



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: 03/14/18

Permit Number: 3-2018-00206

GPIN/Tax Map: 7133-66-7539 / 68-2-C-32-0

Issued: 3-26-18

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 5 East Square Lane Henrico, VA 23238	
	Owner Vernon & Molly Priddy	Phone # 804-708-2046
	Address 5 East Square Lane Henrico, VA 23238	Email admin@addadeck.com
APPLICANT INFORMATION	Applicant/Contact Add A Deck, Inc.	
	Address 6408 Mallory Drive Henrico, VA 23226	Phone # 804-285-4239 Email admin@addadeck.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 Add A Deck, Inc.		Phone 804-285-4239
	Address 6408 Mallory Drive Henrico, VA 23226		
	Contractor License Number 2701-033201A	Type class A	Expiration 11/30/2018

DESCRIPTION OF WORK	Scope of Work: Renovate existing 12'x28' deck with composite materials. No change to deck or steps footprint.			
	Proposed Use deck	Current Use deck	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. 0	Unfinished Sq. Ft. 326	Total Sq. Ft. 336	

Building Only - Excludes All Trades Permits

Value of Work	10,000.00
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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 03/14/18

Application Fee	\$ <u>57.00</u>
State Levy Fee	\$ <u>1.14</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>58.14</u>



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TDD 711 VA Relay

Application Date: 03/07/2018

Permit Number: 2018-00184

GPIN/Tax Map: 7115-27-2890/58-22-A-90

Issued: 3-26-18

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 400 Holly Lake Drive	
	Owner Ned Crosby	Phone #
APPLICANT INFORMATION	Address 400 Holly Lake Drive	
	Applicant/Contact Matt Helms	Phone # 804-690-9605
	Address PO Box 21, Oilville, VA 23129	
	Email matthelms@westviewcompanies.com	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' off building</u>	Center Line Setback <u>per plat</u>	Rear Setback <u>2.50</u>	CUP/Variance/COA R-3
	Side Setback <u>50'</u>	Side Setback <u>15' in</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS:	
Planning & Zoning Officer: <u>Amber Barnes</u>		Date: <u>3-21-2018</u>		

CONTRACTOR INFORMATION	Contractor WestView Companies Inc.		Phone 804-784-0095
	Address PO Box 21, Oilville, VA 23129		
	Contractor License Number 2705117309	Type Class A	Expiration 09-30-2019

DESCRIPTION OF WORK	Scope of Work: New office and utility room, new family room, ^{above garage} new master bedroom and bathroom.		
	Proposed Use New bathroom and living spaces	Current Use Garage space	Existing Buildings on Property 1
	# of Floors 2	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>
	# of Bathrooms 1	# of Bedrooms 1 addition	
	Finished Sq. Ft. 1,262	Unfinished Sq. Ft. 197	Total Sq. Ft. 1,459

Building Only - Excludes All Trades Permits		Application Fee \$ <u>348.75</u> State Levy Fee \$ <u>6.97</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>380.70</u>
Value of Work	\$30,181.03 74,827.50	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant: <u>[Signature]</u>	Date: <u>03/07/2018</u>	



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

Residential Commercial

Application Date: 3-21-18

Permit Number: BP-2018-00207

GPIN/Tax Map: 9933-76-3750/68-2-B-14-0

Issued: 3.26.18

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>30 East Square Lane</u>	
	Owner <u>Jim Evans</u>	Phone #
	Address <u>30 East Square Lane</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Spencer Monroe</u>	Phone # <u>(804) 218-1781</u>
	Address <u>2165 Oakhampton Place</u>	Email <u>Smonroe@archadeck.net</u> <u>Smonroe@archadeck.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' off pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	CUP/Variance/COA
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone	

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: Amelia Barber Date: 3-22-2018

CONTRACTOR INFORMATION	Contractor <u>Archadeck of Richmond</u>	Phone <u>(804) 219-1781</u>
	Address <u>2165 Oakhampton Pl Henrico, VA 23233</u>	
	Contractor License Number <u>2705166852</u>	Type <u>B</u>

