i>1066</i>	Finished Sq. Ft.	Unfinished Sq. Ft. <i>1066</i>

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

VALUE OF WORK		Application Fee \$ <i>75.00</i>
Building	<i>9600.00</i>	Zoning Fee \$ <i>50.00</i>
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$ <i>1.44</i>
		-RLD Total: <i>123.44</i>

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

Signature of Applicant: *[Signature]*



BUILDING PERMIT APPLICATION

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

Application Date: 9.29.17

Permit Number: BP-2017-00789

GPIN/Tax Map: 6795-93-1186/56-1-0-87-1

Issued: 10-3-17

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>925 Millers Lane.</u>	
	Owner <u>Tanya Cummings</u>	Phone # <u>784 1514</u>
APPLICANT INFORMATION	Address <u>925 Millers Lane, Manakin-Sabot 23103</u>	Email <u>TanyaCummings@windyprings.com</u>
	Applicant/Contact <u>Preston Montague LLC</u>	Phone # <u>804 690 1993</u>
	Address <u>499 Bascabel Ferry Rd., Manakin-Sabot 23103</u>	Email <u>Preston.MONTAGUE.LLC@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Sabot Hill</u>	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>15'/35'</u>	Side Setback <u>15'/35'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>* Remaining with existing footprint</u>		
	Planning & Zoning Officer <u>Daniel Floyd</u>	Date <u>10/2/17</u>		<u>RR</u>

CONTRACTOR INFORMATION	Contractor <u>Preston Montague LLC</u>	Phone <u>804 690 1993</u>
	Address <u>499 Bascabel Ferry Rd.</u>	
	Contractor License Number	Type
		Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Convert existing screen porch into finished space. -> office</u>		
	Proposed Use <u>Office (Home)</u>	Current Use <u>Porch</u>	Existing Buildings on Property <u>Main House / Pool House</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 1/2</u>
	# of Floors <u>3</u>	# of Bedrooms <u>3</u>	
	Finished Sq. Ft. <u>200</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>200</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>109.50</u>
Value of Work <u>\$35,000 35,000</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.		Septic/Well Fee	\$ _____
Signature of Applicant <u>[Signature]</u>	Date <u>9/28/17</u>	Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>112.89</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: **9.29.17**
 Permit Number: **BP-2017-00787**
 GPIN/Tax Map: **7715-66-8379/58-34-3-9-1**
 Issued: **10-3-17**

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 201 Kinloch Rd. / Manakin Sabot VA 23103	
	Owner DR Sanjeev Sairath + Dr Arti Pandya	Phone # (804) 263-0003
	Address 201 Kinloch Rd.	Email sk.sairath@hotmail.com

APPLICANT INFORMATION	Applicant/Contact Preston Montague LLC.		Phone # 804-690-1993
	Address 499 Boscobel Ferry Rd. Manakin Sabot 23103		Email Preston Montague LLC @ 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 Preston Montague LLC.		Phone 804 690 1993
	Address 499 Boscobel Ferry Rd. / Manakin Sabot 23103		
	Contractor License Number 2705109885	Type CLASS A.	Expiration 9/30/2018.

DESCRIPTION OF WORK	Scope of Work: one unfinished storage closet - 3rd Floor one finished storage closet - 2nd Floor			
	Proposed Use	Current Use	Existing Buildings on Property 1	# of Floors 3
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/> Private	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/> Private	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft. 362	Unfinished Sq. Ft. 201	Total Sq. Ft. 563	

Building Only - Excludes All Trades Permits		Application Fee \$ 20.47
Value of Work 25,000.	\$25,437.50	State Levy Fee \$ 2.53
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></u> Date 9/28/17		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ 129-



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: **9.29.17**
 Permit Number: **BP-2017-00788**
 GPIN/Tax Map: **715-66-8379/58-34-3-9-0**
 Issued: **10-3-17**

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 201 Kinloch Rd. / Manakin Sabot VA 23103	
	Owner DR Sanjeev Sairath + Dr Arti Pandya	Phone # (804) 263-0003
	Address 201 Kinloch Rd.	Email sk.sairath@hotmail.com

APPLICANT INFORMATION	Applicant/Contact Preston Montague LLC.		Phone # 804-690-1993
	Address 499 Boscabel Ferry Rd. Manakin Sabot 23103		Email Preston Montague LLC @ 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 Preston Montague LLC.		Phone 804 690 1993
	Address 499 Boscabel Ferry Rd. / Manakin Sabot 23103		
	Contractor License Number 2705109885	Type CUBS A.	Expiration 9/30/2018.

