

Issued 2.16.18



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>2-16-18</u>	Application No.: <u>AP-2018-00110</u>	Fee: \$25.00
Zoning Approval: Yes <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Date: <u>2/16/18</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: DAVID WILLIAM
 Address: 1425 OLD MILL RD.
CHOCIC, VA 23039
 E-mail: DAVID@SNOZBERGfarm.com

Telephone: 784-7224
 Cell phone: 241-0110
 FAX: _____

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

Telephone: _____
 Cell phone: _____
 FAX: _____

Property Information

Street Address: SAME
 GPIN Number: 6785-99-2896
 Existing Use: _____

Zoning: A2
 Acreage: 2.9

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): 1700
2. Value of Building: \$25,000
3. Written Description of Proposed Physical Improvements:

Pole BARN

Revised 2-26-18 finish of 840 sq ft on 2nd floor into office, gathering space & study



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: 9-14-17
 Permit Number: BP-2017-00733
 GPIN/Tax Map: 6766-39-4072/42-10-119
 Issued: 9-20-17
 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: 1581 Maidens Rd
 Owner: Eric & Liza Ciuffi
 Address: _____ Phone #: _____
 Email: _____

APPLICANT INFORMATION
 Applicant/Contact: Thompson builders LLC Phone #: 804-357-1920
 Address: 1390-B Broad Street Rd, Oilville VA 23129 Email: Thompsonbuildersllc@yahoo.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None Proffer: Yes No Amount: _____ Date Paid: _____
 Front Setback: 75' from ROW Center Line Setback: _____ Rear Setback: 35' CUP/Variance/COA: _____
 Side Setback: 20' Side Setback: 20' Flood Zone: X
 APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Taylor Date: 9/14/17 A-2

CONTRACTOR INFORMATION
 Contractor: Thompson builders LLC Phone: 357-1920
 Address: 1390-B Broad Street Rd, Oilville VA 23129
 Contractor License Number: 2705038854 Type: Class A Expiration: 5-31-19

DESCRIPTION OF WORK
 Scope of Work: Replace house. Revised 2-26-18 - to finish off 840 sq. ft "new dwelling" w/attached garage into office space
 Proposed Use: _____ Current Use: _____ Existing Buildings on Property: _____ # of Floors: 2
 SEWER: Public/Private WATER: Public/Private # of Bathrooms: 3 1/2 # of Bedrooms: 5
 Finished Sq. Ft.: 3238 + 840 Unfinished Sq. Ft.: 840 + 972 = 1812 Total Sq. Ft.: 5,050.00

Building Only - Excludes All Trades Permits
 Value of Work: \$ 450,000
 I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: _____ Date: 9-14-17
 Application Fee: \$ _____
 State Levy Fee: \$ _____
 Septic/Well Fee: \$ _____
 Zoning Fee: \$ _____
 RLD: \$ _____
 SWP: \$ _____
 Total: \$ _____



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: 2.7.18
 Permit Number: BP 2018-00081
 GPIN/Tax Map: 7704-94-1606/62-40-0-40-C
 Issued: 2-16-18

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 503 JEFFERSON HILL WAY	
	Owner ELEANOR N ROBERTSON	Phone #
APPLICANT INFORMATION	Address SAME; MANAKIN-SABOT, VA 23103	
	Applicant/Contact SAME	Phone #
	Address 503 JEFFERSON HILL WAY	
		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Park at Manakin Woods</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' from Pavement</u>	Center Line Setback	Rear Setback <u>50' R/S</u>	CUP/Variance/COA <u>R2-1990-12</u>
	Side Setback <u>20' R/S</u>	Side Setback <u>20' R/S</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date <u>2/8/18</u> <u>RPMD</u>			

CONTRACTOR INFORMATION	Contractor HOMEOWNER		Phone
	Address SAME AS ABOVE		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: DEMO EXISTING DECK AND BUILD NEW 2 LEVEL DECK			
	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.	623	Unfinished Sq. Ft.	Total Sq. Ft. <u>1023</u>

Building Only - Excludes All Trades Permits

Value of Work: \$16,000

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

Signature of Applicant: [Signature] Date: 2/7/2018

Application Fee	\$ <u>84-</u>
State Levy Fee	\$ <u>1.00</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>20-</u>
RLD	\$
SWP	\$
Total	\$ <u>110.68</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: 2/2/18
 Permit Number: BP-2018-00078
 GPIN/Tax Map: 7706-97-2820/46-22-0-D-(
 Issued: 2.15.18