DESCRIPTION OF WORK	Scope of Work: <u>new deck 23'x17'</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>391</u>	Total Sq. Ft. <u>391</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>165-</u>
Value of Work	<u>\$34,000</u>	State Levy Fee	\$ <u>3.30</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>193.30</u>

Signature of Applicant: [Signature] Date: 3/21/18



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

Residential Commercial

Application Date: 3.21.18

Permit Number: BP. 2018. 00208

GPIN/Tax Map: 0733-06-3428/68-2-B-12-0

Issued: 3.20.18

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>26 East Square Lane</u>	
	Owner <u>Betty Faked</u>	Phone #
	Address	

APPLICANT INFORMATION	Applicant/Contact <u>Spencer Monroe</u>	Phone # <u>(804) 218-1781</u>
	Address <u>2165 Oakhampton Place Henrico, VA 23233</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' off pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	CUP/Variance/COA
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer Amalia Bounner Date 3-22-2018

CONTRACTOR INFORMATION	Contractor <u>Archadeck of Richmond</u>	Phone
	Address <u>2165 Oakhampton Place Henrico, VA 23233</u>	
	Contractor License Number <u>2705166852</u>	Type <u>B</u>

DESCRIPTION OF WORK	Scope of Work: <u>New deck 14x27'</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>378</u>	Total Sq. Ft. <u>378</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>124.50</u>
Value of Work	<u>\$25,000</u>	State Levy Fee	\$ <u>249</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>3/21/18</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>151.99</u>



BUILDING PERMIT APPLICATION

Department of Building Inspection
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 (804) 556-5815 Fax (804) 556-5651
 TDD 711 VA Relay

Application Date: 3/6/18
 Permit Number: BP-2018-00165
 GPIN/Tax Map: 0759-17-7861/21-1-0-27-0
 Issued: 3-23-18
 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.

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: 2909 Dogtown Rd - Goochland, Va 23063
 Owner: Stacy Snedeker
 Phone #: 5566855
 Address: Same as Above
 Email: _____

APPLICANT INFORMATION
 Applicant/Contact: Mary Hallack
 Address: Krystal & Heather Pools & Spas, Inc
 Phone #: _____
 Address: 305 Bonbrook Creek Rd - Cumberland, Va
 Email: KrystalPools@comcast.net

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 rear</u>	Center Line Setback: <u>100'</u>	Rear Setback: <u>5'</u>	CUP/Variance/COA: _____
Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 3/8/18 A2

CONTRACTOR INFORMATION
 Contractor: Krystal & Heather Pools & Spas, Inc
 Phone: 804 492-3034
 Address: 305 Bonbrook Creek Rd - Cumberland, Va 23040
 Contractor License Number: 2705074163
 Type: Class C
 Expiration: 3/31/19

DESCRIPTION OF WORK
 Scope of Work: Installation of Hex 32 Vinyl liner pool (on ground) already purchased from Madalison Pools

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.: <u>512</u>	Total Sq. Ft.: <u>512</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>7,964.69</u>	<u>\$14,080.00</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: Mary Hallack Date: 3/6/18

Application Fee	\$ <u>15.36</u>
State Levy Fee	\$ <u>1.51</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>101.87</u>



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

Residential Commercial

Application Date: 1/30/2018

Permit Number: BP-2018-00074

GPIN/Tax Map: 7733-56-4280/67-27-0-109'

Issued: 3.22.18

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.

