



ZONING COMPLIANCE APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

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

Issued 1-24-18

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 1-23-18 Application No.: AP-2018-00050 Fee: \$25.00

Zoning Approval: Yes ABanner No: _____ Date: 1-23-18

Zoning Application Type: Please check appropriate box

R-1

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: Thomas Stroud
Address: 216 Sweetbriar Dr.
Richmond, VA 23238
E-mail: thomasstroud@cs.com

Telephone: 804-690-4123
Cell phone: _____
FAX: _____

Name of Applicant: _____
Address: _____
E-mail: _____

Telephone: _____
Cell phone: _____
FAX: _____

Property Information

Street Address: 216 Sweetbriar Dr.
GPIN Number: _____
Existing Use: _____

Zoning: residential
Acreage: _____

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 2. Value of Building: \$8,000

3. Written Description of Proposed Physical Improvements:

2 lights, 5 electrical outlets
shed



BUILDING PERMIT APPLICATION

Application Date: 1/22/2018

Permit Number: BP-2018-00047

GPIN/Tax Map: 7714-06-8173 / 62-20-A-22-0

Issued: 1-23-18

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: 507 Red Cedar Drive, Manakin Sabot, VA 23103

Owner: Brent Lawson
Phone #: (971) 205-8200

Address: 1680 Sheppard Town Road, Crozier, VA 23039
Email: brelawson@gmail.com

APPLICANT INFORMATION
Applicant/Contact: Jose Oseguera
Phone #: (831) 521-7775

Address: P.O. Box 309, Oilville, VA 23129
Email: jdoenterprisesllc@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: _____ Proffer: Yes No Amount: _____ Date Paid: _____
Front Setback: _____ Center Line Setback: _____ Rear Setback: _____ CUP/Variance/COA: _____
Side Setback: _____ Side Setback: _____ Flood Zone: _____

APPROVED REJECTED COMMENTS: _____
Planning & Zoning Officer: _____ Date: _____

CONTRACTOR INFORMATION
Contractor: JDO Enterprises LLC
Phone: (804) 384-7872

Address: P.O. Box 309, Oilville, VA 23129

Contractor License Number: 2705154213 Type: Class A Expiration: 12/31/2018

DESCRIPTION OF WORK
Scope of Work: Repair/Replace damaged section of subfloor, framing, siding, SR, PVC & 220 to dryer due to fire in laundry room.

Proposed Use Residential	Current Use Residential	Existing Buildings on Property House and Shed	# of Floors 2
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2.5	# of Bedrooms 4
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits
Value of Work: \$17,725.84 \$17,225.84

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

Signature of Applicant: _____ Date: 1/22/2018

Application Fee	\$ _____
State Levy Fee	\$ _____
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ -0-

no fee due
Michael R. B...

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

Application Date: 1/8/2018

Application Accepted: *DP-2018-0023*

Old Map Number: 46-1-103

GPIN: 7717-08-2292

Issued: 1-22-18

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 2454 MANAKIN ROAD		District		
	Owner CHURCH GOOCHLAND BAPTIST		Phone # 804-883-5532		
	Address 2454 MANAKIN ROAD				
	Proposed Use RELIGIOUS	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage 10.67	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	COA	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

Planning & Zoning Officer _____ Date _____

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

Email: JSTORY@JESNOW.COM

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

Description of Work	Scope of Work: FIVE (5) SMART JACKS W/ I-BEAM ON RIGHT SIDE OF STRUCTURE				
	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	8682.50
Excludes All Trades Permits	

Application Fee	\$ 65.12
Zoning Fee	\$ _____
Seplic/Well Fee	\$ _____
State Levy Fee	\$ 1.30
RLD	\$ 66.42

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: *[Handwritten Signature]*



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>1/19/18</u>	Application No.: <u>AP-2018-00090</u>	Fee: \$25.00
Zoning Approval: <u>Yes</u>	No: _____	Date: <u>1/19/18</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: KOD FERGUSON
 Address: 7 PARTRIDGE HILL RD
RICKMOND, VA 23238
 E-mail: ACOROD@AOL.COM

Telephone: 784-5407
 Cell phone: 928-8713
 FAX: 888-891-2337

Name of Applicant: SAME
 Address: _____
 E-mail: _____

Telephone: _____
 Cell phone: _____
 FAX: _____

Property Information

Street Address: 7 PARTRIDGE HILL RD
 GPIN Number: 7723-45-1043
 Existing Use: Residential

Zoning: Residential R-1
 Acreage: 3.27

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
2. Value of Building: \$ 5000^a
3. Written Description of Proposed Physical Improvements:

A WOODEN 20X12 Building with Metal Roof to be used for storage

The following farm buildings and structures are not exempt from code:

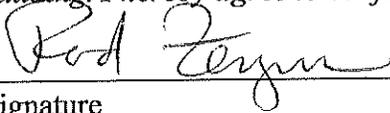
- Farm buildings and structures lying within a flood plain or in a mudslide prone area shall be subject to flood proofing regulations or mudslide regulations, as applicable.
- A building or a portion of a building, located on a farm, that is operated as a restaurant as defined in §35.1-1 of the Code of Virginia and licensed as such by the Board of Health under Chapter 2 (§ 35.1-11 et seq.) of Title 35.1 of the Code of Virginia.

