



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: 12-13-17
 Permit Number: BP-2017-00982
 GPIN/Tax Map: 7704-86-3625 / 62-33-0-7-0
 Issued: 12-15-17

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.

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 615 Elm Creek Circle, Manakin Sabot, VA 23103		
	Owner Thomas Caudill	Phone # 804 784 5808	
	Address 615 Elm Creek Circle, Manakin Sabot, VA 23103	Email tcaudill@comcast.net	
APPLICANT INFORMATION	Applicant/Contact Thomas Caudill		Phone # 8043979017
	Address 615 Elm Creek Circle, Manakin Sabot, VA 23103		Email tcaudill@comcast.net

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 Self Thomas Caudill		Phone 8043979017
	Address 615 Elm Creek Circle, Mankakin Sabot, VA 23103		
	Contractor License Number N/A (owner)	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Add screened in porch to existing deck (14X17) no change in footprint			
	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. 238	Total Sq. Ft. 238	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30.00</u> State Levy Fee \$ <u>.60</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>30.60</u>
Value of Work	\$900.00	
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	<u>Thomas Caudill</u> Date <u>12/13/2017</u>	



BUILDING PERMIT APPLICATION

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 TDD 711 VA Relay

Residential Commercial

Application Date: 12-13-17
 Permit Number: BP-2017-00985
 GPIN/Tax Map: 7704-26-1048 / 62-15-0-D-2A
 Issued: 12-15-17

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.

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

OWNER INFORMATION	Site Address <u>735 River Road West Manakin Sabot Va 23103</u>	
	Owner <u>Brian & Lisa Midgette</u>	Phone #
	Address	Email <u>Brianmidgette@icloud.com</u>
APPLICANT INFORMATION	Applicant/Contact	
	Address	Email <u>Lisamidgette@aol.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	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer <u>David Lloyd</u> Date <u>12/13/17</u> A2			

CONTRACTOR INFORMATION	Contractor <u>Exquisite pools</u>		Phone <u>804-749-4400</u>
	Address <u>17099 Chisholm Trl Rockville Va 23146</u>		
	Contractor License Number <u>2705152021</u>	Type <u>A</u>	Expiration <u>10-31-2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>26x40 gunnite Swimming Pool with Auto Cover and spa 20x40</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. <u>800</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>249.60</u>
Value of Work <u>52,800</u>		State Levy Fee \$ <u>4.99</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>Duff E Young</u> Date _____		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>279.59</u>

[Handwritten signature]

received
12-12-17

 <p>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-2017-00979</u>
	GPIN/Tax Map: <u>6785-37-9390 / 55-17-0-7-0</u>
	Issued: <u>12-15-17</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 1038 Hunters Woods Crozier VA 23039
	Owner Sam & DeNae Babbitt Phone # 434-981-6856
	Address 1038 Hunters Woods, Crozier VA 23039 Email dbabbitt1@icloud.com
APPLICANT INFORMATION	Applicant/Contact Kevin Brungard Phone # 540-841-0006
	Address 1186 Lickinghole Rd, Goochland, VA 23063 Email blueridge.kevin@gmail.com

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

CONTRACTOR INFORMATION	Contractor Blue Ridge Custom Homes LLC Phone 804-614-4556
	Address 1186 Lickinghole Rd., Goochland, VA 23063
	Contractor License Number 2705086712 Type Class A Expiration 07-31-18

DESCRIPTION OF WORK	Scope of Work: <u>Finishing off the existing framed 2nd floor in cape cod home with basement, Will be adding a music room, craft room, bathroom and media room for</u>			
	Proposed Use Family Residence	Current Use Family residence <u>Storage</u>	Existing Buildings on Property 1	# of Floors 1
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 1	# of Bedrooms 0
	Finished Sq. Ft. 1313	Unfinished Sq. Ft.	Total Sq. Ft. 1313	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>79.50</u>
Value of Work	\$15,000	State Levy Fee \$ <u>1.59</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>[Signature]</u> Date <u>12/11/17</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>81.09</u>



BUILDING PERMIT APPLICATION

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

Application Date: 9/26/2017

received
9-28-17

Permit Number: BP-2017-00780

GPIN/Tax Map: 7720-86-9294/59-1-0-38-A

Issued: 12.14.17

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: 12564 Broad Street Rd, Richmond, VA 23233

Owner: Wawa, Inc. Phone #: (610) 733-2505

Address: 260 W. Baltimore Pike, WAWA, PA 19063 Email: William.grobins@wawa.com

APPLICANT INFORMATION
 Applicant/Contact: Kyle Bradley Phone #: (804) 569-6185

Address: 8420-F Meadowbridge Rd, Mechanicsville, VA 23116 Email: kbradley@graybeale.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: Proffer Yes No Amount: Date Paid:

Front Setback: 55' from PL Center Line Setback: Rear Setback: 35' from PL CUP/Variance/COA: # Noting projects above grade.
 Side Setback: 25' from PL (East side) Side Setback: 10' from PL Flood Zone:

APPROVED REJECTED COMMENTS: As submitted will exceed setbacks B1
 Planning & Zoning Officer: *Dennis Ford* Date: 10/3/17

CONTRACTOR INFORMATION
 Contractor: Graybeale Construction, Inc. Phone: (804) 569-6185

Address: 8420-F Meadowbridge Rd, Mechanicsville, VA 23116

Contractor License Number: 2705052125 Type: A Expiration: 8/31/2019

DESCRIPTION OF WORK
 Scope of Work: Exterior only (site) updates to meet ADA code

Proposed Use: Current Use: Existing Buildings on Property: # of Floors:

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

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

Building Only - Excludes All Trades Permits

Value of Work: \$50,000.00

Application Fee: \$375-
 State Levy Fee: \$7.50
 Septic/Well Fee: \$
 Zoning Fee: \$50-
 RLD: \$
 SWP: \$
 Total: \$432.50

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: *Kyle Bradley* Date: 9/26/17

Issued: 12-14-17



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date:

Application No.:

Fee: \$25.00

Zoning Approval:

Yes

David Lloyd

No:

Date:

12-12-17

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: *Cecil B. Wyse*

Telephone: *804-356-8462*

Address: *1800 St. Matthews Ln
Rockville, VA 23148*

Cell phone: _____

FAX: _____

E-mail: _____

Name of Applicant: *Owner*

Telephone: _____

Address: _____

Cell phone: _____

E-mail: _____

FAX: _____

Property Information

Street Address: *3006 Cooley Rd.*

Zoning: *A1*

GPIN Number: *6841-51-4075*

Acreage: *385*

Existing Use: *Farm*

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): *2400* 2. Value of Building: *25,000*

3. Written Description of Proposed Physical Improvements:

Steel Structure Barn for storing farm equipment & hay



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

Application Date: 8-9-17

Permit Number: BP-2017-00626

GPIN/Tax Map: 58-26-4 7715-26-4255

Issued: 8-15-17

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

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OWNER INFORMATION	Site Address <u>365 First Flite Lane , Lot 4</u>	
	Owner <u>David & Sandra Nunnallay</u>	Phone # <u>804-615-6256</u>
APPLICANT INFORMATION	Address <u>265 Hill Point Road, Richmond, VA 23238</u>	Email <u>macbrand21@comcast.net</u>
	Applicant/Contact <u>Ray Williams</u>	Phone # <u>804-794-7705</u>
APPLICANT INFORMATION	Address <u>14343 Sommerville Ct., Midlothian, VA., 23113</u>	Email <u>darrell@rwbuilder.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Fairway Estates</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from ROW</u>	Center Line Setback _____	Rear Setback <u>35' from PL</u>	CUP/Variance/COA _____
	Side Setback <u>20' from PL</u>	Side Setback <u>21' from PL</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Rear Setback must be survey located.</u>			
Planning & Zoning Officer <u>Daniel Ford</u> Date <u>8/9/17</u> #2				

CONTRACTOR INFORMATION	Contractor <u>Ray A. Williams Const. Co.</u>		Phone <u>804-794-7705</u>
	Address <u>14343 Sommerville Ct., Midlothian Va., 23113</u>		
	Contractor License Number <u>2701024603</u>	Type <u>A</u>	Expiration <u>03-31-2018</u>

DESCRIPTION OF WORK	Scope of Work: <u>New Residential construction with attached garage</u>			
	<u>Revised 12-20-17 Add 8 sqft to dining room masonry fireplace off covered porch</u>			
	Proposed Use	Current Use	Existing Buildings on Property <u>no</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>4.5</u>	# of Bedrooms <u>4</u>
	Finished Sq. Ft. <u>5530</u>	Unfinished Sq. Ft. <u>575 + 263 + 298 = 1136</u>	Total Sq. Ft. <u>6105</u> <u>7523</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>3,992.00</u>
Value of Work <u>880,000</u>		
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		State Levy Fee \$ <u>79.44</u>
Signature of Applicant <u>[Signature]</u> Date <u>8/9/17</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>50.00</u>
		RLD \$ <u>100.00</u>
		SWP \$ _____
		Total \$ <u>4,201.44</u>

