

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 12.29.17

Application Date: 12.20.17
 Application Accepted: BP-2017-01000
 Old Map Number: 58.48.0.8.68
 GPIN: NNIS-56-1045

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 813 Woodcove Court Manakin-Sabot, VA 23103		District Dover		
	Owner Boone Homes, Inc.		Phone # 804-784-6192		
	Address 129 Broad Street Road, Manakin Sabot, VA 23103				
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None		
Proposed Occupant Load (Commercial) N/A	Acres	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Kinloch Sec. 8	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District RPUD		
	Front Setback 30' from Perimeter	Center Line Setback	Rear Setback 50' B/S	C.U. Permit	Variance
	Side Setback 20' B/S	Side Setback 20' B/S	C O A	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Front Setback to be Survey / as noted.				

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 Owen Date: 12/20/17

Applicant/Contact: David Owen Phone: 804-708-5120
 Email: downen@boonehomes.net

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.	Phone 804-784-6192
	Address 129 Broad Street Road, Manakin Sabot, VA 23103	
	Contractor License Number 2705 022198A	Type BLD

Description of Work	Scope of Work: New Single family home with attached Garage				
	SEWER Public/Private XXXX	WATER Public/Private XXXX	# of Bathrooms 4.5		
	# of Floors 2	Total Sq. Ft. 7137	Finished Sq. Ft. 6278	Unfinished Sq. Ft. 859	# of Bedrooms 4
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Application Fee	\$ 2581.50
Building	\$571,000.00	Zoning Fee	\$ 50
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$ 51.63
		RLD	\$ 2683.13

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]

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Old Republic National Title Insurance Co Telephone: 804-281-7484

Mailing Address: 1800 Bayberry Court, Suite 104, Richmond, VA 23226

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. I affirm that I am not subject to license as a contractor or subcontractor as required by Section 54.1-1111 of the Code of Virginia.

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL *Michael R. Bealy* DATE 12-28-17
Code Official



BUILDING PERMIT APPLICATION

Application Date: 11.27.17
 Permit Number: BP-2017-00938
 GPIN/Tax Map: 11 (1) 34 / 6821-13-4632
 Issued: 12.19.17

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

Residential Commercial

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

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

Site Address: 3484 Haddensville-Fife Rd Goochland, VA 23063

Owner: New Ventures Real Estate Phone #: 804-378-9300

Address: 11664 Anderson Hwy, Suite F Powhatan 23139 Email: Sprousescorner@gmail.com

Applicant/Contact: Wendy Stinnett Phone #: 804-378-9300

Address: 11664 Anderson Hwy, Suite F Powhatan VA 23139 Email: sprousescorner@gmail.com

Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>—</u>	Date Paid: <u>—</u>
Front Setback: <u>100' from Road</u>	Center Line Setback: <u>125'</u>	Rear Setback: <u>35'</u>	CUP/Variance/COA: <u>—</u>
Side Setback: <u>20'</u>	Side Setback: <u>20'</u>	Flood Zone: <u>—</u>	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Teyl Date: 11/27/17 1A1

Contractor: Anderson Home Construction Phone: 804-839-7201

Address: 2080 Cartersville Rd New Canton, VA 23123

Contractor License Number: 2705106351 Type: Class A Expiration: 5/31/18

Scope of Work: single family housing

Proposed Use: <u>residential</u>	Current Use: <u>N/A</u>	Existing Buildings on Property: <u>none</u>	# of Floors: <u>1</u>
<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms: <u>2</u>	# of Bedrooms: <u>3</u>
Finished Sq. Ft.: <u>1472</u>	Unfinished Sq. Ft.: <u>368</u>	Total Sq. Ft.: <u>1840</u>	

Building Only - Excludes All Trades Permits

Value of Work: 80,000.00 ~~80,000.00~~ \$107,640.00
 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: 11/21/17

Application Fee	\$ <u>496.38</u>
State Levy Fee	\$ <u>10.93</u>
Septic/Well Fee	\$ <u>40.00</u>
Zoning Fee	\$ <u>50.00</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>597.31</u>

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Rowhater Real Estate Settlements Telephone: 804-598-7160

Mailing Address: 3887 Old Buckingham Rd, Rowhater, VA 23139

OWNER'S AFFIDAVIT

R. Alen Anderson of (address) Hadensville-Fife Rd affirm that I am the owner of a certain tract of parcel

of land located at Goochland Co and that I have applied for a building permit. 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.

R. Alen Anderson Owner's Signature

WENDY G. STINNETT Notary Public Commonwealth of Virginia 7597828 My Commission Expires Jul 31, 2018

Signed and acknowledged by Wendy Stinnett in the city or county of Rowhater, Virginia on the 21 day of Nov, 2017 in the presence of the undersigned notary. My Commission expires 7/31/18.

Wendy G. Stinnett (Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE R. Alen Anderson

PERMIT FEE SCHEDULE

Table with 2 columns: Fee Category and Fee Amount. Rows include Residential fee, Commercial fee, and Other Fees (RLD, Stormwater, Septic, Zoning).