APPLICANT/OWNER AGREEMENT & SIGNATURES

****Applicant/Owner must read and sign****

- Applicant shall submit two (2) sets of sealed surveyed site plans showing proposed location of building on property with setbacks clearly indicated.
- Applicant is responsible for locating, and clearly marking, the property lines to assure that setbacks are not violated.
- Applicant shall complete the attached Farm Use Affidavit if applying for a Farm Use Structure.
- The undersigned Owner authorizes entry onto the property by Goochland County employees during normal discharge of their duties in regard to this request.

In representing the above referenced firm submitting this application for review, I hereby state that the information provided in this application, and all accompanying information, is accurate, true and correct to the best of my knowledge, and that the attached site plan is an accurate depiction of the location of the proposed building. I hereby agree to conform to all terms of permit which may be issued on account of this application.



1/14/18

Signature
(Applicant/Property Owner/Representative)

Date

ROD FERGUSON

Printed 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: 1-16-18
 Permit Number: BP-2018-00036
 GPIN/Tax Map: 9938-12-9026/48-18-0-19-0
 Issued: 1-19-18
 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>7207 SHENFIELD AVE GLEN ALLEN VA 23059</u>	
	Owner <u>KRISTIN IURILLO</u>	Phone # <u>(804) 909-1127</u>
	Address <u>7207 SHENFIELD AVE</u>	Email <u>KristenIurillo@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>CURTIS HOME IMPROVEMENTS / MARK CURTIS</u> <u>(Homeowner KRISTEN IURILLO)</u>	
	Address	Email

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

CONTRACTOR INFORMATION	Contractor <u>CURTIS HOME IMPROVEMENTS</u>		Phone <u>804-283-1257</u>
	Address <u>18092 Pets Lane Beaverdam VA 23015</u>		
	Contractor License Number <u>2705750120</u>	Type <u>Class A Build</u>	Expiration <u>6-30-18</u>

DESCRIPTION OF WORK	Scope of Work: <u>Finishing out of unfinished Bonus/Media Room over garage - Construct closed within space.</u>		
	Proposed Use <u>Media Room</u>	Current Use <u>Unfinished</u>	Existing Buildings on Property
	# of Floors <u>2</u>	# of Bathrooms	# of Bedrooms
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	Finished Sq. Ft. <u>350</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>49.55</u>
Value of Work <u>19,700 7,900.00</u>		State Levy Fee \$ <u>.95</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Wall Fee \$ _____
Signature of Applicant <u>[Signature]</u>	Date <u>1-16-18</u>	Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>48.50</u>

Mauler's address: 10437 Lewistown Rd. Ashland VA 23005

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: 1-19-18

Application Accepted: BY-2018-00037

Old Map Number: 4728-0-50

GPIN: 77-17-60-5348

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>2015 SYCAMORE CREEK DR</u>		District	
	Owner <u>CHARLIE TRIMMER</u>		Phone # <u>804.784.5574</u>	
	Address <u>2015 SYCAMORE CREEK DR</u>			
	Proposed Use <u>SUNROOM</u>	Current Use <u>SCREENROOM</u>	Existing Buildings on Property <u>2</u>	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
Side Setback	Side Setback	COA	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: STEVE JENKINS Phone 540.931.6116
 Email: JENKINS@TOTALREMODELINGSYSTEMS.COM

CONTRACTOR INFORMATION	Contractor <u>TOTAL REMODELING SYSTEMS</u>		Phone <u>540.678.3100</u>	
	Address <u>303 ASHCROFT RD SUITE L ASHLAND VA</u>			
	Contractor License Number <u>2705127904</u>	Type <u>CBC-RBC</u>	Expiration <u>4-30-19</u>	

Description of Work: REMOVE SCREEN + INSTALL GLASS ON EXISTING PORCH

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. <u>304</u>	Finished Sq. Ft. <u>304</u>	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	<u>\$25,000.00</u>
Excludes All Trades Permits	

Application Fee	<u>\$124.50</u>
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	<u>\$2.49</u>
RLD	<u>\$126.99</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 [Signature]

BUILDING PERMIT APPLICATION

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

Application Accepted: 1-17-18

Old Map Number: BP-2018-00035

GPIN: 7738-20-4844 / 48-1-0560

Issued 1-19-18

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>7002 Benhill Circle</u>		District
Owner	<u>Richard + Jo Hauster</u>		Phone # <u>338-7404 or 516-998</u>
Address			
Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreege <u>0.2</u>	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
<u>Parkside Village</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>—</u>	<u>—</u>
New Street Address	Zoning District: <u>RPUD</u>		
Front Setback <u>30' from Parkings</u>	Center Line Setback	Rear Setback <u>30' B/S</u>	C.U. Permit
Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	COA	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 Boyd Date 1/18/18

Applicant/Contact: BNW Builders DAN Swords Phone 994-3429

Email: DAN@BNWbuilders.com

CONTRACTOR INFORMATION	Contractor	<u>BNW Builders</u>	Phone	<u>994-3429 or 346-3300</u>
	Address	<u>8601 Staples Mill Rd.</u>		
	Contractor License Number	Type	Expiration	
	<u>2705108250</u>	<u>BLD HIC</u>	<u>6/30/2018</u>	