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: 1681 Old Orchard Lane Manakin-Sabot 23103
 Owner: Leslie and Todd Willett
 Phone #: (804) 640-1801
 Address: 6641 West Broad Street Suite 101 RVA 23230
 Email: todd.willett@cbrc-richmond.com

APPLICANT INFORMATION
 Applicant/Contact: Steve Thompson
 Phone #: (804) 539-2524
 Address: 1390 B Broad Street Road Oilville 23129
 Email: stevethompsonbuilder@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 REJECTED COMMENTS: _____
 Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION
 Contractor: Steve Thompson Builder, LLC
 Phone: (804) 539-2524
 Address: 1390 B Broad Street Road Oilville VA 23129
 Contractor License Number: 2705054732 Type: CBC RBC Expiration: 3/31/2018

DESCRIPTION OF WORK
 Scope of Work: Finish Attic, Install new windows and doors, remodel Bathroom and Kitchen
Art Studio (575 sq ft)

Proposed Use <u>Residential</u>	Current Use <u>Residential</u>	Existing Buildings on Property	# of Floors <u>2</u>
<input type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms	# of Bedrooms
Finished Sq. Ft. <u>575</u>	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work <u>45,000</u>	Application Fee <u>\$214.50</u>
	State Levy Fee <u>\$4.29</u>
	Septic/Well Fee \$
	Zoning Fee \$
	RLD \$
	SWP \$
	Total <u>\$218.79</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: Steve Thompson Date: 2/2/18



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: 1-31-18Permit Number: BP-2018-00075GPIN/Tax Map: 6718-93-9361 / 32-1-0-50-CIssued: 2-15-18

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>2401 Country Ln. Maidens, Va 23102</u>	
	Owner <u>Louis Baker</u>	Phone # <u>804 556 0676</u>
	Address <u>2401 Country Ln. Maidens, Va. 23102</u>	Email <u>cbondk@comcast.net</u>

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

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>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 Ford</u> Date <u>1/31/18</u>	<u>A2</u>		

CONTRACTOR INFORMATION	Contractor <u>owner</u>	Phone <u>804 556 0676</u>
	Address <u>- same -</u>	
	Contractor License Number	Type
		Expiration

DESCRIPTION OF WORK	Scope of Work: <u>1 car detached garage 15 x 24</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>360</u>	Total Sq. Ft. <u>360</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>10,000</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 1/31/2018

Application Fee	\$ <u>57.00</u>
State Levy Fee	\$ <u>1.14</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>483.14</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: 11/20/2017

Permit Number: BP-2017-00924

GPIN/Tax Map: 6767-77-9886

Issued: 11-27-17

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

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

OWNER INFORMATION	Site Address 1960 MAIDENS ROAD MAIDENS, VA 23102	
	Owner STEVEN M. FARTHING	Phone # (804) 248-6978
	Address 1960 MAIDENS ROAD MAIDENS, VA 23102	

APPLICANT INFORMATION	Applicant/Contact Steven M. Farthing	Phone # (804) 248-6978
	Address 1960 MAIDENS ROAD MAIDENS, VA 23102	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 100' from cc	Center Line Setback 100'	Rear Setback 35'	CUP/Variance/COA
	Side Setback 20'	Side Setback 20'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Side setback to be survey located. front setback also Planning & Zoning Officer: <u>Daniel Lloyd</u> Date: 11/22/17 2/6/18 A2			

CONTRACTOR INFORMATION	Contractor OWNER	Phone SAME
	Address SAME AS ABOVE	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: Addition of 18 x 24 Living Room Addition of 12 x 12 Laundry Room			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft. 576	Unfinished Sq. Ft. 144	Total Sq. Ft. 576 720	

Building Only - Excludes All Trades Permits	
Value of Work	\$ 10,000 21,780 35,640.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: S.M. Farthing Date: 11/20/2017

Application Fee	\$ 154.56
State Levy Fee	\$ 3.09
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 182.65