OFFICE USE ONLY

USE # STORIES CONSTRUCTION TYPE OCCUPANY LOAD CODE EDITION

FIRE SPRINKLER FIRE ALARM

APPROVAL Michael R. Bowles DATE 12.18.17 Code Official

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 12.18.17

Application Date: 12.13.17
 Application Accepted: BP-2017-00980
 Old Map Number: 58-20-0-10-21
 GPIN: 7715-98-9240

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

OWNER INFORMATION	Site Address <u>344</u> XXXX Swinburne Road Manakin Sabot, VA 23103		District Dover	
	Owner Boone Homes, Inc.		Phone # 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None	
Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision <u>Kinloch Sec. 10</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District <u>RPUD</u>		
Front Setback <u>30' from Pavement</u>	Center Line Setback	Rear Setback <u>35' B/S</u>	C.U. Permit	
Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	C O A	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Side setback to be survey located.</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 12/13/17

Applicant/Contact: David Owen Phone 804-708-5120

Email: dowen@boonehomes.net

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.		Phone 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Contractor License Number 2705 022198A		Type BLD	Expiration 3/31/2018

Description of Work	Scope of Work: New Single family home with attached Garage				
	SEWER Public XXXX	WATER Public XXXX	# of Bathrooms 2.5		
	# of Floors 2	Total Sq. Ft. 2942	Finished Sq. Ft. 2432	Unfinished Sq. Ft. 510	# of Bedrooms 3

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

VALUE OF WORK		Application Fee	\$ <u>1791.95</u>
Building	\$174,655.00	Zoning Fee	\$ <u>50.-</u>
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$ <u>15.910</u>
		TOTAL	\$ <u>3103.91</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]

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

Handwritten signature

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Old Republic National Title Insurance Co Telephone: 804-281-7484

Mailing Address: 1800 Bayberry Court, Suite 104, Richmond, VA 23226

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____

FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

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 12.18.17

Application Date: 12.14.17
 Application Accepted: BP-2017-00988
 Old Map Number: 58-50-0-10-1
 GPIN: 7725-07-1979

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

OWNER INFORMATION	Site Address <u>317</u> XXXX Piping Rock Road Manakin Sabot, VA 23103		District Dover	
	Owner Boone Homes, Inc.		Phone # 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None	
Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision <u>Kinloch Sec. 10</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District RPUD		
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>15' from pavement road side</u>	COA	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Front setback to be survey located.</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: Daniel Ford Date: 12/14/17

Applicant/Contact: **David Owen** Phone: **804-708-5120**

Email: **dowen@boonehomes.net**

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.		Phone 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Contractor License Number 2705 022198A	Type BLD	Expiration 3/31/2018	

Description of Work	Scope of Work: New Single family home with attached Garage				
	SEWER Public/Private <u>XXXX</u>	WATER Public/Private <u>XXXX</u>	# of Bathrooms 3.5		
	# of Floors 2	Total Sq. Ft. 3351	Finished Sq. Ft. 2876	Unfinished Sq. Ft. 475	# of Bedrooms 4
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Application Fee	\$ <u>1065-</u>
Building	<u>234,000</u>	Zoning Fee	\$ <u>50-</u>
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$ <u>21.30</u>
		BLD: <u>Steel</u>	\$ <u>1136.30</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]

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

71-81-21 10421

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Old Republic National Title Insurance Co Telephone: 804-281-7484

Mailing Address: 1800 Bayberry Court, Suite 104, Richmond, VA 23226

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job. \$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee

Commercial fee is based on the building value of the job. \$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee

RLD \$ 100.00

Septic & well \$ 40.80 For Commercial & Residential

Septic only \$ 25.44 for Commercial & Residential

Zoning Commercial \$ 100.00

Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____

FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

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 12.14.17

Application Date: 12.12.17
 Application Accepted: BP-2017-00973
 Old Map Number: 58-50-0-10-2
 GPIN: 7725-07-2943

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 313 313 Piping Rock Road Manakin Sabot, VA 23103		District Dover	
	Owner Boone Homes, Inc.		Phone # 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None	
Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Kinloch	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	New Street Address		Zoning District 12PUD	
	Front Setback 30' from Paralel	Center Line Setback _____	Rear Setback 50' B/S	C.U. Permit _____
	Side Setback 20' B/S	Side Setback 20' B/S	COA _____	Flood Zone _____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer David Owen Date 12/12/17

Applicant/Contact: David Owen Phone 804-708-5120

Email: downen@boonehomes.net

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.	Phone 804-784-6192
	Address 129 Broad Street Road, Manakin Sabot, VA 23103	
	Contractor License Number 2705 022198A	Type BLD

Description of Work	Scope of Work: New Single family home with attached Garage				
	SEWER Public/Onsite	WATER Public/Onsite	# of Bathrooms 3.5		
	# of Floors 2	Total Sq. Ft. 3012	Finished Sq. Ft. 2575	Unfinished Sq. Ft. 437	# of Bedrooms 3
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK		Application Fee \$ 950.00
Building	\$210,000.00	Zoning Fee \$ 50.00
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$ 19.14
		BLD Total \$ 1026.14

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]

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Old Republic National Title Insurance Co Telephone: 804-281-7484

Mailing Address: 1800 Bayberry Court, Suite 104, Richmond, VA 23226

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. 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's Signature

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

_____ (Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____

FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL *Michael R. ...* DATE 12.13.17.
Code Official



