



BUILDING PERMIT APPLICATION

Application Date: 11-27-17
Nov. 11/20/17

Permit Number: BP-2017-00935

GPIN/Tax Map: 7716-65-6A21 / 58-30-0-9-0

Issued: 11-27-17

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>1501 HERMITAGE RO. HERNANDO, VA 23238</u>	
	Owner <u>Mrs. Mrs. CYNIS AYLES</u>	Phone # <u>804-304-5466</u>
	Address <u>1501 HERMITAGE RO. HERNANDO, VA 23238</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>GREGORY B. BLANCHARD</u>	Phone #
	Address <u>6020 COMMUNITY HOME RD. COLUMBIA, VA 23033</u>	Email <u>gregoryblchard@gmail.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>BLANCHARD & ASSOCIATES RESIDENTIAL CONTRACTOR, INC.</u>	Phone <u>804 457 9426</u>
	Address <u>6020 COMMUNITY HOME RD. COLUMBIA, VA 23033</u>	
	Contractor License Number <u>2705093795</u>	Type <u>CBC, RBC</u>

DESCRIPTION OF WORK	Scope of Work: <u>ADD A WET BAR IN EXISTING CLOSET SPACE IN BUNS ROOM ABOVE GARAGE</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft. <u>2050 SF</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>2050 SF</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$4500.00</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 11/20/17

Application Fee	
State Levy Fee	\$ <u>65</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>43290</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 11-21-17

received
11-20-17

Permit Number: BP-2017-00931

GPIN/Tax Map: 7134-20-7253 / 64-22-A-22-0

Issued: 11-27-17

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

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>501 RIVERGATE DR RICHMOND VA</u>	
	Owner <u>Sherry Sharp</u>	Phone #
	Address <u>501 RIVERGATE DR</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Style MARK HOMES LLC JAKE TUCKER</u>	Phone # <u>804 356 4859</u>
	Address <u>2400 WALKALA DR RICHMOND VA 23236</u>	Email <u>JRTucker2@Verizon.net</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>Style MARK HOMES LLC</u>	Phone <u>804 356 4859</u>
	Address <u>2400 WALKALA DR RICHMOND, VA 23236</u>	
	Contractor License Number <u>2705097162</u>	Type <u>CLASS A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Closing IN AN EXISTING PORCH</u>		
	Proposed Use	Current Use	Existing Buildings on Property
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms
	Finished Sq. Ft. <u>171</u>	Unfinished Sq. Ft. <u>171</u>	Total Sq. Ft. <u>171</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>124.50</u>
Value of Work <u>25000.00</u>		State Levy Fee \$ <u>2.49</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>David Tucker</u> Date _____		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>126.99</u>

BUILDING PERMIT APPLICATION

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

ISSUED 11.27.17

Application Date: 11/16/2017

Rec 11.21.17

Application Accepted:

BP-2017-00928

Old Map Number:

62-10-C-24

GPIN:

7714-04-1815

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 114 WILLWAY DRIVE		District		
	Owner GAIL GRIFFEY		Phone # 804-784-3139		
	Address P.O. BOX 212 MANAKIN SABOT, VA				
	Proposed Use DWELLING	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage .0001	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision MANAKIN FARMS	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: JUSTIN STORY Phone: 804-495-4646
 Email: JSTORY@JESNOW.COM

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

Description of Work	Scope of Work: SEVEN (7) PIERS ALONG FRONT OF HOME AND CORNER				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	12880.00
Excludes All Trades Permits	

Application Fee	\$ 69.90
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ 1.40
TOTAL	\$ 71.30

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

Signature of Applicant _____

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 11-27-17

Application Date: 11/16/2017 *Rec: 11-21-17*
 Application Accepted: *BP-2017-00927*
 Old Map Number: 31-16-6
 GPIN: 6778-07-7505

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 2401 MAIDENS ROAD		District	
	Owner BOBBY & LYNN CARTER		Phone # 804-556-3617	
	Address 2401 MAIDENS ROAD			
	Proposed Use DWELLING	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage 8.10	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision WHITEHALL	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit
	Side Setback	Side Setback	COA	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: JUSTIN STORY Phone: 804-495-4646
 Email: JSTORY@JESNOW.COM

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

Description of Work	Scope of Work: SIX (6) PIERS ON LEFT SIDE OF HOME			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
				# of Bedrooms