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5661 TDD 711 Va Relay

12-8-17

Application Accepted: DP-2017-00970
 Old Map Number: 6729-06-9535
 GPIN: 27-8-01

Issued: 12-11-17

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

OWNER INFORMATION	Site Address <u>2745 DANIELTOWN ROAD</u>			District		
	Owner <u>Irene Heckstall</u>			Phone # <u>457-4030</u>		
	Address <u>2745 DANIELTOWN ROAD.</u>					
	Proposed Use		Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)		Acreage <u>3.57</u>	Commercial Use <input type="checkbox"/> Yes <input 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 ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	C.U. Permit	Variance	
	Side Setback <u>35' FROM ROW (South Side)</u>	Side Setback <u>20'</u>	COA	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 Floyd Date: 12/8/17

Applicant/Contact: DAN Swords II Phone: 994-3429

Email: DAN@BNWBuilders.com

CONTRACTOR INFORMATION	Contractor <u>BNW Builders</u>			Phone <u>804/346-3300</u>	
	Address <u>8601 Staples Mill Rd.</u>				
Contractor License Number <u>2705108250</u>		Expiration <u>6/30/2018</u>	Type <u>BID HIC</u>	Type <u>BLD HIC</u>	

Description of Work	Scope of Work: <u>Demo old Deck. Build new 14x14 deck w/ 4x4 landing and stairs. Upgraded Footings for future screen porch. PVC decking and Aluminum Powder Coated handrails.</u>				
	SEWER Public/Private <u>Private</u>		WATER Public/Private <u>Private</u>		# of Bathrooms
	# of Floors	Total Sq. Ft. <u>228</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>228</u>	# of Bedrooms

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

VALUE OF WORK	
Building	<u>10,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>57.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ <u>—</u>
State Levy Fee	\$ <u>1.14</u>
RLD Total	\$ <u>83.14</u>

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

Steve Hoff



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
 Permit Number: BP-2017-00932
 GPIN/Tax Map: 6833-25-6154-9998
 Issued: 12.8.17

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.

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OWNER INFORMATION	Site Address <u>4440 Old Fredericksburg Road</u>	
	Owner <u>Manakin Towers, LLC</u>	Phone # <u>NA</u>
	Address <u>8051 Congress Ave Boca Raton, FL 33487</u>	Email <u>NA</u>

APPLICANT INFORMATION	Applicant/Contact <u>David Beniamino (Agent for Verizon Wireless)</u>	Phone # <u>(540) 878-3570</u>
	Address <u>4435 Waterfront Dr. Ste 100 Glen Allen, VA 23060</u>	Email <u>dbeniamino@nbcllc.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>56' from road</u>	Center Line Setback <u>—</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* No change to footprint.</u>			
	Planning & Zoning Officer <u>David Floyd</u> Date <u>12/8/17</u> A1			

CONTRACTOR INFORMATION	Contractor <u>Network Building + Consulting</u>		Phone <u>804-548-4079</u>
	Address <u>4435 Waterfront Dr. Ste 100 Glen Allen, VA 23060</u>		
	Contractor License Number <u>2705152498</u>	Type <u>A</u>	Expiration <u>12/31/17</u>

DESCRIPTION OF WORK	Scope of Work: <u>Dup antenna with newer models on existing tower. No change to ground equipment or tower height.</u>			
	Proposed Use <u>Tower</u>	Current Use <u>Tower</u>	Existing Buildings on Property <u>NA</u>	# of Floors <u>NA</u>
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>NA</u>	# of Bedrooms <u>NA</u>
	Finished Sq. Ft. <u>NA</u>	Unfinished Sq. Ft. <u>NA</u>	Total Sq. Ft. <u>NA</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>90-</u> State Levy Fee \$ <u>1.80</u> Septic/Well Fee \$ <u>—</u> Zoning Fee \$ <u>50-</u> RLD \$ <u>—</u> SWP \$ <u>—</u> Total \$ <u>141.80</u>
Value of Work	<u>12,000.00</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	<u>[Signature]</u> Date <u>11/17/17</u>	



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

Application Date: 11.21.17
 Permit Number: BP-2017-00929
 GPIN/Tax Map: 6787-42-7315-9998/44-6-0-1-TN
 Issued: 12.8.17

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>1811 Triple Estates Lane Goochland, VA 23039</u>	
	Owner <u>National Communication Towers</u>	Phone #
	Address <u>(Not available in GIS System)</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>David Beniamino (Agent for Verizon wireless)</u>	Phone # <u>540-878-3570</u>
	Address <u>4435 Waterfront Dr. Ste 100 Glen Allen, VA 23060</u>	Email <u>dbeniamino@nbcllc.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>55' from</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>30'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>* No change to footprint</u>		