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~~ 11-17-17

Permit Number: PP-2017-00919

GPIN/Tax Map: 43-39.0-25-0 | 6777-08-9033

Issued: 12-12-17

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 1986 Lanes End Dr, Maidens, VA 23102	
	Owner MAIN STREET HOMES	Phone # 804-423-0314
	Address PO Box 461, MIDLOTHIAN VA 23113	Email mtessier@gomsh.com

APPLICANT INFORMATION	Applicant/Contact MARIAN TESSIER		Phone # 804-423-0314
	Address PO Box 461, MIDLOTHIAN VA 23113		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>\$14369.00</u>	Date Paid <u>Due</u>
	Front Setback <u>46' from RW</u>	Center Line Setback <u>65' CL</u>	Rear Setback <u>25'</u>	CUP/Variance/COA
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Cash Proffer Due before C.O. is issued. RP</u>			

Planning & Zoning Officer: David Floyd Date: 11/20/17

CONTRACTOR INFORMATION	Contractor MAIN STREET HOMES		Phone
	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			
	Proposed Use RESIDENTIAL	Current Use	Existing Buildings on Property 0	# 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 3	# of Bedrooms 4
	Finished Sq. Ft. 2930	Unfinished Sq. Ft. 867, GARAGE, PORCHES	Total Sq. Ft. 3,797.00	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>1,161.72</u> State Levy Fee \$ <u>24.03</u> Septic/Well Fee \$ <u>40.00</u> Zoning Fee \$ <u>500.00</u> RLD \$ <u>100.00</u> SWP \$ <u>200.00</u> Total \$ <u>1,595.75</u>
Value of Work	<u>255492.00</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>Marian Tessier</u> Date <u>11-17-2017</u>	
REVIEWED BY: <u>Michael R. Brooks</u> <u>12.12.17</u>		

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: BON AIR TITLE Telephone: 804-320-1336

Mailing Address: 9211 FOREST HILL AVE, RICHMOND VA 23235

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job	\$0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per portion of \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job	\$0 to \$ 4000 of value.... \$ 30.00 + \$ 7.50 per portion of \$ 1000 above \$ 4000 Add 2% State Levy to fee
Other Fees that may be applicable	RLD \$100.00 for Residential disturbing over 10,000 square feet Stormwater \$200 for Residential in certain subdivisions Septic & well processing \$40.80 for Commercial & Residential Septic only processing \$25.50 for Commercial & Residential Zoning Commercial \$100.00 Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____

FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official



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: October 2, 2017

Permit Number: DP-2017-00792

GPIN/Tax Map: 30-13-A-19 / 6769-31-0796

Issued: 12-7-17

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

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>2845 Lot 19 Summerchase Lane, Goochland, VA (Aldwyck)</u>
	Owner <u>Ann & Mike Kelly</u>
	Address <u>1450 Millers Ln Manakin Sabot, VA 23103</u>

APPLICANT INFORMATION	Applicant/Contact <u>Ann Kelly</u>	Phone # <u>(804) 652-9130</u>
	Address <u>1450 Millers Ln Manakin Sabot, VA 23103</u>	Email <u>apkelly@hnhunt.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Aldwyck</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>100' from CL</u>	Center Line Setback <u>100' from CL</u>	Rear Setback <u>55' from R/W Easement or 135' from Lake Shore.</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>David Lloyd</u> Date <u>10/3/17</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>Build residential home w/ car garage</u>			
	Proposed Use <u>primary residence</u>	Current Use <u>land only</u>	Existing Buildings on Property <u>none</u>	# of Floors <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 <u>5 1/2</u>	# of Bedrooms <u>4</u>
	Finished Sq. Ft. <u>5294</u>	Unfinished Sq. Ft. <u>2953</u>	Total Sq. Ft. <u>8247</u>	

Building Only - Excludes All Trades Permits

Value of Work 548,500 \$575,492.50

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 Ann P. Kelly Date 10/2/17

Application Fee	\$ <u>2,601.72</u>
State Levy Fee	\$ <u>52.83</u>
Septic/Well Fee	\$ <u>40.00</u>
Zoning Fee	\$ <u>50.00</u>
RLD	\$ <u>100.00</u>
SWP	\$ <u>10</u>
Total	\$ <u>2,844.55</u>

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: MG Law, Joe Perini Telephone: (804) 288-3600
Mailing Address: 1802 Bayberry Ct., Suite 200 Richmond, VA 23226

OWNER'S AFFIDAVIT

I Ann Kelly of (address) 1450 millers Ln affirm that I am the owner of a certain tract of parcel of land located at Lot 19 Summer Chase Ln and that I have applied for a building permit. 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.

Ann P. Kelly Owner's Signature

Signed and acknowledged by Ann Kelly in the city or county of Richmond on the 2nd day of Oct, 2017 in the presence of the undersigned notary. My Commission expires 03/31/2018

Loretta Salyer (Notary)



ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job	\$0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per portion of \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job	\$0 to \$ 4000 of value.... \$ 30.00 + \$ 7.50 per portion of \$ 1000 above \$ 4000 Add 2% State Levy to fee
Other Fees that may be applicable	RLD \$100.00 for Residential disturbing over 10,000 square feet Stormwater \$200 for Residential in certain subdivisions Septic & well processing \$40.80 for Commercial & Residential Septic only processing \$25.50 for Commercial & Residential Zoning Commercial \$100.00 Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____

FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL Michael R. Bushong DATE 12.7.17
Code Official