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

VALUE OF WORK	
Building	11850.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <u>65.32</u>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>1.31</u>
RED Total	\$ <u>66.63</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: _____



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: 9-28-2017

Permit Number: PD-2017-00715

GPIN/Tax Map: 6777-26-4419/43-39-0-11

Issued: 10-25-17

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>2305 Lanes End Pl.</u>	
	Owner MAIN STREET HOMES	Phone # 804-423-0314
APPLICANT INFORMATION	Address PO Box 461, MIDLOTHIAN VA 23113	
	Applicant/Contact MARIAN TESSIER	Email mtessier@gomsh.com
APPLICANT INFORMATION	Address PO Box 461, MIDLOTHIAN VA 23113	
	Applicant/Contact MARIAN TESSIER	Phone # 804-423-0314
APPLICANT INFORMATION	Address PO Box 461, MIDLOTHIAN VA 23113	
	Applicant/Contact MARIAN TESSIER	Email mtessier@gomsh.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lanes End</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>\$14,179.00</u>	Date Paid <u>Done</u>
	Front Setback <u>40' from Row</u>	Center Line Setback <u> </u>	Rear Setback <u>25'</u>	CUP/Variance/COA <u> </u>
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone <u> </u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Cash Proffer due before C.O. is issued.</u>			
Planning & Zoning Officer <u>David Fey</u>		Date <u>10/2/17</u>		<u>12P</u>

CONTRACTOR INFORMATION	Contractor MAIN STREET HOMES		Phone 804-423-0314
	Address PO Box 461, MIDLOTHIAN VA 23113		
	Contractor License Number 2705039441	Type A	Expiration 5-2018

DESCRIPTION OF WORK	Scope of Work: NEW SINGLE FAMILY DWELLING WITH ATTACHED GARAGE			
	<u>Revised 11.9.17 extend deck 56 sq. ft.</u>			
	Proposed Use RESIDENTIAL	Current Use 	Existing Buildings on Property 0	# 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 3.5	# of Bedrooms 4
Finished Sq. Ft. <u>3035</u> 3907		Unfinished Sq. Ft. <u>815</u> 871		
		Total Sq. Ft. 3851		

Building Only - Excludes All Trades Permits \$260,362.50		Application Fee \$ <u>174.18</u>
Value of Work <u>235067</u> 258,262.50		State Levy Fee \$ <u>24.28</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ <u>40.00</u>
Signature of Applicant <u>Marian Tessier</u>	Date <u>9-28-17</u>	Zoning Fee \$ <u>50.00</u>
		RLD \$ <u>100.00</u>
		SWP \$ <u>200.00</u>
		Total \$ <u>4578.46</u>

Revision fee: \$9.64

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 11-27-17

Application Date: 11/2/2017

Application Accepted: **BP-2017-00904**

Old Map Number: 56-8-2

GPIN: 6795-06-4657

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 585 BLUE GOOSE ROAD			District	
	Owner MARK & LORI SMITH			Phone # 804-400-8398	
	Address 585 BLUE GOOSE ROAD				
	Proposed Use DWELLING		Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)		Acreage 22.6	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

Planning & Zoning Officer _____ Date _____

Applicant/Contact: JUSTIN STORY Phone: 804-495-4646
 Email: JSTORY@JESNOW.COM

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

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

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

VALUE OF WORK		Application Fee \$ <u>43.50</u>
Building	7000.00	Zoning Fee \$ _____
Excludes All Trades Permits		Septic/Well Fee \$ _____
		State Levy Fee \$ <u>.87</u>
		REG Total \$ <u>44.37</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: _____



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: 11/7/2017

Permit Number: BP-2017-00899

GPIN/Tax Map: 7734-01-4386 / 64-28-F-17-0

Issued: 11-27-17

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

Residential Commercial

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

OWNER INFORMATION	Site Address 153 Button Bush Goochland VA 23238	Phone #
	Owner	
	Address	Email

APPLICANT INFORMATION	Applicant/Contact Matt Helms	Phone # 804-690-9605
	Address 2508 Turkey Creek Rd Oilville VA 23129	Email matthelms@westviewcompanies.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 Rearward</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	CUP/Variance/COA
	Side Setback <u>20' B/S</u>	Side Setback <u>28' B/S</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>11/8/17</u>			