Description of Work	Scope of Work: <u>To build new screen porch on back corner of house, over top concrete patio.</u>				
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	<u>1</u>	<u>172</u>		<u>172</u>	

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

VALUE OF WORK	
Building	<u>\$12,000.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>66.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ <u>—</u>
State Levy Fee	\$ <u>1.37</u>
RLD Total	<u>92.37</u>

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

X Louis Beck

1-19-2018



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: 1-16-18
 Permit Number: BP-2018-00022
 GPIN/Tax Map: 6841-09-8147 / 13-L-0-52-e
 Issued: 1-19-18

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>4071 Three Chopt Rd</u>	
	Owner	<u>Dustin D. Fender</u>	Phone # <u>540-840-9055</u>
	Address	<u>4071 Three Chopt Rd</u>	Email <u>dfender@haleyauto.com</u>

APPLICANT INFORMATION	Applicant/Contact	<u>Dustin D. Fender</u>	Phone # <u>540-840-9055</u>
	Address	<u>4071 Three Chopt Rd</u>	Email <u>dfender@haleyauto.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	<u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	_____	Date Paid	_____
	Front Setback	<u>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>35' from Eastern ROW</u>	Flood Zone	_____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <u>David Floyd</u> Date: <u>1/17/18</u> AI						

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

DESCRIPTION OF WORK	Scope of Work: <u>36' x 40' used for storage</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>1,440</u>	<u>1,440</u>	

Building Only - Excludes All Trades Permits

Value of Work
~~\$15,800~~ 39,600.00

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: 1-16-2018

Application Fee	\$ <u>190.20</u>
State Levy Fee	\$ <u>9.30</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>2500</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>2900</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: 12.5.17
 Permit Number: BP-2017-00966
 GPIN/Tax Map: 0759-18-3081/20-1-0-93-0
 Issued: 1-8-18

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 1904 Dogtown Road		Phone # 804-241-3202
	Owner Dogtown Real Estate, LLC		Email aengel@mindspring.com *
	Address 2306 Bexley Wood Run Goochland, VA 23063 *		

APPLICANT INFORMATION	Applicant/Contact Tony Engel		Phone # 804-241-3202
	Address Same As Above		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 75' from ROW	Center Line Setback 100'	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <u>David Floyd</u> Date: <u>12/7/17</u> A1			

CONTRACTOR INFORMATION	Contractor Owner		Phone
	Address		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Construct 40x80 Area Detached Accessory Bldg			
	Proposed Use Agriculture	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. 3200	Total Sq. Ft. 3200	

Building Only - Excludes All Trades Permits		Application Fee \$ 180.50
Value of Work \$25,000		State Levy Fee \$ 3.75
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
Signature of Applicant <u>Anthony M. Engel</u>	Date <u>12-5-17</u>	Zoning Fee \$ 100.-
		RLD \$
		SWP \$
		Total \$ 291.25



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: JANUARY 8, 2018
 Permit Number: BP-2018-00018
 GPIN/Tax Map: 7715-37-5473/58-22-A-17-0
 Issued: 1-17-18

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>322 ROLLING LAKE CT</u>	
	Owner <u>WILLIAM MARTIN</u>	Phone # <u>804-419-6089</u>
	Address <u>322 ROLLING LAKE CT</u>	Email <u>WILL.MARTIN@CAPITALONE.COM</u>
APPLICANT INFORMATION	Applicant/Contact <u>MATT MARTIN</u>	
	Address <u>8728 FOREST HILL AVE, RICHMOND VA 23235</u>	Email <u>MMARTIN@JAMESRIVERCONSTRUCTION.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Broad Run</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' CL</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>35' from Holly Lake Dr.</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>1/10/18</u> A2			

CONTRACTOR INFORMATION	Contractor <u>JAMES RIVER CONSTRUCTION</u>		Phone <u>804-419-6089</u>
	Address <u>8728 FOREST HILL AVE, RICHMOND VA 23235</u>		
	Contractor License Number <u>2705062194</u>	Type <u>CLASS A (LLC)</u>	Expiration <u>04-30-2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>TWO-STORY ADDITION; GARAGE & BONUS ROOM TO LEFT OF HOUSE; ATTACHED.</u> <u>"NEW ACTIVITY ROOM"</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 <u>3</u>	# of Bedrooms <u>4</u>
	<u>1300 NEW</u> Finished Sq. Ft. <u>560</u>	<u>2 NEW</u> Unfinished Sq. Ft. <u>740</u>	<u>1300 NEW</u> Total Sq. Ft. <u>1300</u>	<u>3613 EXISTING</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>807-</u> State Levy Fee \$ <u>17.34</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25-</u> RLD \$ _____ SWP \$ _____ Total \$ <u>884.34</u>
Value of Work	\$ <u>190,000</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u> Date <u>1-8-2018</u>	

received
7-25-17

 <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 type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial</p>	Application Date: 7/21/17
	Permit Number: BP-2017-00585
	GPIN/Tax Map: 7726-97-4536/48-1-0-36-0
	Issued: 1-16-2018
<p>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.</p>	