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department

P.O. Box 119

Goochland, VA 23063

(804)556-5305 Fax (804)556-5651 TDD (804)556-5300

Application Date: 10-31-17
 Tax Map Number: 43-40-0-C-4
 OPIN Number: 6777-66-5613
 Permit Number: BP-2017-00873
 Fee: 207-566 App-2966.24 (+ w/1/5cp-40.8%) 2LD
 Issue Date: 12.5.17

#100
 SW-
 \$20
 =
 3159

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: 2117 Jockey Ridge, Maidens, VA 23102		DISTRICT		
	OWNER: Adam & Janet Jurach		PHONE# 363-1545		
	ADDRESS: c/o Johnson Construction Co Inc P.O. Box 205 Rockville VA 23146				
	PROPOSED USE	CURRENT USE	EXISTING BUILDINGS ON PROPERTY: None		
	PROPOSED OCCUPANT LOAD		LOT SIZE: 2.444	COMMERCIAL USE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	SUBDIVISION: Breeze Hill	Proffer: <input checked="" type="checkbox"/> Y/N	Amount: \$20,496.00	Date Paid: Due	
	NEW STREET ADDRESS				ZONING DISTRICT: RP
	FRONT SETBACK: 40' from Row	CENTER LINE SETBACK	REAR SETBACK: 25'	C.O. PERMIT	
	SIDE SETBACK: 10'	SIDE SETBACK: 10'	CENSUS TRACK	VARIANCE	
	APPROVED: <input checked="" type="checkbox"/>		REJECTED: <input type="checkbox"/>		COMMENTS: *Cash Proffer is due before C.O. is issued.

This application requires 2 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 10/31/17

CONTRACTOR INFORMATION	CONTRACTOR: Johnson Construction Co Inc		PHONE: 387-3060		
	ADDRESS: P.O. Box 205 Rockville VA 23146				
	CONTRACTOR LICENSE NUMBER: 2705106885A	TYPE: BLD		EXPIRATION	
	SCOPE OF WORK: new home with attached garage w/ unfinished basement				
	CONSTRUCTION TYPE:		ADDING ADDITION	Y/N	
	SEWER: PUBLIC (PRIVATE)	WATER: PUBLIC (PRIVATE)	ADDING KITCHEN	Y/N	
			ADDING BEDROOMS	Y/N #	
	# OF FLOORS: 3	TOTAL SQ. FT.: 8153	FINISHED SQ. FT.: 4565	UNFINISHED SQ. FT.: 3588	# OF BEDROOMS: 5
	USE FOR FARM USE EXEMPTION		ACREAGE: 2.444	# OF BATHROOMS: FULL 4, HALF 1	

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

VALUE OF STRUCTURE

BUILDING	600,000
----------	---------

Excludes All Trades Permits

PERMIT FEE SCHEDULE: Residential fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above \$4000 \$4.50 per \$1000 of Assessed value. Add 1.75% state levy to fee.
 Commercial fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above \$4000 \$7.50 per \$1000 of assessed value. Add 1.75% state levy to fee.

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

Signature of Applicant: *[Signature]*

LIEN AGENT INFORMATION

Please check one of the following:

- I do not wish to designate a mechanic's lien agent and that for the purpose of Section 38.88.01 of the Code of Virginia, this building permit shall be a "NONE DESIGNATED" permit.
- I hereby request that the following mechanic's lien agent be listed as part of my building permit:

NAME: Old Republic TELEPHONE: 281-7490
 MAILING ADDRESS: 1800 Bayberry Ct. Suite 104 Richmond VA 23226

**IN LIEU OF AN EROSION AND SEDIMENT CONTROL PLAN FOR A SINGLE FAMILY RESIDENCE
 A STONE DRIVE-WAY MUST BE INSTALLED BEFORE ANY CONSTRUCTION IS TO BEGIN.**

OWNERS AFFIDAVIT

I, _____ OF (address) _____ AFFIRM THAT I AM THE
 OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ AND THAT I HAVE
 APPLIED FOR A BUILDING PERMIT. 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. MY COMMISSION EXPIRES _____
 _____ (NOTARY)

ISSUANCE OF THIS BUILDING PERMIT DOES NOT CONSTITUTE AN APPROVAL OF SOIL CONDITIONS OR SITE
 SUITABILITY BY THE COUNTY. THE APPLICANT IS RESPONSIBLE FOR CONDUCTING ANY SOIL TESTS OR ENGINEERING
 TESTS APPLICANT DEEMS NECESSARY TO IDENTIFY AREAS CONTAINING SHRINK-SWELL SOIL OR GEOLOGICAL
 CONDITIONS.

APPLICANT SIGNATURE

AS THE PROPERTY OWNER(S) ON WHICH YOUR BUILDING OR STRUCTURE IS TO BE LOCATED, YOU ARE RESPONSIBLE
 FOR LOCATING YOUR PROPERTY LINES TO ASSURE THAT THE COUNTY SET-BACK LINES WILL NOT BE VIOLATED. IF YOU ARE
 NOT ABSOLUTELY CERTAIN AS TO THE EXACT LOCATION OF YOUR PROPERTY LINES, IT IS STRONGLY RECOMMENDED
 THAT YOU OBTAIN THE SERVICES OF A SURVEYOR TO DO SO. IF YOU ARE MISTAKEN REGARDING YOUR PROPERTY LINE
 LOCATIONS AND VIOLATE THE SET-BACK LINE REQUIREMENTS, YOU MAY BE FORCED TO MOVE YOUR BUILDING AND
 STRUCTURE AT YOUR OWN EXPENSE.