CONTRACTOR INFORMATION	Contractor WestView Companies, Inc	Phone 804-784-0095
	Address 2508 Turkey Creek Rd Oilville VA 23129	
	Contractor License Number 2705117309	Type A

DESCRIPTION OF WORK	Scope of Work: <u>Building 18x18 covered porch</u>		
	Proposed Use	Current Use	Existing Buildings on Property 1
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 0
	# of Floors n/a	# of Bedrooms 0	
	Finished Sq. Ft. <u>384</u>	Unfinished Sq. Ft. <u>324</u>	Total Sq. Ft. <u>324</u>

Building Only - Excludes All Trades Permits

Value of Work: 11,000

Application Fee	\$ <u>67.50</u>
State Levy Fee	\$ <u>1.23</u>
Septic/Well Fee	\$ <u>25.00</u>
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ <u>127.73</u>

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

Signature of Applicant [Signature] Date 11/7/2017

ISSUED 11-20-17



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>11-17-17</u>	Application No.: <u>AP-2017-00918</u>	Fee: <u>\$25.00</u>
Zoning Approval: Yes/ <u>David Jenkins</u>	No:	Date: <u>11/20/17</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: CLAUDE & LINDA JENKINS Telephone: 457-9306
 Address: 4010 WHITE HALL RD. Cell phone: 338-8572
SANDY HOOK, VA. 23153 FAX: _____
 E-mail: _____

Name of Applicant: CLAUDE A. JENKINS Telephone: 457-9306
 Address: 4010 WHITE HALL RD. Cell phone: 338-8572
SANDY HOOK, VA. 23153 FAX: _____
 E-mail: _____

Property Information

Street Address: 4010 WHITE HALL RD. Zoning: A1
 GPIN Number: 6840-02-3709 Acreage: 3.16
 Existing Use: COVER FOR TRACTOR
 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): 12'x20' 2. Value of Building: \$1138.63
 3. Written Description of Proposed Physical Improvements:



BUILDING PERMIT APPLICATION

Application Date: 10/11/17

Permit Number: BP-2017-00843

GPIN/Tax Map: 5892-53-9514/9-1-0-35-B

Issued: 11.17.17

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 6305 Community House Road	
	Owner Jeremy Osborne	Phone # 704-288-0128
	Address 6305 Community House Road	Email kbirmingham@powerhome.com

APPLICANT INFORMATION	Applicant/Contact Peter Denicola	Phone # 704-288-0128
	Address 919 N Main Street, Mooresville, NC 28115	Email kbirmingham@powerhome.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 Power Home Solar		Phone 704-288-0128
	Address 919 N Main Street		
	Contractor License Number 2705165346	Type SOLAR	Expiration

DESCRIPTION OF WORK	Scope of Work: 30 roof mounted modules, grid tied, 7.6 KW Solar installation on existing residence.			
	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

Value of Work	\$42,750 \$22,888.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant Bryan Law Date 10/11/17

Application Fee	\$115-
State Levy Fee	\$2.30
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$117.30



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: 11/7/2017

Permit Number: **BP-2017-00898**

GPIN/Tax Map: **7734-01-4386 / 04-28-F-17-0**

Issued: **11-16-17**

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.

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	153 Button Bush Goochland VA 23238		
	Owner			Phone #
	Address			Email
APPLICANT INFORMATION	Applicant/Contact	Matt Helms		Phone # 804-690-9605
	Address	2508 Turkey Creek Rd Oilville VA 23129		Email matthelms@westviewcompanies.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	West Oak	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	30' from pavement		5'	
	Side Setback	Side Setback	Flood Zone	
	5'	5'		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: * Side setback to be survey located.		
	Planning & Zoning Officer David Floyd	Date 11/8/17	RPUD	

CONTRACTOR INFORMATION	Contractor	WestView Companies, Inc		Phone 804-784-0095
	Address	2508 Turkey Creek Rd Oilville VA 23129		
	Contractor License Number 2705117309	Type A	Expiration 9-30-2019	

DESCRIPTION OF WORK	Scope of Work: Building an inground pool 14x22 308ft <i>gunite w/ pool cover - w/ deck surround</i>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
			1	n/a
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
			0	0
	Finished Sq. Ft. 308ft	Unfinished Sq. Ft. 1628 3084	Total Sq. Ft. 1936	