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>141 West Square Court Richmond VA 23238</u>	
	Owner <u>Anne Cary Allen</u>	Phone #
	Address	

APPLICANT INFORMATION	Applicant/Contact <u>J. Matthew Helms</u>		Phone # <u>804-690-9605</u>
	Address <u>2508 Turkey Creek Rd Oilville VA 23129</u>		Email <u>MATT HELMS@WESTVIEWCOMPANIES.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Randolph Square</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>50' from pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	CUP/Variance/GOA <u>122-1993-1</u>
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone	

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: David Floyd Date: 1/31/18 RPUD

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

DESCRIPTION OF WORK	Scope of Work: <u>Construct new porch. Partial roof over porch. Porch to be masonry foundation with natural stone decking</u>		
	Proposed Use	Current Use	Existing Buildings on Property <u>1</u>
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms
	# of Floors <u>1</u>	# of Bedrooms	
Finished Sq. Ft. <u>0</u>		Unfinished Sq. Ft. <u>840</u>	Total Sq. Ft. <u>840</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>\$50,000</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: 1/30/18

Application Fee	\$ <u>239</u>
State Levy Fee	\$ <u>474</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25</u>
RLD	\$
SWP	\$
Total	<u>266.94</u>

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: National Title Insurance Company Telephone: 804-281-7490

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

OWNER'S AFFIDAVIT

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

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

OFFICE USE ONLY

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

FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL MICHAEL R. BROOKING DATE 3.13.18.

Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 9-25-17
Permit Number: BP-2017-00758
GPIN/Tax Map: 7704-45-0898 / 62-15-0-A-0
Issued: 9-28-17
This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 115 Ben Dover Ln
Owner: William Coogan / Firstmark Farm
Address: SAME

APPLICANT INFORMATION
Applicant/Contact: Douglas Gentey - 804-647-6649
Address: 829 Toms Rd Barboursville, VA 22923

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: Ben Dover
Proffer: Yes No
Amount: ---
Date Paid: ---
Front Setback: 55' from ROW
Center Line Setback: ---
Rear Setback: 35'
Side Setback: 20'
Side Setback: 20'
Flood Zone: ---
CUP/Variance/COA: ---
APPROVED REJECTED COMMENTS:
Planning & Zoning Officer: David Floyd Date: 9/26/17 A2

CONTRACTOR INFORMATION
Contractor: MID-Atlantic Home Imp LLC
Address: 829 - Toms Rd Barboursville, VA 22923
Contractor License Number: 2705-116990
Type: A BID
Expiration: 02-28-2019
Phone: 804-647-0649

DESCRIPTION OF WORK
Scope of Work: demo interior, add to addition to side of existing bldg moving BATH + covered porch
Proposed Use: Office/Exercise
Current Use: ---
Existing Buildings on Property: ---
of Floors: 1
SEWER: Public/Private
WATER: Public/Private
of Bathrooms: ---
of Bedrooms: 0
Finished Sq. Ft.: 1785
Unfinished Sq. Ft.: ---
Total Sq. Ft.: 1785 Finished 2,998

Building Only - Excludes All Trades Permits
Value of Work: \$180,000
Signature of Applicant: Douglas Gentey Date: 9-25-17
Application Fee: \$ 822.00
State Levy Fee: \$ 10.44
Septic/Well Fee: \$ ---
Zoning Fee: \$ 25.00
RLD: \$ ---
SWP: \$ ---
Total: \$ 863.44

3-20-18 permitted to add wall height

MAR 27 2018



BUILDING PERMIT APPLICATION

Department of Building Inspection
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 (804) 556-5815 Fax (804) 556-5651
 TDD 711 VA Relay

Application Date: 3.15.18
 Permit Number: BP-2018-00197
 GPIN/Tax Map: W060-02-9446/42-14-0-A-0
 Issued: 3.21.18

Residential Commercial

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

Site Address: 2924 River Road West Goochland, VA

Owner: Goochland County Phone #: 804 556-5855

Address: 1800 Sandy Hook Road Email: sfoster@goochlandva.us

Applicant/Contact: Team Craft Roofing / Mike Oldaker Phone #: 804 640-5405

Address: 3701 Hendricks Rd Middlethorpe, VA 23112 Email: mike.oldaker@tcrg.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/Variances/COA
	Side Setback	Side Setback	Flood Zone	

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: Anita Barnes Date: 3-20-2018

Contractor: Team Craft Roofing Phone: 804 640-5405

Address: 3701 Hendricks Rd Middlethorpe, VA 23112

Contractor License Number: 21105055157 Type: Class A ASB GIC Lic Expiration: 4-30-2018

Scope of Work: remove existing BUR roof down to metal decking, install 1/2" tapered Iso system and fully adhered TPO roof system, New Gutters and downspouts.