DESCRIPTION OF WORK	Scope of Work: Finish off unfinished Basement. Media Room Rec Room			
	Proposed Use	Current Use	Existing Buildings on Property 1	# of Floors 2
	<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. 1475	Unfinished Sq. Ft. -	Total Sq. Ft. - 1475	

Building Only - Excludes All Trades Permits		Application Fee \$ 417
Value of Work 90,000		State Levy Fee \$ 8.34
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 9/28/17		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ 425.34



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: September 26, 2017

Permit Number: **BP-2017-00768**

GPIN/Tax Map: **6787-28-7300/44-27-0-1**

Issued: **10-3-17**

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 1204 Hawkwell Dr Maidens, VA 23102	
	Owner Mr & Mrs Todd Walton	Phone #
	Address 1204 Hawkwell Dr Maidens, VA 23102	Email

APPLICANT INFORMATION	Applicant/Contact Matt Helms		Phone # 804-690-9605
	Address PO Box 21 Oilville, VA 23129		Email MATTHELMS@WESTVIEWCOMPANIES.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision SOMERSET	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/GOA
	Side Setback 10'	Side Setback	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: *David Ford* Date: **10/3/17** RP

CONTRACTOR INFORMATION	Contractor WestView Companies, Inc		Phone 804-784-0095
	Address PO Box 21 Oilville, VA 23129		
	Contractor License Number 2705117309	Type A	Expiration 9/30/2017

DESCRIPTION OF WORK	Scope of Work: Construct covered patio with fireplace.			
	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. 0	Unfinished Sq. Ft. 472	Total Sq. Ft. 472	

Building Only - Excludes All Trades Permits

Value of Work	\$60,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: **9/26/2017**

Application Fee	\$282-
State Levy Fee	\$5.104
Septic/Well Fee	\$
Zoning Fee	\$25-
RLD	\$
SWP	\$
Total	\$312.104



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: 9-27-17
 Permit Number: BP-2017-00769
 GPIN/Tax Map: 6719-27-0748/17-1-0-86-t
 Issued: 10-3-17

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>2683 Hadensville-fife Rd.</u>	
	Owner <u>Don Rowe</u>	Phone #
	Address	Email

APPLICANT INFORMATION	Applicant/Contact <u>Danny Queensberry</u>		Phone # <u>804-241-3920</u>
	Address <u>2538 Fairground Rd. Maidens VA 23102</u>		Email <u>djqueensberry@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>---</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/2/17</u> A1			

CONTRACTOR INFORMATION	Contractor <u>Danny Queensberry</u>		Phone
	Address		
	Contractor License Number <u>2705161359</u>	Type <u>Class B-HIC</u>	Expiration <u>2-28-19</u>

DESCRIPTION OF WORK	Scope of Work: <u>Building a deck</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>240</u>	Total Sq. Ft. <u>240</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>\$3,800</u>	Application Fee <u>\$30-</u>
	State Levy Fee <u>\$.60</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$25-</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
	Total <u>\$55.60</u>

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

Signature of Applicant [Signature] Date 9-27-17



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	9-27-17
Permit #	2017-00747
Old Map #	
G-Pin	

LOCATION

Street Address 853 Elmstic Lane	District
------------------------------------	----------

PROPERTY OWNERSHIP

Name Boone Homes Inc	Phone 804-784-6192
Mailing Address 129 Broad Street Rd. Manakin Sabot VA 23103	

APPLICANT

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

CONTRACTOR

Name Commonwealth Wiring Solutions Inc	Phone 804-763-6550
Mailing Address 12733 Oak Lake Ct Ste D Middleburg VA 23112	License Type ELE
Class A	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705128995
Expiration 9-30-19	

DESCRIPTION OF WORK

Wiring of single family dwellings			
Installation of a 22kw generator			
# of Baths	Service Size 400	Power Company Dominion	Inquiry # 10161172

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

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

(Owner)

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

(Notary)

My commission expires _____

Signature of Applicant

[Handwritten Signature]

Approval

[Handwritten Signature]

Date

10-3-17

Value of work:

\$20,526.00

Permit fee:

115.63

Issue date:

10-3-17



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

518151

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	9/28/17
Permit #	17-794
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

LOCATION

Street Address 375 Running Cedar Trail MANAKIN JABOT, VA 23103	District
-------------------------------------------------------------------------	----------

PROPERTY OWNERSHIP

Name John H. Milne	Phone (804) 784-0072
Mailing Address	

APPLICANT

Name	Phone
E-Mail Address	

CONTRACTOR

Name KELLEHER CORP.	Phone 804-649-7501			
Mailing Address 1301 SCHOOL ST. RICHMOND, VA. 23220	E-mail address:			
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701013698	Expiration 11-30-17	License Type: ele, gfc, hva, plb	Class: A

DESCRIPTION OF WORK

Wire 22kw Home Generator to Panel.			
# of Baths	Service Size	Power Company	Inquiry #

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

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

(Signature)

Signed and acknowledged by _____ in the city or county of _____, Virginia on the _____ day of _____, 20____ in the presence of the undersigned notary. _____ (Notary) My commission expires _____