Building Only - Excludes All Trades Permits

Value of Work	24,000
---------------	---------------

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

Signature of Applicant **[Signature]** Date **11/7/2017**

Application Fee	\$ 119.96
State Levy Fee	\$ 2.44
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	4/ \$ 147.40



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: 11-14-17
 Permit Number: BP-2017-00908
 GPIN/Tax Map: 10727-13-6001 / 39-1-0-88-B
 Issued: 11-16-17

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>1695 HASLIN ROAD</u>	
	Owner <u>NAN LEAKE & JON STEPHARD</u>	Phone # <u>804.387.3226</u>
APPLICANT INFORMATION	Address <u>1651 HASLIN ROAD</u> *	Email <u>nancyglaek@gmail.com</u>
	Applicant/Contact <u>Same as above</u>	Phone #
	Address	Email

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

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

DESCRIPTION OF WORK	Scope of Work: <u>demo doublewide debris to ashcake landfill</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work <u>\$4500</u>	Application Fee \$ <u>30</u>
	State Levy Fee \$ <u>.60</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ _____
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>30.60</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: Nancy Glaek Date: 11/16/17

Rec
11.1.17

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

Application Date: 10/27/2017
 Application Accepted: **BP-2017-00882**
 Old Map Number: 2-3-0-33-0
 GPIN: 6824-32-2359

Issued 11.15.17

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

OWNER INFORMATION	Site Address 5290 Long Lane, Louisa, VA 23093		District		
	Owner Angela Carr		Phone # 540-308-8361		
	Address 5290 Long Lane, Louisa, VA 23093				
	Proposed Use Res. Dwelling	Current Use Res. Dwelling	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage 3.45	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A		Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Joy Raynes Phone 540-949-6553
 Email: permitting@sigorasolar.com

CONTRACTOR INFORMATION	Contractor Sigora Solar LLC		Phone 540-949-6553	
	Address 200 W. 12th Street, Building F Waynesboro, VA 22980			
	Contractor License Number 2705141338	Type Class A - AES ELE	Expiration 07/31/2018	

Description of Work	Scope of Work: Installation of Flush Roof Mounted Solar PV Panels. Size of System: 8.12 kW				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	\$2,558.00
Excludes All Trades Permits	

Application Fee	\$ 30 -
Zoning Fee	\$ -
Septic/Well Fee	\$ -
State Levy Fee	\$.60
Total	\$ 30.60

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

Signature of Applicant: Cameron N. Stalker



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: 11-6-17

Permit Number: BP-2017-00892

GPIN/Tax Map: 6832-57-2358 12-6-0-14-A

Issued: 11-15-17

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>4482 Lakeview Rd, Gum Spring VA. 23065</u>	
	Owner <u>Bill Buchanan</u>	Phone # <u>317-127-9870</u>
	Address <u>4482 Lakeview place</u>	Email <u>Buchananb@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>- Same -</u>	Phone #
	Address <u>- Same -</u>	Email

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

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

DESCRIPTION OF WORK	Scope of Work: <u>Install wood stove through</u> <u>Roof for ventilation</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.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.00</u>
Value of Work	<u>\$700.00</u>	State Levy Fee	\$ <u>.60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>30.60</u>

Signature of Applicant Lewis Beck Date 11/15/17



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: 10/31/2017

Permit Number: **BP-2017-00876**

GPIN/Tax Map: **7733-37-5190/67-13-A-5-0**

Issued: **11.15.17**

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

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 44 Dahlgren Road	
	Owner Carl & Libbie Daniel	Phone # 804 288 4999
	Address 44 Dahlgren Road	Email tom@pdcva.com
APPLICANT INFORMATION	Applicant/Contact Tom Paul, Pres.	
	Address 15 E. Glenbrooke Circle	Phone # 804 837 8998
		Email tom@pdcva.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Lower Truckee hvc	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 40' from Row	Center Line Setback 65'	Rear Setback 35'	CUP/Variance/COA —
	Side Setback 15'	Side Setback 15'	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Planning & Zoning Officer David Floyd Date 11/1/17 RL		

CONTRACTOR INFORMATION	Contractor Premiere Design & Con., Inc.		Phone 804 288 4999
	Address 15 East Glenbrooke Circle		
	Contractor License Number 2705 043273 A	Type Gen. Contr.	Expiration 1/31/2018