I (WE) HEREBY ACKNOWLEDGE RECEIPT OF THIS NOTICE AND ASSUME ALL RISKS REGARDING PROPERTY LINE
 LOCATIONS IN THE EVENT I (WE) DECIDE NOT TO OBTAIN A SURVEY OF MY PROPERTY LINES.

DATE _____
 DATE _____

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA
 S36.99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTIONS 105.10 AND 121.1.1.

OWNER _____

USE _____	USE TYPE CODE _____	CONSTRUCTION TYPE _____	OCCUPANT LOAD <u>10</u>
APPROVAL _____	Code Official		DATE _____

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: 11-29-17
 Application Accepted: BP-2017-00948
 Old Map Number: 58-1-0-49-0
 GPIN: 171556-2117

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

OWNER INFORMATION	Site Address <u>970</u> 129 Woodcove Court Manakin-Sabot, VA 23103		District Dover / Kinloch		
	Owner Boone Homes, Inc.		Phone # 804-784-6192		
	Address 129 Broad Street Road, Manakin Sabot, VA 23103				
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None		
Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Kinloch	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: —	Date Paid: —	
	New Street Address		Zoning District RPUD		
	Front Setback 30' from pavement	Center Line Setback —	Rear Setback 50' B/S	C.U. Permit —	Variance —
	Side Setback 20' B/S	Side Setback 20' B/S	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 Owen Date 11/30/17

Applicant/Contact: David Owen Phone 804-708-5120
 Email: dowen@boonehomes.net

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.	Phone 804-784-6192
	Address 129 Broad Street Road, Manakin Sabot, VA 23103	
	Contractor License Number 2705 022198A	Type BLD

Description of Work	Scope of Work: New Single family home with attached Garage				
	SEWER Public/Private <u>XXXX</u>	WATER Public/Private <u>XXXX</u>	# of Bathrooms 3.5		
	# of Floors 2	Total Sq. Ft. 5235	Finished Sq. Ft. 4368	Unfinished Sq. Ft. 867	# of Bedrooms 3

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

VALUE OF WORK	
Building	\$409,000.00
Excludes All Trades Permits	

Application Fee	\$ <u>1,859.50</u>
Zoning Fee	\$ <u>3000</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>37.05</u>
RLD Total	\$ <u>1,939.55</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]

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Old Republic National Title Insurance Co Telephone: 804-281-7484

Mailing Address: 1800 Bayberry Court, Suite 104, Richmond, VA 23226

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD 6 CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

Rec:

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: 11/2/17 11.3.17
 Application Accepted: BP-2017-00888
 Old Map Number: 4-1-0-1-C
 GPIN: 6748-32-0078

Issued 12.1.17

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

OWNER INFORMATION	Site Address <u>2362 Rock Castle Road, Goochland, 23063</u>		District
	Owner <u>Emerald Custom Homes (Lot 4 Castle Road)</u>		Phone #
	Address <u>P.O. Box 4039, Midlothian, Va 23112</u>		
	Proposed Use <u>Single Family Sub.</u>	Current Use <u>Same</u>	Existing Buildings on Property <u>N/A</u>
	Proposed Occupant Load (Commercial) <u>N/A</u>	Acreage <u>6.812</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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>	
	New Street Address		Zoning District <u>A1</u>		
	Front Setback <u>75' from RW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	C.U. Permit <u>---</u>	Variance <u>---</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	COA <u>---</u>	Flood Zone <u>---</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer David Ford Date 11/6/17

Applicant/Contact: Ray Avery IV, Emerald Custom Homes Phone 674-0231 Ext. 14
 Email: ray@Emerald-homes.com

CONTRACTOR INFORMATION	Contractor <u>Emerald Custom Homes</u>	Phone <u>674-0231</u>
	Address <u>P.O. Box 4309 Midlothian, 23112</u>	
	Contractor License Number <u>2705161550</u>	Type <u>Class A - BLD.</u>

Description of Work	Scope of Work: <u>Construct single family dwelling w/attached garage</u>				
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <u>2 1/2</u>		
	# of Floors <u>2</u>	Total Sq. Ft. <u>3226</u>	Finished Sq. Ft. <u>2418</u>	Unfinished Sq. Ft. <u>808</u>	# of Bedrooms <u>4</u>

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

VALUE OF WORK		SN: <u>\$200.00</u>	Application Fee	<u>\$904.42</u>
Building	<u>211,650</u>		Zoning Fee	<u>\$50.00</u>
Excludes All Trades Permits			Septic/Well Fee	<u>\$40.00</u>
			State Levy Fee	<u>\$20.09</u>
			RLD	<u>\$100.00</u>

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

Signature of Applicant Ray Avery IV Dec total: \$1374.51

LIEN AGENT INFORMATION

Please check one of the following:

I do not wish to designate a mechanic's lien agent and that for the purpose of Section 36-98.01 of the Code of Virginia this building permit shall be a "NONE DESIGNATED" permit.