Planning & Zoning Officer: David [Signature] Date: 12/8/17 A2

CONTRACTOR INFORMATION	Contractor <u>Mountain Valley Tower Service</u>		Phone <u>(540) 886-6679</u>
	Address <u>26 S. New Street Staunton, VA 24401</u>		
	Contractor License Number <u>2705070588</u>	Type <u>T</u>	Expiration <u>9/30/18</u>

DESCRIPTION OF WORK	Scope of Work: <u>Swap antennas on existing tower with newer models. No change to ground equipment or tower height.</u>		
	Proposed Use <u>Tower</u>	Current Use <u>Tower</u>	Existing Buildings on Property <u>NA</u>
	# of Floors <u>NA</u>	# of Bathrooms	# of Bedrooms
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	
Finished Sq. Ft. <u>NA</u>	Unfinished Sq. Ft. <u>NA</u>	Total Sq. Ft. <u>NA</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>12,000.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 11/17/17

Application Fee	\$ <u>90-</u>
State Levy Fee	\$ <u>1.80</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>50-</u>
RLD	\$
SWP	\$
Total	\$ <u>141.80</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: 9.27.17
 Permit Number: BP-2017-00770
 GPIN/Tax Map: 7716-00-9749/57-20-C-5-C
 Issued: 9.28.17

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

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

Revised 12.8.17 -> REWATE 3 BATHROOMS & KITCHEN

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

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 J.A. TOMPKINS, INC	Phone 804.690.6614
Address 15354 WEST FORK RD. GLEN ALLEN VA 23059	
Contractor License Number 2701029494	Type CLASS A CBC RBC
	Expiration 3-31-19

Scope of Work: interior ALTERATION OF FAMILY ROOM FLOOR & ROOF			
Proposed Use	Current Use	Existing Buildings on Property	# of Floors
SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
Finished Sq. Ft. 384	Unfinished Sq. Ft. _____	Total Sq. Ft. 384	

Building Only - Excludes All Trades Permits		Application Fee	\$ 147-
Value of Work	30,000.00 110,000.00	State Levy Fee	\$ 2.94
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	\$ _____
Signature of Applicant <i>Jeffrey A. Tompkins</i> Date 9/27/17		RLD	\$ _____
		SWP	\$ _____
		Total	\$ 149.94

received



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: 12/1/17 12-6-17

Permit Number: BP-2017-00967

GPIN/Tax Map: 7704-63-8604 / 62-18-0-16-0

Issued: 12-9-17

Residential Commercial

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

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

OWNER INFORMATION	Site Address 470 Dover Knoll Drive	
	Owner Kevin and Christie Barry	Phone # 804-405-3612
	Address 470 Dover Knoll Drive	Email

APPLICANT INFORMATION	Applicant/Contact Wilson Caton	
	Address 4513 Hargrave Ct. Glen Allen VA 23060	Phone # 804-300-3400
		Email stirichmond@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Boscobel Country</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from ROW</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Darrell Ford</u> Date <u>12/6/17</u> <u>1A2</u>			

CONTRACTOR INFORMATION	Contractor Sustainable Technology Institute Inc		Phone 804-300-3400
	Address 4513 Hargrave Ct, Glen Allen VA 23060		
	Contractor License Number 2705151306	Type A	Expiration 2019-07-31

DESCRIPTION OF WORK	Scope of Work: Installation of a ground mounted solar pv system			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<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			

Value of Work	\$16,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

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

Application Fee	\$ <u>84.00</u>
State Levy Fee	\$ <u>1.68</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>110.68</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: 12.7.17

Application Date: 12/1/2017
 Application Accepted: BP-2017-00961
 Old Map Number: 12-1-34b /
 GPIN: 6831-14-3209

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 4175 CEDAR PLAINS ROAD		District	
	Owner JUDITH KEY		Phone # 804-426-5994	
	Address 4175 CEDAR PLAINS ROAD			
	Proposed Use DWELLING	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage 1.01	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit
	Side Setback	Side Setback	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: FIVE (5) SMART JACKS ON MAIN GIRDER			
	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	13170.00
Excludes All Trades Permits	

Application Fee	\$ 11.210
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ 1.43
REL Total	\$ 12.64

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: 12.17.17

Application Date: 12/1/2017

Application Accepted: BP-2017-009102

Old Map Number: 58-2-21

GPIN: 7726-36-0683

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 1575 WHIPPOORWILL ROAD			District	
	Owner SHIRLEY SHANER			Phone # 804-405-6064	
	Address 1575 WHIPPOORWILL ROAD				
	Proposed Use DWELLING		Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)		Acreage .00001	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: TWO (2) PIERS ON RIGHT REAR OF SIDE PORCH				
	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	4450.00
Excludes All Trades Permits	