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 1647 Three Chopt Road (MBA) Richmond, VA 23233
	Owner Three Chopt Partners, LLC, a Virginia Limited Liability Company
	Address 1801 Bayberry Ct., Suite 100, Richmond, VA 23226
APPLICANT INFORMATION	Applicant/Contact Fred Henderson, Artech Design Group, Inc.
	Address 1410 Cowart St., Chattanooga, TN 37408
	Phone # 423-400-7648
	Email mgoins@americangolf.com
	Phone # 423-643-0630
	Email fredh@artech.pro

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 55' from PL	Center Line Setback _____	Rear Setback 30' from PL	CUP/Variance/COA R2207-00004
	Side Setback 30' from PL	Side Setback 30' from PL	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: B-1	Planning & Zoning Officer: David Long Date: 7/31/17		

CONTRACTOR INFORMATION	Contractor MBA EDC (Eiterson Development Corp)	Phone 804-897-0900
	Address 1660 Huguenot Rd Midlothian, VA 23113	
	Contractor License Number 2701038067	Type CBC, RBC, PBC, GFC
	Expiration 12-31-18	

DESCRIPTION OF WORK	Scope of Work: A 66,384 sq. ft. mixed use facility consisting of an outdoor golf driving range, bars, restaurant and auxiliary spaces.			
	Proposed Use Entertainment	Current Use NA	Existing Buildings on Property NA	# of Floors 3
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 7	# of Bedrooms NA
	Finished Sq. Ft. 31,380 Heated/Cooled	Unfinished Sq. Ft. 35,004 Non-Heated/Cooled	Total Sq. Ft. 66,384	
	Building Only - Excludes All Trades Permits			

Value of Work \$6,898,000.00	Application Fee \$51,735.00
	State Levy Fee \$1,034.70
	Septic/Well Fee \$
	Zoning Fee \$100.00
	RLD \$
	SWP \$
	Total \$52,869.70

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: *Jack Henderson* Date: 7/21/17

EDC - *CHW* 11/1/2018
CHRIS WALSH - PM



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: 12/18/17

Permit Number: BP-2017-00998

GPIN/Tax Map: 48-1-17 / 7727-47-6594-599

Issued: 1-11-18

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>2034 ASHLAND RD.</u>			
	Owner <u>JAMES EDWARD LEE</u>		Phone # —	
	Address <u>2461 SANDY HOOK RD., GOOCHLAND, 23063</u>		Email —	
APPLICANT INFORMATION	Applicant/Contact <u>PI TOWER DEVT, LLC (DREW PATTERSON-AGENT)</u>		Phone # <u>804-363-0891</u>	
	Address <u>4435 WATERFRONT DR., SUITE 100, GLEN ALLEN, VA 23060</u>		Email <u>dpatterson@nbcllc.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>100' from ROW</u>	Center Line Setback <u>125'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>CU-2017-08</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone —	<u>A2</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Fay</u> Date: <u>12/27/17</u>			

CONTRACTOR INFORMATION	Contractor <u>ABSTEN ENTERPRISES, LLC</u>		Phone <u>304-757-2864</u>	
	Address <u>13465 WINFIELD RD., WINFIELD, WV 25213</u>			
	Contractor License Number <u>270516.2243</u>		Type <u>A</u>	Expiration <u>10/31/18</u>

DESCRIPTION OF WORK	Scope of Work: <u>199' MONOPOLE TOWER w/ ASSOC. GROUND EQUIP.</u>			
	Proposed Use <u>CELL TOWER</u>	Current Use <u>NONE</u>	Existing Buildings on Property <u>NONE</u>	# of Floors —
	<input type="checkbox"/> Public/Private <input type="checkbox"/>	<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 <u>120,000</u>	Application Fee \$ <u>1,100.00</u>
	State Levy Fee \$ <u>19.00</u>
	Septic/Well Fee \$ —
	Zoning Fee \$ <u>200.00</u>
	RLD \$ —
	SWP \$ —
	Total \$ <u>1,118.00</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: [Signature] Date: 12/11/17

ISSUED 8.1.17

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 3-3 PARKSIDE VILLAGE

Application Date: 7-26-17

Permit Number: BP-2017-00595

Old Map Number: 49.19.0.30

GPIN: 7738-11-2940

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 7227 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 <i>Parkside Village Sec. 3</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: <i>\$5987.00</i>	Date Paid: <i>Due</i>	
	New Street Address		Zoning District <i>RPU D</i>		
	Front Setback <i>30' from Pavement</i>	Center Line Setback	Rear Setback <i>50' B/S</i>	C.U. Permit	Variance
	Side Setback <i>20' B/S</i>	Side Setback <i>20' B/S</i>	Census Track	Flood Zone	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <i>* Cash Proffer is due before C.O. is issued.</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 *7/29/17*

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 <i>Revised: 1-9-18 finish 226sq ft into bedroom</i>				
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		# of Bathrooms
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	2	3651 <i>3100</i>	2881 <i>3107</i>	770 <i>544</i>	4 <i>4</i>

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

VALUE OF WORK

Building	\$244,950.00	\$253,425.00
<i>Excludes All Trades Permits</i>		

Application Fee	\$ 1114.27
Septic/Well Fee	\$
State Levy Fee	\$ 22.29
Zoning Fee	\$ 50-
Total	\$ 1186.56