I hereby request that the following mechanic's lien agent be listed as part of my building permit:

Name: Philip L. McDaniel, Attorney Telephone: 379-0380

Mailing Address: P.O. Box 353, Midlothian 23113

OWNER'S AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at _____ and that I have applied for a building permit. 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's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA Section 36-99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION 110.3

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job.	\$ 0 to \$ 4000 of value... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD 2 CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

Issued 12.1.17

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317
LOT 35-3 PARKSIDE VILLAGE

Application Date: 11-29-17
 Permit Number: BP-2017-00947
 Old Map Number: 48-19-0-35-0
 GPIN: 7138-11-0850

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 7233 Shenfield Avenue			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 Parkside Village		Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount: \$6074.00	
	New Street Address		Zoning District RPUD			
	Front Setback 30' from Pavement	Center Line Setback	Rear Setback 50' B/S	C.U. Permit	Variance	
	Side Setback 20' B/S	Side Setback 20' B/S	Census Track	Flood Zone		
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: *Cash Proffer is due before C.O. is issued.	

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

Planning & Zoning Officer: David Feud Date: 11/29/17

Applicant/Contact: BERTON JAMES Phone: (804)217-6910

Email: bjames@eagleofva.com

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				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 1	Total Sq. Ft. 2666	Finished Sq. Ft. 2106	Unfinished Sq. Ft. 560	# of Bedrooms 2

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

VALUE OF WORK	
Building	\$155,090.00
Excludes All Trades Permits	

Application Fee	\$709.90
Septic/Well Fee	\$
State Levy Fee	\$14.20
Zoning Fee	\$50-
Total	\$774.10

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

Signature of Applicant: [Signature]

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 558-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 12.27.17
 Application Accepted: BP-2017-01011
 GPIN: 1724-90-4673/64.90.
 Issued: 12.29.17

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

OWNER INFORMATION	Site Address 437 BLAIR ROAD		District	
	Owner RICHARD M LEDBETTER & ROBERT O KELLOGG		Phone # 1-614-579-6544	
	Address 437 BLAIR ROAD RICHMOND, VA. 23233			
	Proposed Use RESIDENTIAL	Current Use RESIDENTIAL	Existing Buildings on Property YES	
	Proposed Occupant Load (Commercial)	Acresage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount: _____		Date Paid: _____	
	New Street Address				Zoning District A2			
	Front Setback 75' from ROW	Center Line Setback 100'	Rear Setback 35'	C.U. Permit	Variance			
	Side Setback 20'	Side Setback WEST 35' from OAA	COA		Flood Zone			
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:							

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

Planning & Zoning Officer: David Floyd Date: 12/28/17

Applicant/Contact: MELVIN TAYLOR Phone: 804-839-7141

Email: mrtconstructionco@comcast.net

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

Description of Work	Scope of Work: WOOD FRAME GREAT ROOM ADDITION TO REAR OF KITCHEN, SLAB ON GRADE					
	SEWER Public Private		WATER Public Private		# of Bathrooms	
	# of Floors 1		Total Sq. Ft. 576		Finished Sq. Ft. 576	
					Unfinished Sq. Ft. \$	

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

VALUE OF WORK		Application Fee	\$ 372-
Building	\$ 80,000.00	Zoning Fee	\$ 25-
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$ 144
		PLD Total	\$ 404.44

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.

* Melvin Taylor (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

Residential Commercial

Application Date: 12-15-17
 Permit Number: BP-2017-00991
 GPIN/Tax Map: 7723-99-9816/64-28-0-A0
 Issued: 12-28-17

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

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

OWNER INFORMATION	Site Address <u>(NEAR) 174 GRAYASH, RICHMOND VA 23238</u>	
	Owner <u>WEST OAK H.O.A.</u>	Phone # <u>804.513.9260</u>
	Address	Email <u>PRIDEY@VERIZON.NET</u>

APPLICANT INFORMATION	Applicant/Contact <u>CHRISTIAN MELGARD</u>		Phone # <u>804.920.4698</u>
	Address <u>2312 COMMERCE CENTER DR., SUITE B</u>		Email <u>CHRISTIAN@CAROUSELSIGNS.COM</u>

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>15' from ROW</u>	Center Line Setback <u>40'</u>	Rear Setback	CUP/Variance/COA
	Side Setback <u>15' from ROW (West Oak Dr)</u>	Side Setback	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 12/18/17 RPUD

CONTRACTOR INFORMATION	Contractor <u>CAROUSEL SIGNS & DESIGNS, INC.</u>		Phone <u>804.620.3200</u>
	Address <u>2312 COMMERCE CENTER DR., STE. B</u>		
	Contractor License Number <u>2705115473</u>	Type <u>CLASS A</u>	Expiration <u>6.30.19</u>

DESCRIPTION OF WORK	Scope of Work: <u>(1) POST MOUNTED NEIGHBORHOOD IDENTIFICATION SIGN FOR WEST OAK</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 \$2175.00

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 12.11.17

Application Fee	\$ <u>3150.00</u>
State Levy Fee	\$ <u>509.60</u>
Septic/Well Fee	\$ _____
Zoning Fee / COA	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>3659.60</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 12-27-17

Application Date: 11/30/17 *Rec 12/5/17*
 Permit Number: *BP-2017-00965*
 Old Map Number: *6-1-0-57-TW*
 GPIN: *6833-25-6154-9998*