Application Fee	\$ 32.03
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$.64
Total	\$ 32.67

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

Application Date: 11-27-17
 Permit Number: DP-2017-00944
 GPIN/Tax Map: 1704-84-2939 / 62-38-02-C
 Issued: 12-5-17
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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>102 Manakin Park Drive</u>		
	Owner <u>Bill David</u>	Phone # <u>804-363-1950</u>	
APPLICANT INFORMATION	Address <u>102 Manakin Park Drive</u>		
	Applicant/Contact <u>SB Contracting</u>	Email <u>wdavid@sageviewadvisory.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>17801 Hill Street Rd Moseley Va 23120</u>		Phone # <u>804-229-3964</u>
	Subdivision <u>The Parke @ Manakin</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —
	Front Setback <u>30' from pavement</u>	Center Line Setback —	Rear Setback <u>50' B/S</u>
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone —
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*Deck is existing.</u>			
Planning & Zoning Officer <u>David Floyd</u>		Date <u>11/30/17</u>	RPUD

CONTRACTOR INFORMATION	Contractor <u>SB Contracting</u>		Phone <u>804-744-1001</u>
	Address <u>17801 Hill Street Road Moseley Va 23120</u>		Cell <u>804-229-3964</u>
	Contractor License Number <u>2705127080</u>	Type <u>Class A</u>	Expiration <u>4-30-19</u>

DESCRIPTION OF WORK	Scope of Work: <u>1642 Screen Porch</u>		
	Proposed Use	Current Use	Existing Buildings on Property
	<u>SEWER</u> Public/Private	<u>WATER</u> Public/Private	# of Bathrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>192</u>	Total Sq. Ft. <u>192</u>

Building Only - Excludes All Trades Permits

Value of Work <u>24,000</u>	Application Fee \$ <u>120.00</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.	State Levy Fee \$ <u>2.40</u>
	Septic/Well Fee \$
	Zoning Fee \$ <u>25.00</u>
	RLD \$
	SWP \$
Signature of Applicant <u>Mark Beynon</u> Date <u>11-22-2017</u>	Total \$ <u>147.40</u>



BUILDING PERMIT APPLICATION

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

Application Date: 11/30/2017Permit Number: BP-2017-00950GPIN/Tax Map: 6749-32-7642 / 29-10-0-1-0Issued: 12.5.17

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

Residential

Commercial

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

OWNER INFORMATION	Site Address 3869 Riddles Bridge Rd.	
	Owner Gary & Rena Wynne	Phone # 804-405-9431
	Address 3869 Riddles Bride Rd.	Email

APPLICANT INFORMATION	Applicant/Contact Dave Ingram		Phone # 804-337-7-1171
	Address 1746 Reams Rd. Powhatan Va. 23139		Email dave.m.ingram@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Woods at Riddle Bridge</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>3'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>11/30/17</u> 1A1			

CONTRACTOR INFORMATION	Contractor Garber Enterprise Inc.		Phone 804-598-4018
	Address 1746 Reams Rd. Powhatan Va. 23139		
	Contractor License Number 2701026862	Type Class A CBC RBC	Expiration 10-13-2019

DESCRIPTION OF WORK	Scope of Work: Build a 26'x30' detached garage with two overhead doors and a 7'x30' lean-to on the back			
	Proposed Use	Current Use	Existing Buildings on Property <small>One residential house</small>	# of Floors 0
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0
	0 Finished Sq. Ft.	990 Unfinished Sq. Ft.	990 Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	\$27,225.00
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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 Dave M. Ingram Date 11/30/2017

Application Fee	\$ <u>34.51</u>
State Levy Fee	\$ <u>2.69</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25-</u>
RLD	\$
SWP	\$
Total	\$ <u>102.20</u>



BUILDING PERMIT APPLICATION

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

Application Date: 12.1.17
 Permit Number: BP-2017-00956
 GPIN/Tax Map: 6059-42-6936/30-9-0-3-0
 Issued: 12.5.17

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>2540 Jackson Shop. Rd. Goochland VA. 23063</u>	
	Owner <u>Christina Bitting</u>	Phone #
	Address	

APPLICANT INFORMATION	Applicant/Contact <u>Jake Bitting</u>		Phone # <u>(804) 304-9920</u>
	Address		Email <u>jacobbitting@</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>CONCAST.NET</u>
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>—</u>	

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer David Floyd Date 12/1/17 A2