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]*

Revision fee: \$38.90

SIGN PERMIT



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: JANUARY 3, 2018
 Permit Number: BP-2017-00063 **BP-2018-00008**
 GPIN/Tax Map: 42-1-0-50-0
 Issued: 1-9-18
 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 3001 RIVER ROAD WEST, GOOCHLAND, VA	
	Owner GOOCHLAND FREE CLINIC AND FAMILY SERVICES	Phone # 804-556-0476
	Address 3001 RIVER ROAD WEST, GOOCHLAND, VA	Email MOMAN@GOOCHLANDCARES.ORG
APPLICANT INFORMATION	Applicant/Contact HOURIGAN CONSTRUCTION / RYAN NEBEL	Phone # 804-414-4795
	Address 411 EAST FRANKLIN STREET SUITE 400, RICHMOND, VA	Email RLNEBEL@HOURIGANCONSTRUCTION.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>5 from low</i>	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	<i>COA-2017-1</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>Sq. Ft. change req. by previous sign. B2</i>	Planning & Zoning Officer: <i>David Pugh</i>	Date: <i>1/5/18</i>	

CONTRACTOR INFORMATION	Contractor HOURIGAN CONSTRUCTION		Phone 804-282-5300
	Address 411 EAST FRANKLIN STREET SUITE 400, RICHMOND, VA		
	Contractor License Number 2701010019	Type Class A Contractor	Expiration Expires: 5/31/18

DESCRIPTION OF WORK	Scope of Work: INSTALLATION OF CONCRETE FOOTING, BRICK FACADE, AND CAST STONE, 2 POSTS, WITH METAL SIGN ATTACHED FOR GFCFS			
	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: \$14,500

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: *JRM LPH* Date: *1/3/18*

Application Fee	\$ 108.75
State Levy Fee	\$ 108.75
Septic/Wall Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 217.50



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: 1/3/2018
 Permit Number: BP-2018-00015

GPIN/Tax Map: 7714-59-2825 TMS 63-1-95

Issued: 1-9-18

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 762 Sneed Rd Manakin-Sabot 23103	
	Owner Michael R. Massie Sr.	Phone # 804-784-2822
	Address 350 Hamlet Rd. Manakin-Sabot Va. 23103 -	

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email S.R. Massie @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 OWNER		Phone
	Address		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: debris to 623 landfill Demo remove existing house 800 sq ft			
	Proposed Use	Current Use none	Existing Buildings on Property 1	# of Floors 1
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 1	# of Bedrooms 3
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work \$5000.00	Application Fee \$34.50
	State Levy Fee \$0.69
	Septic/Well Fee \$
	Zoning Fee \$
	RLD \$
	SWP \$
	Total \$35.19

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

Signature of Applicant Michael R. Massie Sr. Date 1/3/2018



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 10.31.17
Permit Number: BP-2017-00869
GPIN/Tax Map: 0724-36-4703/63.34.0.2.A
Issued: 1-8-18

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: A, B+C
12830 West Creek Parkway Piedmont, VA 23238
Owner: SABOT TRADE LC
Address: 1910 Byrd Avenue Suite 12 Piedmont, VA
Phone #:
Email:

APPLICANT INFORMATION
Applicant/Contact: VALERI J. OSIPENKO
Address: 9132 Cool Autumn Drive Mechanicsville, VA 23116
Phone #: (804) 339-4394
Email: vosipe@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: West Creek Business Park
Proffer: Yes No
Amount: _____ Date Paid: _____
Front Setback: 75' from ROW
Center Line Setback: 100'
Rear Setback: 30'
Side Setback: 10'
Side Setback: 10'
Flood Zone: _____
CUP/Variance/COA: Pending CUP approval. *CU 2017-00011
APPROVED REJECTED COMMENTS: No change to footprints.
Planning & Zoning Officer: Daniel Floyd Date: 1/4/18 MI

CONTRACTOR INFORMATION
Contractor:
Address:
Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK
Scope of Work: Change of use from Show Room to training facility units A, B+C
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: 100-
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: [Signature] Date: 10/26/17
Application Fee \$ _____
State Levy Fee \$ _____
Septic/Well Fee \$ _____
Zoning Fee \$ 100-
RLD \$ _____
SWP \$ _____
Total \$ 100-

BUILDING PERMIT APPLICATION

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

TM: 04.25.1.18

Application Date: 6-9-2016

Application Accepted: BP-2016-00415

GPIN: 7724-69-0123

Issued: 1-9-18

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 To be Determined (Cross of Broad Branch & Westcreek Parkway)		District Dover		
	Owner Bristol Broad Branch Partners, LLC		Phone # 615.369.9009		
	Address 381 Mallory Station Road, Suite 204				
	Proposed Use Multi-family Residential	Current Use Land	Existing Buildings on Property N/A		
	Proposed Occupant Load (Commercial)	Acreeage 22,471	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 M1		
	Front Setback 5' From Road	Center Line Setback	Rear Setback 5'	C.U. Permit None	Variance None
	Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone	N/A
	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 [Signature] Date: 7/27/16 9/22/16

Applicant/Contact: Bryan Hufalar Phone: 615.428.8754

Email: hufalar@bristoldevelopment.com or hufalar@bristoldg.com

CONTRACTOR INFORMATION	Contractor Fortune-Johnson, Inc.		Phone 571-385-3001/mitchell@fortune-johnson.com	
	Address 8605 Westwood Center Drive, Suite 401 / Vienna, VA 22185			
	Contractor License Number 2705078977A	Type Class A	Expiration 9/30/2017	