Proposed Use <u>office space</u>	Current Use <u>office space</u>	Existing Buildings on Property	# of Floors
SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms

Finish Sq. Ft. 2080 Unfinished Sq. Ft. _____ Total Sq. Ft. 2080

Building Only - Excludes All Trades Permits
 Value of Work: \$37,500 fees waived, county project

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: Mike Oldaker Date: 3/13/18

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



BUILDING PERMIT APPLICATION

Application Date: 2-23-2018

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

Permit Number: BP-2018-00149

GPIN/Tax Map: 5880-30-6084-9999/15-4-0-4-0

Issued: 3-21-18

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Residential Commercial

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OWNER INFORMATION
Site Address: 2706 Marle Road Columbia, VA Site (R1834)

Owner: National Communication Tower LLC
Phone #

Address: 1111 E. Main St Ste 1900 Richmond, VA
Email

APPLICANT INFORMATION
Applicant/Contact: Estee Williams
Phone #: 434-409-9220

Address: 1494 Minor Ridge Ct Charlottesville, VA 22901
Email: estee.williams@smartlinkllc.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: None
Proffer: Yes No
Amount: _____
Date Paid: _____

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

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

APPROVED REJECTED COMMENTS: No change to existing fees per se.
Planning & Zoning Officer: David Floyd Date: 3/1/18 AI

CONTRACTOR INFORMATION
Contractor: Velocitel
Phone

Address: 1033 Skokie BLVD Suite 320 Northbrook, IL 60062

Contractor License Number: 2705146934 Type: A Expiration: 6-30-2018

DESCRIPTION OF WORK
Scope of Work: Installing Radio's behind antennas on existing tower. See attached drawings

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: 15,000.00

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: Estee Williams Date: 2-23-18

Application Fee	\$12.50
State Levy Fee	\$2.25
Septic/Well Fee	\$
Zoning Fee	\$50-
RLD	\$
SWP	\$
Total	\$104.75



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: 3/15/18

Permit Number: BP-2018-00202

GPIN/Tax Map: 17-1-0-86-J / 6719-17-1909

Issued: 3-21-18

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.

Site Address 2657 Hadensville-Fife Road Goochland, VA 23063

Owner Floyd & Sandi Newton **Phone #** 804-837-3723

Address 2657 Hadensville-Fife Road **Email**

Applicant/Contact JES Construction/Shannon Jackson **Phone #** 804-495-4646

Address 2410 Southland Drive Chester, VA 23831 **Email** sjackson@jeswork.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 JES Construction **Phone** 804-495-4646

Address 2410 Southland Drive Chester, VA 23831

Contractor License Number 2705068655 **Type** **Expiration** 3/15/18

Scope of Work: Installing 33' of waterguard & sump pump w/ discharge

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

Value of Work 7699

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 3/15/18

Application Fee	\$ 46.65
State Levy Fee	\$.93
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 47.58



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: 3-13-18
 Permit Number: BP-2018-00186
 GPIN/Tax Map: 6757-58-5691 / 42-36-H-50-D
 Issued: 3-21-18

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>3281 Bayberry Lane</u>	
	Owner	<u>David & Amanda Houchins</u>	Phone # <u>804 304-1381</u>
	Address	<u>3281 Bayberry Lane</u>	
APPLICANT INFORMATION	Applicant/Contact	<u>Mike Brockman</u>	Phone #
	Address		