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

DESCRIPTION OF WORK	Scope of Work: <u>30 X 30 Detached garage</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. <u>900</u>	Total Sq. Ft. <u>900</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>20,000</u> + <u>4,750.00</u> = <u>24,750.00</u>	Application Fee \$ <u>123.31</u> State Levy Fee \$ <u>2.47</u> Septic/Well Fee \$ <u>—</u> Zoning Fee \$ <u>25-</u> RLD \$ <u>—</u> SWP \$ <u>—</u> Total \$ <u>150.84</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 Jake Bitting Date 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 711 Va Relay

Application Date: 04-11-2017
 Application Accepted: *BD-2017-00419*
 Old Map Number: 58-52-0 4-0
 GPIN: 7715-23-7095

Issued. 7-13-17

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

OWNER INFORMATION	Site Address: <i>994' Dover Branch</i>		District: <i>Dover</i>	
	Owner: <i>Duke Homes VA</i> ^{current}		Phone #: <i>804-346-8077</i>	
	Address: <i>3800 Stillman Parkway Suite 200 Richmond, VA 23233</i>			
	Proposed Use: <i>Residential</i>		Existing Buildings on Property: <i>NA</i>	
	Proposed Occupant Load (Commercial):		Commercial Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <i>Dover Branch</i>		Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	New Street Address:		Amount: <i>NA</i>	
	Zoning District: <i>A-2</i>		Date Paid: <i>NA</i>	
	Front Setback: <i>55' from ROW</i>	Center Line Setback:	Rear Setback: <i>55'</i>	C.U. Permit: <i>N/A</i>
	Side Setback: <i>35' / Hermitage rd.</i>	Side Setback: <i>20'</i>	COA: <i>N/A</i>	Flood Zone: <i>N/A</i>
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: *5/26/17*

Applicant/Contact: *Brian Duke* Phone: *804-869-4077*
 Email: *brian.duke@duke LLC.com*

CONTRACTOR INFORMATION	Contractor: <i>Duke Homes VA</i>		Phone: <i>804-346-8077</i>	
	Address: <i>3800 Stillman Parkway Suite 200 Richmond, VA 23233</i>			
	Contractor License Number: <i>2705155404</i>		Type: <i>A</i>	
Description of Work	Scope of Work: <i>Residential New home construction w/ attached garage. Revised to add 602 from unfinished to finished.</i>			
	SEWER: <i>Public/Private</i>	WATER: <i>Public/Private</i>	# of Bathrooms: <i>4 finished</i>	
	# of Floors: <i>3</i>	Total Sq. Ft.: <i>3741</i>	Finished Sq. Ft.: <i>3139</i>	Unfinished Sq. Ft.: <i>602</i>
			# of Bedrooms: <i>4 + bathroom</i>	

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

VALUE OF WORK		Total
Building	<i>\$ 281,337.00</i> <i>301,200.00</i>	
Excludes All Trades Permits		<i>1,694.38</i>

Application Fee	\$ <i>1278.02</i>
Zoning Fee	\$ <i>50.00</i>
Septic/Well Fee	\$ <i>40.00</i>
State Levy Fee	\$ <i>26.36</i>
RLD	\$ <i>100.00</i>
Storm	<i>200.00</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: *David D. Duke*

Addition



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: 11/21/17 39

Permit Number: BP-2017-009AMM

GPIN/Tax Map: 77116-65-1744/58-1-0-82-0

Issued: 12.4.17

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

Residential Commercial

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

OWNER INFORMATION

Site Address: 1509 Hermitage Rd. Manakin Sabot, VA

Owner: John Carlton Phone #: 839-9955

Address: SAME Email: _____

APPLICANT INFORMATION

Applicant/Contact: Riverside Builders LLC - Charles Felts Phone #: 837-1771

Address: 130 Swift creek Ln. Col. Hts., VA 23834 Email: charlesfelts2@yahoo.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

Front Setback: 75' from ROW Center Line Setback: 100' Rear Setback: 35' CUP/Variance/COA: _____

Side Setback: 20' Side Setback: 20' Flood Zone: _____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: [Signature] Date: 11/27/17 A2

CONTRACTOR INFORMATION

Contractor: Riverside Builders LLC Phone: 837-1771

Address: 130 Swift creek

Contractor License Number: 2705 085777 Type: Class A Expiration: 5/31/2018

DESCRIPTION OF WORK

Scope of Work: Build sunroom and master Bedroom suite on back of home + attached 24x38 garage

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
		<u>3</u>	<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	# of Bedrooms
		<u>1</u>	<u>1</u>
Finished Sq. Ft. <u>1390</u>	Unfinished Sq. Ft. <u>930</u>	Total Sq. Ft. <u>1390 2320</u>	