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 4440 Old Fredericksburg Road		District	
	Owner SBA Towers, Inc.		Phone #	
	Address 5900 Broken Sound Pkwy., NW Boca Raton, FL 33487			
	Proposed Use 192' Self-Support Tower	Current Use Existing Tower	Existing Buildings on Property	
	Proposed Occupant Load (Commercial) NA	Lot Size NA	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <i>—</i>	Date Paid: <i>—</i>	
	New Street Address		Zoning District <i>A1</i>		
	Front Setback <i>55' from ROW</i>	Center Line Setback	Rear Setback <i>35'</i>	C.U. Permit	Variance
	Side Setback <i>30'</i>	Side Setback <i>30'</i>	Census Track	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>No change to bldg. footprint</i>				

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 *12/7/17*

Applicant/Contact: Willin Consultants on behalf of Sprint // Shannon West Phone 404-889-0359

Email: shannonwest@willinconsultants.com

CONTRACTOR INFORMATION	Contractor SBA Network Services, LLC	Phone 704.527.0003 x2114
	Address 8051 Congress Avenue Boca Raton, FL 33487	
	Contractor License Number 2705143663	Type CBC ELE RBC

Description of Work	Scope of Work: Remove (3) existing panel antennas, replace with (3) new Tri-Band antennas. Install (1) hybridflex cable, Install (3) 2500 MHz RRH's & (3) 800 MHz RRHs.				
	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	22,000
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <i>165-</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>3.30</i>
Zoning Fee	\$ <i>50-</i>
Total	\$ <i>218.30</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 *Shannon West*



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: 12.20.17
 Permit Number: BP-2017-01003
 GPIN/Tax Map: 60998-45-9813/331.0-91
 Issued: 12.27.17

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>2519 OILVILLE ROAD ROCKVILLE, VA. 23146</u>	
	Owner <u>SAM & KATHY SEARS</u>	Phone # <u>804-339-3234</u>
	Address <u>110 REVOLUTION CIRCLE CHRISTIANSBURG, VA 24073</u>	Email <u>sclsears@verizon.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>SAM SEARS</u>	Phone # <u>804-339-3234</u>
	Address <u>110 REVOLUTION CIRCLE CHRISTIANSBURG, VA. 24073</u>	Email <u>sclsears@verizon.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>William D. Vick Jr.</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>5'</u>	CUP/Variance/COA <u>RR-2002-00001</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>X</u>	

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: David Lloyd Date: 12/21/17 RR

CONTRACTOR INFORMATION	Contractor <u>VIRGINIA BARN COMPANY</u>		Phone <u>434-547-8140</u>
	Address <u>8051 PLANK RD 201 SCHOOL ROAD DILLWYN, VA. 23936</u>		
	Contractor License Number <u>2705-125482</u>	Type <u>CLASS A</u>	Expiration <u>10/31/2018</u>

DESCRIPTION OF WORK	Scope of Work: <u>SINGLE STORY 30X60 POLE BARN W/ CONCRETE FLOOR. REMOVE A FOR FUTURE BATHROOM. ELECTRICAL PANEL BOX detached garage</u>			
	Proposed Use <u>WAREHOUSE</u>	Current Use <u>—</u>	Existing Buildings on Property <u>—</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>1</u>	# of Bedrooms <u>—</u>
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1800</u>	Total Sq. Ft. <u>1800</u>	

Building Only - Excludes All Trades Permits

Value of Work
~~\$52,000~~ \$58,500.00

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: _____

Application Fee	\$ <u>215.20</u>
State Levy Fee	\$ <u>5.50</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>205.70</u>



BUILDING PERMIT APPLICATION

Application Date: 11.20.17
 Permit Number: BP-2017-00933
 GPIN/Tax Map: 7728-40-5529/48.14.0.3.0
 Issued: 12.18.17
 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.

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: 2360 LANIER ROAD GOOCHLAND VA
 Owner: HYNISON GREEN OUTDOORS Phone #: 804.387.7781
 Address: 16302 ST. PETERS CHURCH ROAD MONTPELIER VA 23102 Email: dhynison@aol.com

APPLICANT INFORMATION
 Applicant/Contact: GREENFIELD BUILDING SYSTEMS Phone #: 804.882.1515
 Address: 14605 CLAZEMONT ROAD MONTPELIER VA 23102 Email: daVID@dwhconstructionllc.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: _____ Proffer: Yes No Amount: _____ Date Paid: _____
 Front Setback: 20' from ROW Center Line Setback: 45' Rear Setback: 10' CUP/Variance/COA: _____
 Side Setback: 10' Side Setback: 10' Flood Zone: _____
 APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 11/22/17

CONTRACTOR INFORMATION
 Contractor: GREENFIELD BUILDING SYSTEMS Phone: 804.882.1515
 Address: 14605 CLAZEMONT ROAD MONTPELIER VA 23102
 Contractor License Number: 2705159837 Type: H/A/RBC Expiration: 3-31-18

DESCRIPTION OF WORK
 Scope of Work: 60x60 PRO ENGINEERED METAL BUILDING ADDITION TO EXISTING. UNFINISHED. SHOWN
 Proposed Use: WAREHOUSE/OFFICE SALES Current Use: SALES Existing Buildings on Property: 2 # of Floors: 1
 SEWER Public/Private WATER Public/Private # of Bathrooms: 3 # of Bedrooms: 6
 Finished Sq. Ft.: 0 Unfinished Sq. Ft.: 3600 Total Sq. Ft.: 3600