Revised 2-6-18 - Add 144 sq ft front porch

rev fee: \$18.18



BUILDING PERMIT APPLICATION

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

Application Date: 10/12/17
 Permit Number: BP-2017-00829
 GPIN/Tax Map: 6759-70-5404 / 30-8-20
 Issued: 11-16-17
 This application is *not* authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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 2413 Cheney Creek rd.	
	Owner Jason Funkhouser / Erik Greenbaum Trustee	Phone # Goochland, VA 23063
	Address	Email
APPLICANT INFORMATION	Applicant/Contact Ken Broadwater Homes, LLC	Phone # 804-375-3044
	Address 99 Rhodes Lane Cartersville, Va 23027	Email Ken@KenBroadwaterHomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Cheney's Creek	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Side setback to be survey located.				
	Planning & Zoning Officer: <u>David [Signature]</u> Date: 10/16/17 A2				

CONTRACTOR INFORMATION	Contractor Ken Broadwater Homes LLC.	Phone 804-375-3044
	Address 99 Rhodes Lane Cartersville, VA. 23027	
	Contractor License Number 2705-100355 A	Type Class A

DESCRIPTION OF WORK	Scope of Work: Single family home w/ a Hatched garage <i>Revised 2-14-18 to add 196 sq. ft. of garage for ^{SAME} bonus room</i>			
	Proposed Use New home	Current Use Vacant land	Existing Buildings on Property none	# of Floors Two
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 2.5	# of Bedrooms 4
	Finished Sq. Ft. 1912 + 196 = 2,108	Unfinished Sq. Ft. 336 Garage 118 Front porch 192 Rear Deck 646 Total 11	Total Sq. Ft. 2558 + 196 2,754	

Building Only - Excludes All Trades Permits		Application Fee \$ 893.32	
Value of Work	195,850.00	State Levy Fee	\$ 17.87
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	\$ 40.80
		Zoning Fee	\$ 50.00
		RLD	\$ 100.00
		SWP	\$ —
		Total	\$ 1,101.99
Signature of Applicant: <u>[Signature]</u>		Date: 10/13/17	

Issued 2/13/18



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: 2-9-18	Application No.: AP-2018-00091	Fee: \$25.00
Zoning Approval: Yes <i>[Signature]</i>	No:	Date: 2/12/18

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: JASON C. EMIGH
 Address: 906 NEWSOME COURT
GOOCHLAND, VA 23063
 E-mail: jcemighe@gmail.com

Telephone: (804) 310-5416
 Cell phone: _____
 FAX: _____

Name of Applicant: JASON C. EMIGH
 Address: 906 NEWSOME CT GOOCHLAND, VA 23063
 E-mail: jcemighe@gmail.com

Telephone: (804) 310-5416
 Cell phone: _____
 FAX: _____

Property Information

Street Address: 906 NEWSOME CT
 GPIN Number: 6767-25-1485
 Existing Use: Residential

Zoning: R1
 Acreage: .707

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): 192 2. Value of Building: \$7000.00

3. Written Description of Proposed Physical Improvements:
12x16 shed with electric



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>2/12/18</u>	Application No.: <u>AP-2018-00095</u>	Fee: \$25.00
Zoning Approval: Yes <u>[Signature]</u>	No: _____	Date: <u>2/12/18</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: ALVIN E. SMITH
 Address: 2590 FAIRGROUND ROAD
MAIDENS, VA 23102
 E-mail: _____

Telephone: 804-556-4297
 Cell phone: _____
 FAX: _____

Name of Applicant: [Same]
 Address: _____
 E-mail: _____

Telephone: _____
 Cell phone: _____
 FAX: _____

Property Information

Street Address: [Same]
 GPIN Number: 6267-38-5335
 Existing Use: _____

Zoning: A2
 Acreage: 10/9.75

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

Project Information

- Estimated square footage of the building(s): 144 and 200
- Value of Building: \$2000 & \$3000
- Written Description of Proposed Physical Improvements:
 - Shed #1 = 10' x 20' Shed
 - Shed #2 = 12' x 12' Shed



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: 2-7-18

Permit Number: BP-2018-0080

GPIN/Tax Map: 6778-44-1378 / 31-1-0-90-A

Issued: 2-9-18

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 <u>2246 Camelback Rd.</u>	
	Owner <u>Victor Hawk</u>	Phone # <u>804-977-0124</u>
	Address <u>224 P.O. Box 961 Goochland, Va. 23063</u>	Email <u>vrhawkeye11@yahoo.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Victor Hawk</u>	
	Address _____	