Description of Work	Scope of Work: Monument Sign, Foundations, Electrical				
	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	\$6,580.00 12,204.00
Excludes All Trades Permits	

Application Fee	\$54.51
Zoning Fee	\$50.00
Septic/Well Fee	\$
State Levy Fee	\$1.09
RLB	\$105.60
Total	

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



BUILDING PERMIT APPLICATION

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

Residential

Commercial

Application Date: 10.31.17

Permit Number: BP-2017-00869

GPIN/Tax Map: 0724-36-4703/63.34.0.2.A

Issued: 1-8-18

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 ^{A, B+C} 12830 West Creek Parkway Richmond, VA 23238	Phone #
	Owner SABOT TRADE LC	
	Address 1910 Byrd Avenue Suite 12 Richmond, VA	Email

APPLICANT INFORMATION	Applicant/Contact VALERI I. OSIPENKO	Phone # (804) 339-4394
	Address 9132 Cool Autumn Drive Mechanicsville, VA 21116	Email VOSIPE@COMCAST.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision West Creek Business Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 15' from ROW	Center Line Setback 100'	Rear Setback 30'	CUP/Variance/COA Pending CUP approved. *CU 2017-00011
	Side Setback 10'	Side Setback 10'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: *No change to footprint.	Planning & Zoning Officer David J. [Signature]	Date 1/4/18	MI

CONTRACTOR INFORMATION	Contractor	Phone
	Address	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: - Change of use From Show Room to training facility units A, B+C			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$
Value of Work	100-	State Levy Fee	\$
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ 100-
		RLD	\$
		SWP	\$
		Total	\$ 100-
Signature of Applicant	[Signature]	Date	10/26/17

Res. Trade App → Ele

 <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: 1/3/18
	Permit Number: eel-2018-00002
	GPIN/Tax Map:
	Issued:
	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 4311 Windor Lake Dr.
	Owner VERON + ALICE CRUMPLEN
	Address SAME

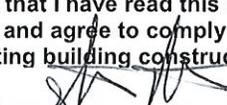
APPLICANT INFORMATION	Applicant/Contact STEVE PETERSON	Phone # 434 906 4968
	Address 31 ANETHYST RD Palmyra VA	Email EXPRESSINSTALLATIONS@YAHOO.COM

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 Express Plumbing + Installations LLC	Phone 434 906-4968
	Address 31 ANETHYST RD Palmyra VA 22963	
	Contractor License Number 2705158903	Type Contractor

DESCRIPTION OF WORK	Scope of Work: Generator electric GAS → 10,000 KW			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> Public/Private	<input type="checkbox"/> Public/Private	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only – Excludes All Trades Permits		Application Fee \$ 3450
Value of Work 6000 3000.00		State Levy Fee \$ 669
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
Signature of Applicant 	Date 1/3/18	Zoning Fee \$
		RLD \$
		SWP \$
		Total \$ 35.19



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 #	17-997
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 4006 Cedar Plains Road	District
--	----------

PROPERTY OWNERSHIP

Name Joseph Watson	Phone 804-457-4135
Mailing Address 4006 Cedar Plains Road	

APPLICANT

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

CONTRACTOR

Name WOODFIN HEATING	Phone 804-764-4533
Mailing Address 1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address: VPITTMAN@ASKWOODFIN.COM
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701037820
Expiration 11/2017	License Type: CONTRACTOR Class: A

DESCRIPTION OF WORK

INSTALL 22 KW PROPANE GAS GENERATOR, 200 AMP ATS			
Dominion			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

* Signature of Applicant *Palmyra DePelle*
Approval *FENNER* Date 1-3-18

Value of Work: 9500.00
Permit fee: ~~67.32~~ 65.05
Issue date: 1-3-18



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	01.08.17
Permit #	21120180009
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	804 DOVER BLUFF PLACE	District	
----------------	------------------------------	----------	--

PROPERTY OWNERSHIP

Name	AUGIE WALLMEYER	Phone	8043387162
Mailing Address	804 DOVER BLUFF PLACE		

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 22KW PROPANE GAS GENERATOR, 200 AMP ATS(2)			
THIS IS A REPLACEMENT SYSTEM New install			
# of Baths	Service Size	Power Company	Inquiry #
	400	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: **85000.00 8,500**

Permit fee: **62.73 60.44**

Signature of Applicant **[Signature]**

Approval **[Signature]** Date **1-9-18**

Issue date: **1-9-18**



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 1/8/18

Permit # 21-20180021

GPIN

Tax Map

LOCATION

Street Address 490 ada ash lane

PROPERTY OWNERSHIP

Name Samuel Baughman Phone 804 734 3636

Mailing Address 490 ada ash lane Email

APPLICANT

Name Keivona Brogden Phone 804 340 5227

Address 1407 Cummings drive Email Keivona.brogden@michaelandson.com

CONTRACTOR

Name Michael and son services Phone 804 340 5227

Mailing Address 1407 Cummings drive Email Keivona.brogden@michaelandson.com

Gas Certification YES NO

State License Number 270038423 Expiration 12/31/18 License Type _____ Class A

DESCRIPTION OF WORK

Installing 200 amp transfer switch

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

Value of Work (required) 3,000

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: Keivona Brogden Date: 1/8/18