Building Only - Excludes All Trades Permits
 Value of Work: 125000 \$237,600.00

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: 11.17.17

Application Fee	\$ <u>1782-</u>
State Levy Fee	\$ <u>35.64</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>1867.64</u>

SHELL ONLY! 1-770-7735



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: 12-11-17
 Permit Number: BP-2017-00978
 GPIN/Tax Map: 67110-86-2975 / 44-15-1-13-0
 Issued: 12-18-17

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

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

OWNER INFORMATION	Site Address <u>1985 Goungton Rd Crozier, VA. 23039</u>	
	Owner <u>DELORES CHEWNING</u>	Phone # <u>804-310-0554</u>
	Address <u>SAME</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>RAY W. STINSON</u>	Phone #
	Address <u>2794 HUGUENOT TRAIL POUGHATAN, VA. 23139</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Coungton</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>25' From Kew</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>David Floyd</u>		Date <u>12/14/17</u>	<u>M2</u>

CONTRACTOR INFORMATION	Contractor <u>RAY W. STINSON CONSTRUCTION</u>	Phone <u>804-357-7653</u>
	Address <u>2794 HUGUENOT TRAIL POUGHATAN, VA. 23139</u>	
	Contractor License Number <u>2701030713</u>	Type <u>CLASS A</u>

DESCRIPTION OF WORK	Scope of Work: <u>12'x14' KITCHEN ADDITION AND RENOVATION TO EXISTING KITCHEN</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft. <u>175</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>175</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>\$ 20,000.00</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 Ray W. Stinson Date 12-11-17

Application Fee	\$ <u>102.00</u>
State Levy Fee	\$ <u>2.04</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>129.04</u>

42-32-D-30-0

 <p style="text-align: center;">BUILDING PERMIT APPLICATION</p> <p>Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay</p> <p> <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial </p>	Application Date: <u>12-13-17</u>
	Permit Number: <u>BP-2017-00984</u>
	GPIN/Tax Map: <u>6757-59-0524</u>
	Issued: <u>12.18.17</u>
	This application is <u>not</u> 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>2125 Thoroughbud Pkwy</u>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Owner <u>J.J. White</u></td> <td style="width: 40%;">Phone # <u>540-915-2900</u></td> </tr> <tr> <td>Address <u>2125 Thoroughbud Pkwy</u></td> <td>Email <u>jjwhite1@gmail.com</u></td> </tr> </table>	Owner <u>J.J. White</u>	Phone # <u>540-915-2900</u>	Address <u>2125 Thoroughbud Pkwy</u>	Email <u>jjwhite1@gmail.com</u>
Owner <u>J.J. White</u>	Phone # <u>540-915-2900</u>				
Address <u>2125 Thoroughbud Pkwy</u>	Email <u>jjwhite1@gmail.com</u>				
APPLICANT INFORMATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Applicant/Contact <u>J.J. White</u></td> <td style="width: 40%;">Phone # <u>540-915-2900</u></td> </tr> <tr> <td>Address <u>2125 Thoroughbud Pkwy</u></td> <td>Email <u>jjwhite@gmail.com</u></td> </tr> </table>	Applicant/Contact <u>J.J. White</u>	Phone # <u>540-915-2900</u>	Address <u>2125 Thoroughbud Pkwy</u>	Email <u>jjwhite@gmail.com</u>
	Applicant/Contact <u>J.J. White</u>	Phone # <u>540-915-2900</u>			
Address <u>2125 Thoroughbud Pkwy</u>	Email <u>jjwhite@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/Varlane/COA	
	Side Setback	Side Setback	Flood Zone		
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	Planning & Zoning Officer _____ Date _____				

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

DESCRIPTION OF WORK	Scope of Work: <u>Finish unfinished basement office, work out rooms, living room & bathroom room</u>			
	Proposed Use <u>living</u>	Current Use <u>storage</u>	Existing Buildings on Property <u>house</u>	# of Floors <u>3</u>
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> Private	# of Bathrooms <u>4</u>	# of Bedrooms <u>5</u>
	Finished Sq. Ft. <u>1477</u>	Unfinished Sq. Ft. <u>Approx. 1477</u>	Total Sq. Ft. <u>1477</u>	

Building Only - Excludes All Trades Permits		<table style="width: 100%; border-collapse: collapse;"> <tr><td>Application Fee</td><td>\$ <u>110.22</u></td></tr> <tr><td>State Levy Fee</td><td>\$ <u>1.52</u></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>\$ <u>111.74</u></td></tr> </table>	Application Fee	\$ <u>110.22</u>	State Levy Fee	\$ <u>1.52</u>	Septic/Well Fee	\$ _____	Zoning Fee	\$ _____	RLD	\$ _____	SWP	\$ _____	Total	\$ <u>111.74</u>
Application Fee	\$ <u>110.22</u>															
State Levy Fee	\$ <u>1.52</u>															
Septic/Well Fee	\$ _____															
Zoning Fee	\$ _____															
RLD	\$ _____															
SWP	\$ _____															
Total	\$ <u>111.74</u>															
Value of Work	<u>\$14,270</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>12/3/17</u>															