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

CONTRACTOR INFORMATION	Contractor <u>4 Behrs Excavating Inc.</u>		Phone <u>804-837-3723</u>
	Address <u>P.O. Box 168 Goochland, Va. 23063</u>		
	Contractor License Number <u>2705109358</u>	Type <u>Heavy Hwyway</u>	Expiration <u>8-31-2018</u>

DESCRIPTION OF WORK	Scope of Work: <u>Demolition of old farmhouse. landfill ^{Abland} landfill</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30.00</u> State Levy Fee \$ <u>.60</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>30.60</u>
Value of Work	<u>3,000</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>Victor Hawk</u>	Date <u>2-7-18</u>	

Issued 2.9.18



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: 2-8-18

Application No.: AP-2018-00084

Fee: \$25.00

Zoning Approval: Yes David Ford

No: _____

Date: 2/8/18

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: Robert A. Jones

Telephone: NA

Address: 4900 Broad St. Rd

Cell phone: 804-385-7213

Louisville, VA 23093

FAX: _____

E-mail: beemart@you@aol.com

Name of Applicant: Same

Telephone: _____

Address: _____

Cell phone: _____

FAX: _____

E-mail: _____

Property Information

Street Address: 4900 Broad St. Rd

Zoning: A1

GPIN Number: 6823-73-1110

Acreage: 20.56

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): 2880 2. Value of Building: 11,000

3. Written Description of Proposed Physical Improvements:

Erect A 30x96' High Tunnel Adjacent To two existing 30x96' High Tunnels



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: BP-2018-00009
 Permit Number: 1-5-18
 GPIN/Tax Map: 9-1-41A / 5892-30-6855
 Issued:
 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>3750 Shannon Hill Rd. Columbia VA. 23038</u>			
	Owner <u>Lenora Denise Cooper-Mickey</u>		Phone # <u>804-814-2008</u>	
	Address <u>P.O. Box 16 Oilville VA. 23129</u>		Email	
APPLICANT INFORMATION	Applicant/Contact <u>Oakwood Homes Farmville Joe Harner</u>		Phone # <u>434-315-8956</u>	
	Address <u>2650 West 3rd St Farmville VA 23901</u>		Email <u>R749@clayton.net</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 R/W</u>	Center Line Setback <u>125' CL</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>C</u>	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Front setback + side setback, survey locate. AI</u>			
CONTRACTOR INFORMATION	Contractor <u>Oakwood Homes Farmville</u>		Phone <u>434-315-8956</u>	
	Address <u>2650 West 3rd St. Farmville VA 23901</u>			
	Contractor License Number <u>2705048123</u>		Type <u>A</u>	Expiration <u>4-30-2019</u>
DESCRIPTION OF WORK	Scope of Work: <u>Set up off frame modular: magna wall & septic</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/> Private	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/> Private	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>
	Finished Sq. Ft. <u>1958</u>	Unfinished Sq. Ft. <u>48</u>	Total Sq. Ft. <u>2006</u> <u>1958</u>	

Building Only - Excludes All Trades Permits

Value of Work
150,000.00

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 Joe Harner Date 1-5-18

Application Fee	\$ <u>681</u>
State Levy Fee	\$ <u>14.54</u>
Septic/Well Fee	\$ <u>40</u>
Zoning Fee	\$ <u>50</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>791.54</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: 1-3-17
Permit Number: BP-2018-00003
GPIN/Tax Map: 6749-86-2147 / 29-1-0-86-0
Issued: 2.6.18

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 2748 Dogtown Rd		Phone #
	Owner County of Goochland		Email
	Address		
APPLICANT INFORMATION	Applicant/Contact		Phone #
	Address		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	Parks + Recreation
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Office: <i>Chula Barker</i> Date: 1-25-2018			

CONTRACTOR INFORMATION	Contractor Gordon Brothers Const.		Phone 804-900-3877
	Address 2748 Dogtown Rd. Goochland, VA 23063		
	Contractor License Number 2705144137	Type CBC, RBC, H/H	Expiration

DESCRIPTION OF WORK	Scope of Work: Convert 2 classrooms back to auditorium & front office High @ Central			
	Proposed Use	Current Use	Existing Buildings on Property renovate	# 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	30,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *Scott P.* Date: _____

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

fees waived county project.