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' off Row</u>	Center Line Setback	Rear Setback <u>35' off property</u>	CUP/Variance/COA
	Side Setback <u>35' off Row</u>	Side Setback <u>15</u>	Flood Zone	<u>R-1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
Planning & Zoning Officer	<u>Julia Barnes</u>		Date	<u>3-14-2018</u>

CONTRACTOR INFORMATION	Contractor	<u>Mike Brockman</u>		Phone <u>804 814-8735</u>
	Address	<u>19214 Holly Ct. LN.</u>		
	Contractor License Number <u>2705008763</u>	Type <u>B</u>	Expiration <u>4/30/2018</u>	

DESCRIPTION OF WORK	Scope of Work: <u>Build 528 sq. ft. Deck as detailed in plans</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>528</u>	Total Sq. Ft. <u>528</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>57.00</u>
Value of Work	<u>\$10,000.00</u>	State Levy Fee	\$ <u>1.14</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Mike Brockman</u> Date <u>3/13/2018</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>83.14</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: B 3-13-18
 Permit Number: BP-2018-00188
 GPIN/Tax Map: 0167-26-7010 / 4a-28-026C
 Issued: 3-21-18

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: 926 NEWSOME CT. GOODLAND, VA.

Owner: SESSIE SPENCER Phone #: (804) 212-8725

Address: 926 NEWSOME CT. GOODLAND, VA. Email:

APPLICANT INFORMATION
 Applicant/Contact: MICHAEL NADDER SR. Phone #: (804) 356-6600

Address: 4075 TRICE LN. GUM SPRING, VA. 23065 Email: nadderhomeimprovement@Ad.com

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

Front Setback: 40' off ROW Center Line Setback: 35 Rear Setback: 35 CUP/Variance/COA: R-1

Side Setback: 15 Side Setback: 15 Flood Zone:

APPROVED REJECTED COMMENTS: Planning & Zoning Officer: [Signature] Date: 3-14-2018

CONTRACTOR INFORMATION
 Contractor: NADDER HOME IMPROVEMENT INC. Phone: (804) 457-2818

Address: 4075 TRICE LN. GUM SPR. VA. 23065

Contractor License Number: 2705000518 Type: CLASS B Expiration: 3-31-2019

Scope of Work: CONVERT EXIST. DECK TO SCREEN PORCH AND ADD (1) SET OF STEPS TO LOWER EXIST. DECK

DESCRIPTION OF WORK
 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.: 752 204 Total Sq. Ft.: 752 204

Building Only - Excludes All Trades Permits
 Value of Work: 11,000

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: 3/13/18

Application Fee	\$ <u>61.50</u>
State Levy Fee	\$ <u>1.23</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>87.73</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-10-18

Permit Number: BP-2018-00101

GPIN/Tax Map: 7926-84-4399/59-3-2-9-A

Issued: 3-19-18

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>9000 Wilkes Ridge Place Richmond VA 23233</u>	
	Owner <u>MAA</u>	Phone # <u>804 337-7047</u>
	Address <u>6564 Poplar Ave. Memphis TN 38138</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>J.R. ANDERSON</u>	
	Address <u>9925 Kingussle Ln N. Chesterfield VA 23236</u>	Phone # <u>JRANDERSON@phd.com</u>
	Email	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Retreat at the Notch</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>20' from R/W</u>	Center Line Setback	Rear Setback <u>10'</u>	CUP/Variance/COA
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>2/14/18</u> MI			

CONTRACTOR INFORMATION	Contractor <u>J.R. Anderson Inc</u>		Phone <u>804 333-1781</u>
	Address <u>9925 Kingussle Ln N. Chesterfield VA 23236</u>		
	Contractor License Number <u>2705 057924</u>	Type <u>316-A</u>	Expiration <u>8-31-18</u>