Approval: Fisher Office Use Only

Permit Fee: \$35.19 Approval date: 1-10-18 Issued date: 1-10-18

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

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

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

Date	1-11-18
Permit #	2018-00027
Map #	

LOCATION

Street Address	514 Hunt Field Rd	District	
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PROPERTY OWNERSHIP

Name	Hank Diehl	Phone	389-4909
Mailing Address	514 Hunt Field Rd		

CONTRACTOR

Company Name	Master Electrical Services	Phone	804-231-1973
Mailing Address	1735 Arlington Rd Richmond, Va 23230	License Type	A
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	
		Expiration	3-31-18

DESCRIPTION OF WORK

Install 22kw generator with 200 Amp ATS			
# of baths	Service size	Power Company	Inquiry #

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

I _____ OF (ADDRESS) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA. _____ (OWNER)

SIGNED AND ACKNOWLEDGED BY _____ IN THE CITY OR COUNTY OF _____ VIRGINIA ON THE _____ DAY OF _____, 20____ IN THE PRESENCE OF THE _____ (NOTARY) MY COMMISSION EXPIRES _____

Signature of Applicant
Approval Fisher Date 1-11-18

Cost of Job 5,000
Permit Fee \$44.37
Issue Date 1-11-18



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	1-5-18
Permit #	E21-2018-00029
Old Map #	58-30-0-7-0
G-Pin	7716-74-5168

LOCATION

Street Address	170 GAINES THIRTY LANE MANAKEN SABBOT 23103	District
----------------	---	----------

PROPERTY OWNERSHIP

Name	FLOSSIE ABELL	Phone	804-754-6669
Mailing Address	170 GAINES THIRTY LANE		

APPLICANT

Name	H.O. FEILD ELECTRIC CO. INC.	Phone	804-365-0263
E-Mail Address	SERVICE @ HOFEC.COM		

CONTRACTOR

Name	H.O. FEILD ELECTRIC CO. INC.		Phone	804-365-0263	
Mailing Address	P.O. BOX 6321 ASHLAND, VA. 23005		License Type	ELE	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123991	Expiration	5-31-18
			Class	B	

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 2-200A SWITCHES			
# of Baths	Service Size	Power Company	Inquiry #
	400		

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

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 _____

Value of work: \$10,000.00

Permit fee: \$67.32

Issue date: 1/16/18

Signature of Applicant

Approval

Fisher

Date 1/16/18



COMMERCIAL 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: 1-22-18

Permit #: B-00033

GPIN

Tax Map

LOCATION

Street Address: 612 Fairstead Rd. Manakin Sabot 23103

PROPERTY OWNERSHIP

Name: Owen Hunt Phone:

Mailing Address: 612 Fairstead Rd. Manakin Sabot 23103 Email:

APPLICANT

Name: Henry C Brent Phone: 804-833-5184

Address: 8343 Hanover Grove Blvd. Mech. Va. 23111 Email: Hank@BrentElectric.com

CONTRACTOR

Name: Brent Electric & Controls Inc Phone: 804-833-5184

Mailing Address: 8343 Hanover Grove Blvd. Mech. Va. 23111 Email: Hank@BrentElectric.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705087712</u>	<u>8-31-18</u>	<u>ELE</u>	<u>A</u>

DESCRIPTION OF WORK

Wire Generator

^ 22KW

# of Bathrooms	Service Size	Power Company	Inquiry #
	<u>200 A</u>		

Value of Work (required): \$2300⁰⁰

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: Henry C Brent Date: 1/22/18

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>1-22-18</u>
Permit Fee: <u>31.98</u>		Issued date: <u>1-22-18</u>

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Date: 1-22-18

Permit #: 18-260

GPIN

Tax Map

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

LOCATION

Street Address: 216 Sweetbriar Drive

PROPERTY OWNERSHIP

Name: Thomas R. and Sandra D. Stroud Phone: 804-690-4123

Mailing Address: 216 Sweetbriar Dr. Richmond, VA 23238 Email:

APPLICANT

Name: Harris & Son Electric Co (David Harris) Phone: 804-358-1337

Address: 4910 W. Clay St. Suite Email:

CONTRACTOR

Name: Harris & Son Electric Co. Phone: 804-358-1337

Mailing Address: 4910 W. Clay St Suite 2A Email: Harrisandson@aol.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705043390</u>	<u>2-28-2018</u>	<u>Electrical</u>	<u>A</u>

DESCRIPTION OF WORK

10 KW

Upgrade Service to 200 Amp, wire generator, wire HVAC, WIRE BECUMANT & WIRE SCHED

# of Bathrooms	Service Size	Power Company	Inquiry #
<u>1</u>	<u>200 Amp</u>	<u>Dominion</u>	<u>10185893</u>

Value of Work (required) \$8500, or

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: 1-22-18

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>1-22-18</u>
Permit Fee: <u>60.44</u>		Issued date: <u>1-22-18</u>

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	1/18/2018
Permit #	211-2018-00053
GPIN	
Tax Map	