BUILDING PERMIT APPLICATION

Application Date: 11/27/17

Department of Building Inspection
P.O. Box 119
Goochland, VA 23063
(804) 556-5815 Fax (804) 556-5851
TDD 711 VA Relay

Permit Number: BP-2017-00951

GPIN/Tax Map: 7738-21-5725/48-1-0-56A

Issued: 2-5-18

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 6100 Pouncey Tract Rd	
	Owner Duncan Van Ness	Phone # 804-364-0933
APPLICANT INFORMATION	Address 6100 Pouncey Tract Rd	
	Applicant/Contact Collin Gooch	Phone # 804-741-4663
	Address 2250 Old Brick Road, Suite 220 Glen Allen, Va 23060	
	Email cgooch@eagleofva.com	

Subdivision	Project No.	Amount	Date Paid
FRONT SETBACK	COMPLYING SETBACK	REAR SETBACK	10/20/16 (10/20/16)
SIDE SETBACK	SIDE SETBACK	FLOOR ZONE	
APPROVED	REJECTED	COMMENTS	

CONTRACTOR INFORMATION	Contractor Eagle Commercial Construction, LLC		Phone 804-741-4663
	Address 2250 Old Brick Road, Suite 220 Glen Allen, VA 23060		
	Contractor License Number 2705137232	Type CBC	Expiration 10-31-2018

DESCRIPTION OF WORK	Scope of Work: Construct covered patio; concrete, rough carpentry, roof trusses, roofing, siding, fire sprinkler & electrical, detached		
	Proposed Use Outdoor Covered Patio	Current Use Outdoor Uncovered Patio	Existing Buildings on Property # of Floors 1
	<input checked="" type="checkbox"/> Public/ <input type="checkbox"/> Private	<input checked="" type="checkbox"/> WATER Public/ <input type="checkbox"/> Private	# of Bathrooms 0 # of Bedrooms 0
	Finished Sq. Ft. 714	Unfinished Sq. Ft. 0	Total Sq. Ft. 714

Building Only - Excludes All Trades Permits

Value of Work	\$114,785 \$114,000.00
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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: **11/27/2017**

Application Fee	\$1,000
State Fee	\$1,000
Inspection Fee	\$1,000
Permit Fee	\$1,000
Stamp	\$1,000
SWP	\$1,000
Map	\$1,000



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: 1/8/2018 {Rec: 1-25-18}
 Permit Number: BP-2018-00063
 GPIN/Tax Map: 7726-76-6945 59-4-0-5-0
 Issued: 2-2-18

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 1620 Three Chopt Road	
	Owner LJP Properties, LLC	Phone # (804) 559 - 8000
APPLICANT INFORMATION	Address PO Box 725075, Richmond Va 23255-2075	
	Applicant/Contact John Gills	Email Lpage@pageauto.com
APPLICANT INFORMATION	Address 7229 Forest Avenue Henrico Va. 23226	
	Applicant/Contact John Gills	Phone # (804) 282-9700
APPLICANT INFORMATION	Address 7229 Forest Avenue Henrico Va. 23226	
	Applicant/Contact John Gills	Email dgills@freemanmorgan.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 20' From Road	Center Line Setback 45'	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		Date		

CONTRACTOR INFORMATION	Contractor Loughridge & Co LLC		Phone (804) 353-7373
	Address 5711 Staples Mill Rd #100, Richmond, VA 23228		
	Contractor License Number 2705100856	Type Class A	Expiration 11-30-2019

DESCRIPTION OF WORK	Scope of Work: Fuel tank/pump & CMU screen-wall construction			
	Proposed Use n/a	Current Use n/a	Existing Buildings on Property (1)	# of Floors n/a
	SEWER n/a	WATER n/a	# of Bathrooms n/a	# of Bedrooms n/a
	Finished Sq. Ft. n/a	Unfinished Sq. Ft. n/a	Total Sq. Ft. 306.6	

Building Only - Excludes All Trades Permits		Application Fee	\$ 189.45
Value of Work	\$25,260.00	State Levy Fee	\$ 3.79
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ 50 -
		RLD	\$
		SWP	\$
		Total	\$ 243.24
Signature of Applicant	[Signature]	Date	1-8-18



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: 1/24/2018
 Permit Number: BP-2018-00059
 GPIN/Tax Map: 6804-66-0609/1-1-0-
 Issued: 1-1-18
 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.