DESCRIPTION OF WORK	Scope of Work: Add 2 car attached garage with master bedroom, bath, closets and sitting room above. Remodel existing kitchen.			
	Proposed Use SFD	Current Use same	Existing Buildings on Property 2, house and shed.	# of Floors 3
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 3	# of Bedrooms 4
	Finished Sq. Ft. 575	Unfinished Sq. Ft. 575	Total Sq. Ft. 1150	
	Building Only - Excludes All Trades Permits			

Value of Work \$125,000.00.	Application Fee \$574.50
	State Levy Fee \$11.49
	Septic/Well Fee \$
	Zoning Fee \$25-
	RLD \$
	SWP \$
Signature of Applicant [Signature] Date 10/31/17	Total \$600.99

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

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: 11-7-2017

Permit Number: BP-2017-00894

GPIN/Tax Map: 1117-42-1056 / 47-20-0-B-1

Issued: 11-9-17

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

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>2170 Manakin Rd</u>	
	Owner <u>Larry + Joyce Barker</u>	Phone # <u>804-749-8657</u>
	Address <u>2170 Manakin Rd, Manakin Sabot Va</u>	
APPLICANT INFORMATION	Applicant/Contact <u>Same</u>	Phone # <u>23103</u>
	Address	

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>55' from ROW</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>11/8/17</u> <u>R2</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>1938 sq ft DETACHED GARAGE</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
		<u>1938 sq ft</u>	<u>1938</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>70,000</u>	Application Fee \$ <u>327.00</u>
	State Levy Fee \$ <u>6.54</u>
	Septic/Well Fee \$ <u>—</u>
	Zoning Fee \$ <u>25.00</u>
	RLD \$ <u>—</u>
	SWP \$ <u>—</u>
	Total \$ <u>358.54</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 Larry A Barker Date 11/7/17



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: 11-1-17

Permit Number: BP-2017-00884

GPIN/Tax Map: 7707-23-9604 / 46-1-31-0

Issued: 11-8-17

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

Residential Commercial

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

OWNER INFORMATION

Site Address: 771 Broad Street Road

Owner: Lisa Johnson Phone #: 804-839-1759

Address: 765 Broad Street Rd, Manakin Sabot, VA 23103 Email: _____

APPLICANT INFORMATION

Applicant/Contact: Andrew Campbell Phone #: 804-426-9312

Address: 14007 Colony Forest Place, Midlothian VA 23114 Email: Chi.permits@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: None Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 100' from ROW Center Line Setback: 125' from CL Rear Setback: 5' CUP/Variance/COA: _____

Side Setback: 5' Side Setback: 5' Flood Zone: _____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: David Boyd Date: 11/6/17 A2/RR

CONTRACTOR INFORMATION

Contractor: Campbell Home Improvement Phone: 804-426-9312

Address: 700 Colony Forest Drive, Midlothian VA 23114 ← send permit to this address

Contractor License Number: 2705100592 Type: Class B Expiration: 8/31/18

DESCRIPTION OF WORK

Scope of Work: Install a 236 sq foot composite, free standing deck

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
Finished Sq. Ft.	Unfinished Sq. Ft. <u>236</u>	Total Sq. Ft. <u>236</u>	

Building Only - Excludes All Trades Permits

Value of Work: \$5900.00

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

Signature of Applicant: [Signature] Date: 11-1-17

Application Fee	\$ <u>91.50</u>
State Levy Fee	\$ <u>2.71</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>164.21</u>



BUILDING PERMIT APPLICATION

Application Date: 10-24-2017

Permit Number: **BP-2017-00863**

GPIN/Tax Map: **0726-37-1261-9998/59-1-0-19-TW**

Issued: **11.8.17**

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

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 1623 Three Chopt Road Richmond, VA 23233	
	Owner American Tower	Phone #
	Address 10 Presidential Way Woburn, MA 20181	Email
APPLICANT INFORMATION	Applicant/Contact Estee Williams	Phone # 434-409-9220
	Address 1045 Technology Park Drive Glen Allen, VA 23059	Email estee.williams@smartlinkllc.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <i>55' From PL</i>	Center Line Setback _____	Rear Setback <i>10'</i>	CUP/Variance/COA _____
	Side Setback <i>10'</i>	Side Setback <i>30'</i>	Flood Zone _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* No Change to Footing prints</i> Planning & Zoning Officer: <i>David Floyd</i> Date: <i>10/27/17</i> B1			