LOCATION

Street Address 2815 Davis Mill Road, Goochland, VA 23063

PROPERTY OWNERSHIP

Name	John C Sabatini	Phone	804-401-3975
Mailing Address	2815 Davis Mill Road, Goochland, VA 23063	Email	navyaic@gmail.com

APPLICANT

Name	John C Sabatini	Phone	804-401-3975
Address	2815 Davis Mill Road, Goochland, VA 23063	Email	navyaic@gmail.com

CONTRACTOR

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

DESCRIPTION OF WORK

Install wiring and exterior power inlet box to interior power panel for generator hook-up. *portable*

# of Bathrooms	Service Size	Power Company	Inquiry #
2.5	200 Amp	Dominion Energy	
Value of Work (required)		\$500.00	

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: John C. Sabatini Date: 1/18/2018

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>1-24-18</u>
Permit Fee: <u>1024-#30.60</u>		Issued date: <u>1-24-18</u>

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

(owner's affidavit on back)

Owner's Affidavit Required if Owner is the Applicant

I John C Sabatini of (address) 2815 Davis Mill Road, Goochland, VA 23063 affirm that I

am the owner of a certain tract or parcel of land located at (address)

2815 Davis Mill Road, Goochland, VA 23063

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.

John C Sabatini (Owner Signature)

Signed and acknowledged by Michael Joseph Walthall in the city or county of Goochland, Virginia on the 24 day of January, 2018 in the presence of the undersigned notary.

Michael Joseph Walthall (Notary Signature)



My commission expires 03/31/2020
MICHAEL JOSEPH WALTHALL
NOTARY PUBLIC 7709480
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES MARCH 31, 2020



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

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	1.25.2018
Permit #	2018.00058
G-Pin	

LOCATION

Street Address	2126 Pine Lane	23102	District
----------------	----------------	-------	----------

PROPERTY OWNERSHIP

Name	Kenneth Turpin	Phone	556-3272
Mailing Address	2126 Pine Lane Maidens, VA 23102		

APPLICANT

Name	Joseph Schiess	Phone	784 6774
E-Mail Address	selec21@aol.com		

CONTRACTOR

Name	J. S. Schiess Elec.	Phone	784 6774
Mailing Address	P.O. Box 231 Manakin Sabot, VA 23103		
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705046710
		Expiration	10/31/2018
		License Type:	EIEC
		Class:	B

DESCRIPTION OF WORK

22 KW Generator			
& 200 A Transfer Switch			
# of Baths	Service Size	Power Company	Inquiry #
NA			

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

Approval

[Handwritten Signature]
[Handwritten Signature]

Date 1.25.18

Value of Work: 11,000.00

Permit fee: 71.91

Issue date: 1-25-18



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

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	1-25-18
Permit #	BP-2017-00642
G-Pin	

LOCATION

Street Address	838 Running Cedar Ct	District	
----------------	----------------------	----------	--

PROPERTY OWNERSHIP

Name	Larry Willis	Phone	
Mailing Address			

APPLICANT

Name	Joseph S. Schiess	Phone	784 6774
E-Mail Address	selec21@aol.com		

CONTRACTOR

Name	J. S. Schiess Elec.	Phone	784 6774
Mailing Address	P.O. Box 231 Manakin Sabot VA 23103 - selec21@aol.com		
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705046710
		Expiration	10/31/2018
		License Type:	ELEC
		Class:	B

DESCRIPTION OF WORK

① Wire New Home, ② 200 Amp Service,			
③ 16 KW Generator, ④ 200AMP Transfer Switch			
# of Baths	Service Size	Power Company	Inquiry #
	200A	DOMINION Power	10036359

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		Value of Work:	27,000 ⁰⁰
Approval		Permit fee:	145.35
Date	1-26-18	Issue date:	1-26-18

44170-305

\$67.32

131



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	01.17.18
Permit #	6718-2018-0031
GPIN	6718-03-0037
Tax Map	26-1-0-35-F

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

EL1-2018-00051

Street Address	1964 CARTERSVILLE ROAD	District
----------------	------------------------	----------

PROPERTY OWNERSHIP

Name	DOROTHY MARKS	Phone	8044574738
Mailing Address	1964 CARTERSVILLE 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 22KW PROPANE GAS GENERATOR, 200 AMP ATS SURGE, REPLACE 200 AMP PANEL			
# 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 _____

Signature of Applicant		Value of Work:	10000
Approval		Permit fee:	67.32
Date	1/30/18	Issue date:	1/30/18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	1-25-18
Permit #	17-113
Old Map #	
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	3783 Harris Lane	District	
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PROPERTY OWNERSHIP

Name	Andy Harris	Phone	
Mailing Address	8327 Soft Wind Dr; Mechanicsville VA 23111		

APPLICANT

Name	Teddi Bartlett	Phone	804.231.9684
E-Mail Address	teddi@dgelectrical.com		

CONTRACTOR

Name	Davis & Green	Phone	804.231.9684
Mailing Address	PO Box 35418; RVA 23235	License Type	Class
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration
		2701 026667	8/31/18
		A	ELE

DESCRIPTION OF WORK

Install customer's 22kW generator			
# 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

T Bartlett

Value of work: \$2,800.00

Permit fee: 34.27

Approval

Fisher

Date

1-30-18

Issue date: 1-30-18