Building Only - Excludes All Trades Permits

Value of Work: 130,000 \$ 180,000.00

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: 11/21/17

Application Fee	<u>823-</u>
State Levy Fee	<u>16.44</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25-</u>
RLD	\$ _____
SWP	\$ _____
Total	<u>863.44</u>

Issued 12.1.17



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

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

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

Office Use Only

Application File Date: <u>11-30-17</u>	Application No.: <u>AP-2017-00952</u>	Fee: \$25.00
Zoning Approval: Yes <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Date: <u>12/1/17</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: Powney Tract Development Partners Telephone: (804) 741-4663
 Address: 2250 Old Brick Rd. Suite 220 Cell phone: (804) 314-9620
Glen Allen, VA 23060 FAX: _____
 E-mail: CSimons@eagleofva.com

Name of Applicant: Chris Simons Telephone: (804) 741-4663
 Address: 2250 Old Brick Rd Suite 220 Cell phone: (804) 314-9620
Glen Allen VA 23060 FAX: _____
 E-mail: CSimons@eagleofva.com

Property Information

Street Address: Washbrook Terrace Zoning: APUD
 GPIN Number: ~~1738-1-0773~~ 1738-21-2887 Acreage: 2.420
 Existing Use: _____
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 240 sq. ft. Value of Building: \$ 13,000.00
 3. Written Description of Proposed Physical Improvements:
Vinyl Gazebo



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	12/8/17
Permit #	2017-00770
GPIN	7716-00-9749
Tax Map	57-20-C-5-0

LOCATION

Street Address: 10 DEER RUN Rd Manakin Sabot VA 23103

PROPERTY OWNERSHIP

Name	Pamela Luse	Phone	
Mailing Address		Email	

APPLICANT

Name	Leroy Ellis	Phone	
Address		Email	

CONTRACTOR

Name	Ellis Power Co	Phone	804 400 4755						
Mailing Address	16315 Pouncey TRACT Rd Raxville VA 23146	Email							
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705 004272	Expiration	8/31/19	License Type	ELECT	Class	B

DESCRIPTION OF WORK

Rewire house, Generator 22KW, Service trays change out panels

# of Bathrooms	Service Size	Power Company	Inquiry #
4.5	400		
Value of Work (required)			
\$20,000			

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

Signature of Applicant: [Signature] Date: 12/8/17

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>12/8/17</u>
Permit Fee: <u>\$13.22</u>		Issued date: <u>12/8/17</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: 12/13/17

Permit #: 17-934

GPIN

Tax Map

LOCATION

Street Address: 3178 Cooley Rd

PROPERTY OWNERSHIP

Name: Susan Harnell Phone

Mailing Address: 3178 Cooley Rd, Gum Spring VA Email

APPLICANT

Name: Three Phase Const. Phone

Address: 3196 Community House Rd Email: Joey.ThreePhase@gmail.com

CONTRACTOR

Name: Same Phone

Mailing Address

Gas Certification: YES NO

State License Number: 2705-133904 Expiration

License Type: ELE Class: 10

DESCRIPTION OF WORK

Install 22KW Generator

of Bathrooms: _____ Service Size: 200 Power Company: Dom Inquiry #: N/A

Value of Work (required): 3,000.00

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

Signature of Applicant: Joe E. [Signature] Date: 12/13/17

Approval: [Signature] Office Use Only Approval date: 12.13.17

Permit Fee: 35.19 Issued date: 12.13.17

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	12/12/17
Permit #	211-2017-00983
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	631 LONGFIELD ROAD	District	
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PROPERTY OWNERSHIP

Name	JIM BOWER	Phone	8047843964
Mailing Address	631 LONGFIELD ROAD		

APPLICANT

Name	WOODFIN HEATING	Phone	8047644533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	VPITTMAN@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2018	License Type:	CONTRACTOR Class: A

DESCRIPTION OF WORK

INSTALL 22 KW NATURAL GAS GENERATOR, 200 AMP ATS			
# of Baths	Service Size	Power Company	Inquiry #
	200	DOM	---

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Value of Work: **9500.00**

Permit fee: ~~67.32~~ **65.03**

Signature of Applicant **[Signature]**

Approval **[Signature]** Date **12-14-17**

Issue date: **12-14-17**



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

BP, 2017-00708

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	12/18/17
Permit #	
G-Pin	

LOCATION

Street Address 2768 Darnestown Rd Goochland VA	District
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PROPERTY OWNERSHIP

Name Mameed E Daniels Jr	Phone
Mailing Address	

APPLICANT

Name	Phone
E-Mail Address	

CONTRACTOR

Name Meyer Electric	Phone 804-457-3809			
Mailing Address 4964 Shannon Wood Rd Kent Stov VA 23084	E-mail address: sameer@me747.com			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type:	Class:

DESCRIPTION OF WORK

Wire house for code 4 in 200 amp service			
8 Generators 720			
# of Baths	Service Size 200	Power Company VA Power	Inquiry # 10172791

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant James Meyer	Value of Work: 8000.00
Approval HSHOR	Permit fee: 58.14
Date 12.20.17	Issue date: 12.20.17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Date: 12/20/17

Permit #: 17-01004

GPIN:

Tax Map:

LOCATION

Street Address: 1233 Manakin Rd Main House

PROPERTY OWNERSHIP

Name: George Poulos Phone:

Mailing Address: 1233 Manakin Rd Email:

APPLICANT

Name: Kurt Jimmo Phone:

Address: P.O. Box 725 Aylett VA 23089 Email:

CONTRACTOR

Name: EST Electrical Services Inc Phone: (804) 314-0238

Mailing Address: P.O. Box 725 Aylett VA 23089 Email: esielectrical@aol.com

Gas Certification: YES NO

State License Number: 2705107267 Expiration: 4/30/18 License Type: ELE Class: A

DESCRIPTION OF WORK

Wire 22 KW Generator

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

Value of Work (required): \$1,200

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: 12/20/17

Approval: Fisher Office Use Only Approval date: 12.22.17

Permit Fee: 30.60 Issued date:

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	12/20/17
Permit #	17-942
GPIN	
Tax Map	

LOCATION

Street Address ¹ 1233 Manakin Rd Guest house

PROPERTY OWNERSHIP

Name	George Poulos	Phone	
Mailing Address	1233 Manakin Rd	Email	

APPLICANT

Name	Kurt Jimmo	Phone	
Address	P.O. Box 725 Aylett VA 23009	Email	

CONTRACTOR

Name	ESI Electrical Services Inc	Phone	(804)314-0238		
Mailing Address	P.O. Box 725 Aylett VA 23009	Email	esi@electrical@aol.com		
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705107267	4/30/18	ELE	A

DESCRIPTION OF WORK

Wire 22 Kw Generator

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)			
1000			

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: 12/20/17

Approval:	Office Use Only	Approval date: 12.21.17
Permit Fee: 30.00		Issued date:

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	12-27-17
Permit #	EL-17-01010
GPIN	
Tax Map	

LOCATION

Street Address: 1674 Devon Way, Manakin Sabot, VA 23103

PROPERTY OWNERSHIP

Name	Mitchell & Leigh Johnson	Phone	804-921-5035
Mailing Address	1674 Devon Way, Manakin Sabot, VA 23103	Email	

APPLICANT

Name	Richard Mederos	Phone	434-975-3275
Address	2293 Seminole Lane Charlottesville, VA 22901	Email	richieneverdark@gmail.com

CONTRACTOR

Name	Never Dark Whole House Generators		Phone	434-975-3275	
Mailing Address	2293 Seminole Lane Charlottesville, Va 22901		Email	richieneverdark@gmail.com	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2710025076	8-31-18	Contractors	A

DESCRIPTION OF WORK

Wiring 20kw automatic generator with 200 amp service disconnect Transfer Switch with load Share Modules - elect. only

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

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

Signature of Applicant: Richard Mederos Date: 12-18-17

Approval: <u>FISHER</u>	Office Use Only	Approval date: <u>12-17-17</u>
Permit Fee: <u>30.00</u>		Issued date: <u>12-17-17</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 (804) 556-5317

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	11-09-17
Permit #	2017-0764
Old Map #	46-1-0-117-A
G-Pin	7717-22-1161

LOCATION

Street Address	3336 Tiller Lane, Goochland, Va. 23063	District	
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PROPERTY OWNERSHIP

Name	Blue Ridge Custom Homes	Phone	
Mailing Address	1186 Lickinghole Road, Goochland, Va. 23063		

APPLICANT

Name	E&J Electrical, Inc.	Phone	804-641-7586
E-Mail Address	mrsedej@aol.com		

CONTRACTOR

Name	E&J Electrical, Inc.			Phone	804-641-7586
Mailing Address	2880 Olde Beech Hollow Road, Charles City, Va. 23030			License Type	Class
Gas Certification	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	State License Number	Expiration	
			2705062410	05/19	Elec./Bldg. Contr. A

DESCRIPTION OF WORK

wire new single family dwelling, 50amp generator plug			
3 1/2	400	Dominion Energy	10179630
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Signature of Applicant Edu OSD
 Approval Fisher Date 12.28.17
 Value of work: \$10000.00
 Permit fee: 67.32
 Issue date: 12.28.17