CONTRACTOR INFORMATION	Contractor Velocitel		Phone
	Address 1033 Skokie BLVD Suite 320 Northbrook, IL 60062		
	Contractor License Number 2705146934	Type A	Expiration 6-30-2018

DESCRIPTION OF WORK	Scope of Work: Remove and replace antennas on existing tower. See attached drawings			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ 112.50
Value of Work	15,000.00	State Levy Fee	\$ 2.25
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	\$ 50-
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ 164.75
Signature of Applicant _____		Date _____	

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

Issued 11.7.17

Application Date: 10.31.17
 Application Accepted: BP-2017-00877
 Old Map Number: 13-1-0-1-P
 GPIN: 6842-00-7866

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 4122 Broadsheet Rd Gum Spring, VA 23065		District
	Owner SANDRA H. MILLER		Phone # 804-337-8234
	Address 4122 Broadsheet Rd GUMSPRING, VA 23065		
	Proposed Use Install 16' x 40' Inground Pool	Current Use	Existing Buildings on Property
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____ Date Paid: _____	
New Street Address		Zoning District A1	
Front Setback 100' From Row	Center Line Setback 125'	Rear Setback 5'	
Side Setback 5'	Side Setback 5'	C.O.A. _____	
C.U. Permit _____ Variance _____			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: David Floyd Date 11/1/17

Applicant/Contact: SANDRA H. MILLER Phone 804-337-8234
 Email: shwatermiller2428@gmail.com

CONTRACTOR INFORMATION	Contractor SELF	Phone
	Address	
	Contractor License Number	Type
		Expiration

Description of Work	Scope of Work: Install 16' x 40' Inground swimming Pool w/ fence barrier				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 640	Finished Sq. Ft. 640	Unfinished Sq. Ft. 640	# of Bedrooms

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

VALUE OF WORK	
Building	\$17,600.00
Excludes All Trades Permits	

Application Fee	\$116.20
Zoning Fee	00.00
Septic/Well Fee	\$0.00
State Levy Fee	\$1.82
Permit Total	\$118.02

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: Sandra H. Miller



BUILDING PERMIT APPLICATION

Application Date: 10-30-2017

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

Permit Number: 2017-00872

GPIN/Tax Map: 6769-30-0544 / 30-1-0-102-A

Issued: Issued 11-6-17

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.

Site Address: **2500 Turner Road**

Owner: **Stephen Allen** Phone #: **804-514-7432**

Address: **2500 Turner Road Goochland, VA 23063** Email: **Sallen1215@gmail.com**

Applicant/Contact: **Stephen Allen** Phone #: **804-514-7432**

Address: **2500 Turner Road Goochland, VA 23063** Email: **Sallen1215@gmail.com**

Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
Front Setback <u>55' from PW</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 REJECTED COMMENTS: A2
Planning & Zoning Officer: [Signature] Date: 11/1/17

Contractor: **Stephen Allen** Phone: **804-514-7432**

Address: **2500 Turner Road Goochland, VA 23063**

Contractor License Number: _____ Type: _____ Expiration: _____

Scope of Work: Building of a 12'x32' shed on property unattached from the residence. Wood frame construction.

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
0	0	1	2
Finished Sq. Ft. <u>384</u>	Unfinished Sq. Ft. <u>384</u>	Total Sq. Ft. <u>384</u>	

Building Only - Excludes All Trades Permits
Value of Work: 3,200.00 / \$10,560.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: [Signature] Date: 10-30-17

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



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 10/20/17

Permit Number: BP-2017-00848

GPIN/Tax Map: 60833-01-4708/6-0-2H

Issued: 11.6.17

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>4344 OLD FREDERICKSBURG RD, HADENSVILLE, VA 23067</u>	
	Owner	<u>GOOCHLAND DRIVE-IN THEATER</u>	Phone # <u>(804) 297-2411</u>
APPLICANT INFORMATION	Address	<u>PO BOX 133, SANDY HOOK, VA 23153</u>	Email <u>(SAME)</u>
	Applicant/Contact	<u>John Heidel</u>	Phone # <u>(SAME)</u>
	Address	<u>(SAME)</u>	Email <u>jheidel@goochlanddriveintheater.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' From ROW</u>	Center Line Setback <u>80'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>CU-2008-00007</u> <u>R2-2008-00011</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: [Signature] Date: 10/23/17 B1