DESCRIPTION OF WORK	Scope of Work: <u>concrete pad, Buried LP tank by others, Elec by others, Build Double Gas Grill Station for residential use, Gas fire pit, 16x16 Pergola over Patio</u>			
	Proposed Use <u>Recreational use Green Space</u>	Current Use <u>Green Space</u>	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. <u>256</u>	Total Sq. Ft. <u>256</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>180.00</u>
Value of Work	<u>+ 24,000</u>	State Levy Fee	\$ <u>3.00</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.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>50-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>233.00</u>

Signature of Applicant [Signature] Date 2-10-18



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: 2-23-2018

Permit Number: BP-2018-00150

GPIN/Tax Map: 60758-70-7265-9998/42-11-0-3-A

Issued: 3-21-17

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 2011 Bulldog Way Goochland, VA 23063 Site (R1830)	
	Owner SBA Towers	Phone #
APPLICANT INFORMATION	Address 8051 Congress Avenue Boca Raton, FL	Email
	Applicant/Contact Estee Williams	Phone # 434-409-9220
	Address 1494 Minor Ridge Ct Charlottesville, VA 22901	Email estee.williams@smartlinkllc.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' front	Center Line Setback 100' CL	Rear Setback 35'	CUP/Variance/COA
	Side Setback 20'	Side Setback 20'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: * No change to existing footprints.	
	Planning & Zoning Officer David Floyd	Date 3/1/18	A1	

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

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

Building Only - Excludes All Trades Permits		Application Fee	\$ 12.50
Value of Work	15,000.00	State Levy Fee	\$ 2.25
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ 50.-
		RLD	\$
		SWP	\$
		Total	\$ 164.75
Signature of Applicant	<i>Estee Williams</i>	Date	2-23-2018



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

Application Date: 3-9-18

Permit Number: BP-2018-00171

GPIN/Tax Map: 42-30-A-7-0 / 6758-50-3632

Issued: 3-19-18

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.

Residential Commercial

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

Site Address: **2322 Horseshoe Bend**

Owner: **Doug Murphy** Phone #: **804-647-4684**

Address: **2322 Horseshoe Bend, Goochland, VA 23063** Email: **doug.murphy@spinnakerconsultinggroup.com**

Applicant/Contact: **Catherine Gallagher** Phone #: **804-333-9192**

Address: **196 Selftown Road, Warsaw, VA 22572** Email: **catherine@riverpoolsandspas.com**

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Holland Hills</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>40' from Row</u>	<u>65'</u>	<u>5'</u>	_____
	Side Setback	Side Setback	Flood Zone	
	<u>5'</u>	<u>5'</u>	_____	

APPROVED REJECTED COMMENTS: _____
Planning & Zoning Officer: David Floyd Date: 3/9/18 K1

Contractor: **River Pools & Spas** Phone: **804-333-9192**

Address: **196 Selftown Road, Warsaw, VA 22572**

Contractor License Number: **2705099652** Type: **Class A** Expiration: **10-31-19**

Scope of Work: **install inground 15x28 fiberglass pool w/ fence barrier**

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
SEWER	WATER	# of Bathrooms	# of Bedrooms
<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>		
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
	<u>420</u>	420	

Building Only - Excludes All Trades Permits
Value of Work: **35000**

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: Catherine Gallagher Date: 3-7-18

Application Fee	\$ <u>169.50</u>
State Levy Fee	\$ <u>3.39</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>197.89</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: 3-9-18
 Permit Number: BD-2018-00178
 GPIN/Tax Map: 6798-36-3022 / 33-7-0-11-0
 Issued: 3-16-18
 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 2551 Turkey Creek Road Oilville, Va. 23129	
	Owner TKL Products Corp. Tom Dougherty	Phone # 804-749-8300
APPLICANT INFORMATION	Address 2551 Turkey Creek Road Oilville, Va. 23129	Email tomd@tkl.com
	Applicant/Contact Ned Roache	Phone # 804-749-8300
	Address 2551 Turkey Creek Road Oilville, Va. 23129	Email ned@tkl.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 D.F. Lyons Construction	Phone 804-788-8906
	Address 1511 Brook Road Richmond, Va. 23220	
	Contractor License Number 2705064774	Type CIC, FIC