Signature of Applicant [Signature]
Approval Fisher Date 10-3-17

Value of Work: 10,773.98
Permit fee: 70.87
Issue date: 10-3-17



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	10/6/17
Permit #	ELI-2017-00810
GPIN	6832-68-1189
Tax Map	6-4-0-21-0

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: 4600 Hadensville Farm Lane, Mineral VA 23117

PROPERTY OWNERSHIP

Name	George Deane	Phone	434-962-2336
Mailing Address	4600 Hadensville Farm Lane	Email	

APPLICANT

Name	Richard Medeiros	Phone	540-718-7505
Address	2293 Seminde Ln Charlottesville, VA 22901	Email	richieneverdark@gmail.com

CONTRACTOR

Name	Never Dark Whole House Generator s			Phone	434-975-3275
Mailing Address	2293 Seminde Lane Charlottesville, VA 22901			Email	richieneverdark@gmail.com
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705141802	Expiration	7-31-19
		License Type	Contractors	Class	A

DESCRIPTION OF WORK

wiring 20kw automatic generator with 200 amp service disconnect Transfer switch with load share modules

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)			
1,800			

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: Richard Medeiros Date: 10/2/17

Office Use Only

Approval: Fisher Approval date: 10/6/17
Permit Fee: 30.60 Issued date: 10/6/17

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD 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: 10-11-17

Permit #: 17-134

GPIN

Tax Map

LOCATION

Street Address: 184 Woodfern Rd. Richmond, VA 23239

PROPERTY OWNERSHIP

Name: Gary Farinacci Phone: 760-730-2702

Mailing Address: 184 Woodfern Rd. Richmond, VA 23239 Email:

APPLICANT

Name: Richard Medeiros Phone: 540-718-7505

Address: 2293 Seminole Lane Charlottesville, VA 22901 Email: richieneverdarke@gmail.com

CONTRACTOR

Name: Never Dark Whole House Generators Phone: 434-975-3275

Mailing Address: 2293 Seminole Lane Charlottesville, VA 22901 Email: richieneverdarke@gmail.com

Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2710025076	8-31-2018	contractors	A

DESCRIPTION OF WORK

Wiring 20 Kw Automatic Generator with 400 Amp service disconnect Transfer switch with load share modules

# of Bathrooms	Service Size	Power Company	Inquiry #
		Pomirion	

Value of Work (required): 1,800

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: Richard Medeiros Date: 9-25-17

Approval: FISHER Office Use Only Approval date: 10-11-17

Permit Fee: 30.00 Issued date: 10-11-17

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County 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 # 17-858

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	2132 WITHERS LANE	District
----------------	-------------------	----------

PROPERTY OWNERSHIP

Name	DANIEL HOOVER	Phone	540-691-8088
Mailing Address	2132 WITHERS LANE		

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 PROPANE GAS GENERATOR, 2-SURGE PROTECTOR, 2-200 AMP ATS			
# of Baths	Service Size	Power Company	Inquiry #
	400A	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 [Signature]
Approval Fisher Date 10.26.17

Value of Work: 9500.00
Permit fee: 67.32 - 65.03
Issue date: 10.26.17



RESIDENTIAL TRADES PERMIT APPLICATION

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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 #	17-095
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	12929 RIVER ROAD	District	
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PROPERTY OWNERSHIP

Name	RON WILLIAMS	Phone	8043879951
Mailing Address	12929 RIVER ROAD		

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 PROPANE GAS GENERATOR, SURGE PROTECTOR			
# of Baths	Service Size	Power Company	Inquiry #
	400A	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 [Signature] Value of Work: 9500.00

Approval Fisher Date 10.26.17 Permit fee: 67.32 65.03

Issue date: 10.26.17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

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

TYPE	
<input checked="" type="checkbox"/>	Electrical
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Gas

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

Date	9-18-17
Permit #	2017-00291
Map #	

LOCATION

Street Address	990 Dover Branch Lane	District	Dover Branch
----------------	-----------------------	----------	--------------

PROPERTY OWNERSHIP

Name	Royal Dominion Homes	Phone	
Mailing Address	1503 Santa Rosa Rd ste 103 Richmond, VA 23229		

CONTRACTOR

Company Name		Phone	
Mailing Address		License Type	Class
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	EE, BLD	A
State License Number	2705054166	Expiration	1-31-16
		GRC, PLB	

DESCRIPTION OF WORK

New wire Single Family <i>Revised</i>			
10-31-17 to include 22,000kw generator			
# of baths	Service size	Power Company	Inquiry #
	200	dominion	10135271

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 _____

4,834 generator

Cost of Job \$8325.00 \$13,159.00

Permit Fee \$59.63 \$81.82

Issue Date 9-19-17

Signature of Applicant _____

Approval *Fisher* Date 9-19-17