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

DESCRIPTION OF WORK	Scope of Work: <u>DRIVE-IN MOVIE SCREEN 30x60</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>435-</u>
Value of Work	<u>\$58,000 +/-</u>	State Levy Fee	\$ <u>8.90</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>50-</u>
Signature of Applicant	<u>[Signature]</u>	RLD	\$
	Date <u>10/20/17</u>	SWP	\$
		Total	\$ <u>443.90</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 10-30-17
 Permit Number: BP-2017-00867
 GPIN/Tax Map: 6061-06-6600/42-1-0-90-A1
 Issued: 11.2.17

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OWNER INFORMATION	Site Address Goochland Family YMCA, 1800 Dickinson Rd., Goochland, VA 23063	
	Owner YMCA of Greater Richmond	Phone # (804) 644-9622
APPLICANT INFORMATION	Address 2 W Franklin St., Richmond, VA 23220	Email maiolon@ymcarichmond.org
	Applicant/Contact Nick Maiolo Jr.	Phone # (804) 690-8831
	Address 2 W Franklin St., Richmond, VA 23220	Email maiolon@ymcarichmond.org

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

CONTRACTOR INFORMATION	Contractor		Phone
	Address		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Put up air structure over pool on November 6th, Will call for inspection on November 10th <u>17th</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

Value of Work	\$6,500.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant _____ Date 10/26/17

Application Fee	\$ <u>48.76</u>
State Levy Fee	\$ <u>.97</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>49.73</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 9-21-17
 Permit Number: BP-2017-00571
 GPIN/Tax Map: 6708-27-0008-15-4-3-1
 Issued: 11.2.17
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION
 Site Address: 1390 Broad St Road Oilville VA 23129
 Owner: Tripe C. Pizza Phone #: 434-610-7823
 Address: PO Box 507 Forest VA 24551 Email: _____

APPLICANT INFORMATION
 Applicant/Contact: Brent Lilly Phone #: 434-610-7823
 Address: PO Box 2460 Forest Va 24551 Email: LillyConstruction@Aol.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None Proffer: Yes No Amount: _____ Date Paid: _____
 Front Setback: 55' from ROW Center Line Setback: _____ Rear Setback: 10' CUP/Variance/COA: _____
 Side Setback: 10' Side Setback: 10' Flood Zone: _____
 APPROVED REJECTED COMMENTS: Tenant upfit using existing footprint
 Planning & Zoning Officer: David Feucht Date: 9/25/17 B-1

CONTRACTOR INFORMATION
 Contractor: Brent W. Lilly Inc / Lilly Construction Phone: 434-610-7823
 Address: PO Box 2460 Forest VA 24551
 Contractor License Number: 2705147122 A Type: A Expiration: 6-30-18

DESCRIPTION OF WORK
 Scope of Work: Tenant upfit for Dominos Pizza
Space E

Proposed Use <u>Dominos Pizza</u>	Current Use <u>Pizza</u>	Existing Buildings on Property	# 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>1</u>	# of Bedrooms <u>0</u>
Finished Sq. Ft. <u>1288</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>1288</u>	

Building Only - Excludes All Trades Permits

Value of Work: 4 45,000.00

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

Signature of Applicant: [Signature] Date: 9-21-17

Application Fee	\$ <u>331.50</u>
State Levy Fee	\$ <u>6.75</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>100-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>444.25</u>

ISSUED 11-1-17



ZONING COMPLIANCE APPLICATION
COUNTY OF GOOCHLAND, VIRGINIA

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

Phone: (804) 556-5860 Web: www.goochlandva.us FAX: (804) 556-5654

Application File Date:		Application No.: <u>AP-2017-00874</u>		Fee: \$25.00
Zoning Approval:	Yes <u>Deed Land</u>	No:	Date: <u>10/31/17</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: Kevin & Amy Joyner Telephone: none
 Address: 806 Broad Street Rd Cell phone: 804 400 3189
Manakin-Sabot VA 23103 FAX: none
 E-mail: kevinjoyner@comcast.net

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

Property Information

Street Address: 806 Broad Street Road Zoning: A2
 GPIN Number: 46-1-0-16-D/7707-24-6863 Acreage: 7.31
 Existing Use: Land 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): 1728
2. Value of Building: 20,000
3. Written Description of Proposed Physical Improvements:
There is an existing pole barn on the property I would like to install electrical service to for lighting/outlets/etc.