DESCRIPTION OF WORK	Scope of Work: Room, 18'x 20' metal stud framing within existing warehouse. Walls to be covered both sides with sheetrock with a dropped ceiling. <i>Room for storing printers</i>			
	Proposed Use Printer room	Current Use warehouse	Existing Buildings on Property	# of Floors 1
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms N/A	# of Bedrooms N/A
	Finished Sq. Ft. 360	Unfinished Sq. Ft.	Total Sq. Ft. 360	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>97.50</u>
Value of Work <u>13,000.00</u>		State Levy Fee \$ <u>1.95</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. Signature of Applicant <u>[Signature]</u> Date <u>3/9/18</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>0</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>99.45</u>



BUILDING PERMIT APPLICATION

Application Date: 1-30-18

Permit Number: BP-2018-00070

GPIN/Tax Map: 6831-33-1538 / 12-31-0-1-C

Issued: 3.7.18

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: 4109 Cedar Plains Rd Sandy Hook, VA 23153

Owner: Sprouses Corner Phone #: 804-378-9300

Address: 11604 Anderson Hwy Suite F Powhatan 23139 Email: sprousescorner@gmail.com

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

Address: 11604 Anderson Hwy Suite F Powhatan 23139 Email: sprousescorner@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: The Woods at Cedar Plains Proffer: Yes No Amount: _____ Date Paid: _____

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

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

APPROVED REJECTED COMMENTS: _____
Planning & Zoning Officer: David Ford Date: 4/31/18 AI

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

Address: 2080 Cartersville Rd, New Canton, VA 23123

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

DESCRIPTION OF WORK
Scope of Work: Single family housing include 480 sq ft garage Revised 3-16-19 to include 480 sq ft garage

Proposed Use: residential Current Use: NA Existing Buildings on Property: none # of Floors: 1

SEWER: Public/Private WATER: Public/Private # of Bathrooms: 2 # of Bedrooms: 3

Finished Sq. Ft.: 1600 Unfinished Sq. Ft.: 3168 + 480 = Total Sq. Ft.: 1968 + 480 = 2448

Building Only - Excludes All Trades Permits
Value of Work: 95000.00 848 \$115,960.00

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: Wendy Stinnett Date: 12.12.13

Application Fee	\$ 533.82
State Levy Fee	\$ 11.48
Septic/Well Fee	\$ 40.00
Zoning Fee	\$ 50.00
RLD	\$ 100.00
SWP	\$ 200.00
Total	\$ 935.30



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2/27/18 Rec: 3-7-18

Permit Number: BP. 2018.00168

GPIN/Tax Map: 7725-33-0619/58 32-3-A-0

Issued: 3-15-18

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.

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.

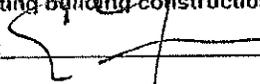
OWNER INFORMATION	Site Address 15070 15000 Capital One Drive, WC7 Richmond, VA 23238	
	Owner Capital One - Ted Tremain	Phone # 855-375-0822
	Address 15050 Capital One Drive, WC7 Richmond, VA 23238	

APPLICANT INFORMATION	Applicant/Contact Howard Dunn		Phone # 610-368-5402
	Address 1001 Boulders Parkway, Suite 101 Richmond, VA 23225		Email hdunn@gilbaneco.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 Gilbane Building Co.		Phone 804-782-6518
	Address 1001 Boulders Parkway, Suite 101 Richmond, VA 23225		
	Contractor License Number 2701004552	Type A	Expiration 10-31-18

DESCRIPTOR OF WORK	Scope of Work: Demolition of existing interior partitions 4 floor, 156,720sf office building, including removal of four (4) roof top units and demolition of all gang bathrooms.			
	Proposed Use <small>(Business B (no change))</small>	Current Use <small>(Business B)</small>	Existing Buildings on Property <small>(Interior Demolition of Existing Building)</small>	# of Floors 4
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 0	# of Bedrooms N/A
	Finished Sq. Ft. 150,000	Unfinished Sq. Ft. 6,720	Total Sq. Ft. 156,720	

Building Only - Excludes All Trades Permits		Application Fee	\$ 5589.19
Value of Work	\$745,225	State Levy Fee	\$ 116.98
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 2/27/18		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ 5700.99

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: 21-1-56-B

Application Date: 11.30.16
 Application Accepted: BP-2016-00948
 GPIN: 6850-83-3878
 Issued: 3.15.18

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.