E-22

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>5342 Duval Road, Kent's Store, VA. 23080</u>	
	Owner <u>Nelson & Diana Bareis</u>	Phone # <u>804.357.2291</u>
	Address <u>SAME AS ABOVE</u>	Email <u>nbareis@verizon.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>Charlottesville Aquatics, Inc / Christine von Lewinski</u>	Phone # <u>434.566.4484</u>
	Address <u>3275 Berkmar Drive Charlottesville, VA. 22901</u>	Email <u>christine@villeaquatics.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>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 Floyd</u> Date <u>1/26/18</u> AI			

CONTRACTOR INFORMATION	Contractor <u>Charlottesville Aquatics, Inc.</u>	Phone <u>434.973.7433</u>
	Address <u>3275 Berkmar Drive. Charlottesville, VA. 22901</u>	
	Contractor License Number <u>2701032595</u>	Type <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>18'x50' inground concrete pool w/automatic cover</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>900</u>	Total Sq. Ft. <u>900</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>107.25</u> State Levy Fee \$ <u>14.14</u> Septic/Well Fee \$ <u>—</u> Zoning Fee \$ <u>25-</u> RLD \$ <u>—</u> SWP \$ <u>—</u> Total \$ <u>146.39</u>
Value of Work	<u>154,498.</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>Glenn M. Perry</u>	Date <u>1/24/2018</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: 1-24-18
 Permit Number: BP-2018-00054
 GPIN/Tax Map: 6058-51-8915/42-33-E-24-0
 Issued: 1-31-18

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: 2007 Steeplechase Pkway Goochland VA 23063
 Owner: Lisa & Phil Parrish
 Address: 2007 Steeplechase Pkway
 Phone #: 804-516-2776
 Email: Lisa.Parrish@capitolone.com

APPLICANT INFORMATION
 Applicant/Contact: Millmar Construction / Mike Miller
 Address: P.O. Box 313 Manakin-Sabot, Va 23103
 Phone #: 804-840-2219
 Email: Mike.miller@millmarconstruction.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 REJECTED COMMENTS: _____
 Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION
 Contractor: Millmar Construction
 Address: P.O. Box 313 Manakin-Sabot, Va 23103
 Phone: 804-640-8443
 Contractor License Number: 2705053462
 Type: Class A
 Expiration: 12/31/19

DESCRIPTION OF WORK
 Scope of Work: Adding floor to create playroom above den.

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. <u>350</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>350</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 12,500 \$19,250.00</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: 1/24/18

Application Fee	\$ <u>98.03</u>
State Levy Fee	\$ <u>1.97</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>125.00</u>



BUILDING PERMIT APPLICATION

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

Application Date: 10-4-17

Permit Number: BP-2017-00798

GPIN/Tax Map: 6099-41-9628/45-1-0-72-C

Issued: 10-5-17

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

Residential Commercial

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

Revised 1-25-18 decrease sq. ft to 136 sq. ft. for porch

OWNER INFORMATION	Site Address	1670 Shallowell Rd.	
	Owner	Tyler McNeely	Phone # (434) 806-7257
	Address	1670 Shallowell Rd.	Email

APPLICANT INFORMATION	Applicant/Contact	Jud Waff	Phone # 804-677-3424
	Address	3014 Grove Ave. Richmond, VA 23221	Email judwaff@gmail.com

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	35'	CUP/Variance/COA
	Side Setback	20'	Side Setback	20'	Flood Zone	—	—
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS:	Dismit paid Date 10/4/17 A2			

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

DESCRIPTION OF WORK	Scope of Work:			
	Remove existing porch and build new front porch			
	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.	
	108	136	108	136

Building Only - Excludes All Trades Permits		Application Fee	\$ 110.75
Value of Work	# 23,500	State Levy Fee	\$ 2.36
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	\$ 25-
Signature of Applicant	<i>Jud Waff</i>	RLD	\$
	Date 10/3/17	SWP	\$
		Total	\$ 145.11

44170-305

\$67.32

2/5



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 #	211-2018-00020
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	475 ADA ASH LANE	District	
----------------	------------------	----------	--