25.00



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

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

Date: 11-6-17

Permit #: 19-602

GPIN

Tax Map

LOCATION

Street Address: 2016 Sycamore Creek Drive

PROPERTY OWNERSHIP

Name: Judy Johnson Phone: 784-4996

Mailing Address: 2016 Sycamore Creek drive Manakin Sabot VA 23103 Email:

APPLICANT

Name: Bogea Bandy Phone: 804-338-1336

Address: 3800 SKIVERS LANE QUINTON VA 23141 Email: bo.bandy19@yahoo.com

CONTRACTOR

Name: Bandy Electment Phone: 804-338-1336

Mailing Address: 3800 SKIVERS LANE QUINTON VA 23141 Email: bo.bandy19@yahoo.com

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

DESCRIPTION OF WORK

Swimming pool with Pump - SALT Generator -

Led Light's - 1-Keep

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required): 1850.00

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

Signature of Applicant: Bogea Bandy Date: 11-16-17

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>11-6-17</u>
Permit Fee: <u>30.00</u>		Issued date: <u>11-6-17</u>

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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Please call or visit our website to calculate fee

www.goochlandva.us/permitcalc

Date: 11.8.17

Permit #: 17-00903

GPIN

Tax Map

LOCATION

Street Address: 556 HILL GROVE ROAD

PROPERTY OWNERSHIP

Name: GARY L. CLOWER	Phone: 804-240-6682
Mailing Address: 556 HILL GROVE ROAD	Email: gary.clower@gmail.com

APPLICANT MANAKIW BABOT 23103

Name: SAME	Phone:
Address:	Email:

CONTRACTOR

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

DESCRIPTION OF WORK

Emergency Generator - whole house
22 KW AUTO TRANSFER SWITCH

# of Bathrooms: 9,050	Service Size:	Power Company:	Inquiry #:
Value of Work (required):			

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: Gary L. Clower Date: 11/8/17

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>11.8.17</u>
Permit Fee: <u>62.96</u>		Issued date: <u>11.8.17</u>

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Date	11-13-17
Permit #	17-911
GPIN	
Tax Map	

LOCATION

Street Address
4230 Chestnut Hills Drive

PROPERTY OWNERSHIP

Name	Steve Miller	Phone	804-920-3238
Mailing Address	SAME AS ABOVE	Email	

APPLICANT

Name	Steve Miller	Phone	
Address	SAME	Email	

CONTRACTOR

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

DESCRIPTION OF WORK

Install 16KW Generator			
# of Bathrooms	Service Size	Power Company	Inquiry #
	200A	CVEC	
Value of Work (required)	4000.00		

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

Signature of Applicant: Steve Miller Date: 11-13-17

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>11.15.17</u>
Permit Fee:	<u>39.78</u>		Issued date:	<u>11.15.17</u>

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

Please call or visit our website to calculate fee

www.goochlandva.us/permitcalc

Date 11-17-2017

Permit # 17-937

GPIN

Tax Map

LOCATION

Street Address 1530 Forest Meadow Ln.

PROPERTY OWNERSHIP

Name Marina O'Neil

Phone 804-888-0045

Mailing Address 1530 Forest Meadow Ln.

Email

APPLICANT

Name Terry Sandy

Phone 804-370-5220

Address 8359 Cadys Mill Rd.

Email electricman54@comcast.net

CONTRACTOR

Name TEK Construction & Contracting Co. LLC

Phone 804-370-5220

Mailing Address 8359 Cadys Mill Rd.

Email electricman54@comcast.net

Gas Certification YES NO

State License Number 2705089713

Expiration 11-30-2018

License Type ELE

Class A

DESCRIPTION OF WORK

Install owner furnished 200 amp, SE rated transfer sw. & wire to 22KW generator.

# of Bathrooms	Service Size	Power Company	Inquiry #
			N/A

Value of Work (required) \$1995.00

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

Signature of Applicant:

Date: 11-17-2017

Approval:

Office Use Only

Approval date: 11.22.17

Permit Fee: 30.00

Issued date: 11.22.17

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

(owner's affidavit on back)