PROPERTY OWNERSHIP

Name	JAY VAIKSNORAS	Phone	8043639300
Mailing Address	475 ADA ASH LANE		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 22KW PROPANE GAS GENERATOR, 200 AMP ATS (1)			
SURGE, 2-200 AMP PANELS, <i>electric for furnace</i>			
# of Baths	Service Size	Power Company	<i>water heater + gas water</i>
	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 _____

Signature of Applicant	<i>[Signature]</i>	Value of Work:	10000
Approval	<i>[Signature]</i>	Permit fee:	67.32
Date	2-1-18	Issue date:	2-1-18



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	2.2.18
Permit #	2112018-0003
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	1832 Longbranch Dr	District	
----------------	--------------------	----------	--

PROPERTY OWNERSHIP

Name	Michelle Rice	Phone	804.301.5544
Mailing Address	1832 Longbranch Dr; Maidens VA 23102		

APPLICANT

Name	Teddi Bartlett	Phone	804.231.968
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 type="checkbox"/>	State License Number	Expiration
		2701 026667	8/31/18
		ELE	A

DESCRIPTION OF WORK

Provide and install 50amp inlet box and interlock kit for portable 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: \$1,250.00
 Approval: Fisher Date: 2-5-18 Permit fee: \$30.60
 Issue date: 2-9-18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	2.8.18
Permit #	112018-00097
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 558 Hill Grove Road; Manakin-Sabot VA 23103	District
---	----------

PROPERTY OWNERSHIP

Name Susan Sutton	Phone 804.356.1598
Mailing Address 558 Hill Grove Rd; Manakin-Sabot VA 23103	

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

Provide and install 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: \$10,900.00
 Permit fee: \$71.45
 Approval [Signature] Date 2-12-18 Issue date: 2-12-18



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

Date	2/20/18
Permit #	E11-2018-00119
GPIN	
Tax Map	48-19-0-14-0

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Please call or visit our website to calculate fee

www.goochlandva.us/permitcalc

LOCATION

Street Address: 7280 Ellington Court, Glen Allen VA. 23059

PROPERTY OWNERSHIP

Name	Wayne Deisher	Phone	804-347-8448	
Mailing Address	7280 Ellington Court, Glen Allen, VA 23059		Email	

APPLICANT

Name	Richard Medeiros	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 checked="" type="checkbox"/>	State License Number	2710025076	Expiration	8-31-2018	License Type	contractors	Class	A

DESCRIPTION OF WORK

wiring 22kw automatic generator with 200 AMP service disconnect, transfer switch with load share modules

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)			
9515			

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

Signature of Applicant: Richard Medeiros Date: Feb. 8, 2018

Approval:	<u>Way Fisher</u>	Office Use Only	Approval date:	<u>2/20/18</u>
Permit Fee:	<u>65.09</u>		Issued date:	<u>2/20/18</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

Date	2.13.2018
Permit #	E11-2018-00120
GPIN	726-35-3705
Tax Map	

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

LOCATION

Street Address: 1556 Whipperwill Rd. Richmond, VA. 23233

PROPERTY OWNERSHIP

Name	Thomas Hicks	Phone	804 784-4354
Mailing Address	1556 Whipperwill Rd. Rich, VA. 23233	Email	handheatcool@aol.com

APPLICANT

Name		Phone	
Address		Email	

CONTRACTOR

Name	Warren Lipscomb			Phone	(804) 358-0841
Mailing Address	2604 Maidens Road Goochland VA.			Email	
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	27010 20289	Expiration	12/18
		License Type	Electrical	Class	A

DESCRIPTION OF WORK

Wiring for New Generator to

# of Bathrooms	Service Size	Power Company	Inquiry #
	22 KW	Dominion VA Power	
Value of Work (required)	\$2,000.00		

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: Thomas C. Hicks Date: 2.16.2018

Approval: <u>Andy Fisher</u>	Office Use Only	Approval date: <u>2/20/18</u>
Permit Fee: <u>30.00</u>		Issued date: <u>2/22/18</u>

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

311

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	02.27.18
Permit #	211-2018-00106
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	1833 SUMMER WIND LANE	District	
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PROPERTY OWNERSHIP

Name	GEORGE PEYTON	Phone	804-334-2932
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

11/2019

DESCRIPTION OF WORK

INSTALL 22KW PROPANE GAS GENERATOR, 200 AMP ATS SURGE,			
# 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:	9500.00
Approval		Permit fee:	67.32 45.03
Date	2-27-18	Issue date:	2-27-18