OWNER INFORMATION	Site Address: 3152 Three Chopt Rd.		District	
	Owner: Camelot Lot 2		Phone #	
	Address			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acres	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: _____ Phone _____

Email: _____

CONTRACTOR INFORMATION	Contractor: Camelot Homes		Phone: 804-385-9474	
	Address: 1978 Cartersville Rd.			
	Contractor License Number	Type	Expiration	
Description of Work	Scope of Work: Demo TRAILER (debris to Cox) landfill			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.

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

VALUE OF WORK	
Building	1500
Excludes All Trades Permits	

Application Fee	\$30.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$.600
RLD Total	\$30.600

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.

Demolition



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: 3/6/18

Permit Number: BP-2018-00181

GPIN/Tax Map: 6850-31-4452

Issued: 3-14-18

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

Demolition

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: 3040 Sandy Hook Dr. GPIN # 6850-31-4452

Owner: Earl Thompson, Inc. Phone #: (804) 317-4763

Address: 1930 Soldiers Lodge Rd, Crozier, VA 23039 Email: earlthompson1@gmail.com

APPLICANT INFORMATION

Applicant/Contact: S.B. Cox, Inc. (Sandy McMullen) Phone #: (804) 222-3500

Address: P.O. Box 7737, Richmond, VA 23231 Email: S.mcmullen@sbcocxdemolition.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: S.B. Cox, Inc. Phone: (804) 222-3500

Address: P.O. Box 7737, Richmond, VA 23231

Contractor License Number: 2701010568 Type: Class A Expiration: 10/21/19

DESCRIPTION OF WORK

Scope of Work: Demolish existing house

Proposed Use	Current Use <u>vacant</u>	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>2200 SF</u>	

Building Only - Excludes All Trades Permits

Value of Work: \$800,000

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: Sandy McMullen Date: 3-6-18

Application Fee	\$ <u>48.00</u>
State Levy Fee	\$ <u>96</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>48.96</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: 3-6-18
 Permit Number: BP-2018-00163
 GPIN/Tax Map: 6851-37-1183/14-2-018-0
 Issued: 3-12-18
 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>4951 West Grey Fox Circle Gum Springs Va 23065</u>	Owner <u>Charles Robert Mason JR</u>	Phone # <u>804-539-0003</u>
	Address <u>same</u>	Applicant/Contact <u>Charles Robert Mason JR</u>	Email <u>Worbird@hotmail.com</u>
	Address	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Tally HO EST.</u>	Preffer <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>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>[Signature]</u> Planning & Zoning Officer <u>[Signature]</u> Date <u>3/6/18</u> <u>AI</u>			

CONTRACTOR INFORMATION	Contractor <u>Owner</u>	Phone <u>804-218-2873</u>
	Address	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Building Garage Detached (28x48)</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>0</u>	# of Floors <u>1</u>
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1344 sq.ft.</u>	Total Sq. Ft. <u>1344 sq.ft.</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>#15000.00 \$36,960.00</u>	Application Fee	\$ <u>178.50</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		State Levy Fee	\$ <u>3.57</u>
		Septic/Well Fee	\$
Signature of Applicant <u>[Signature]</u> Date _____		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>206.89</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: 2/22/18

Permit Number: BP-2018-00116

GPIN/Tax Map: 62-20-A-22-0

Issued: 3-9-18

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	<u>507 Red Cedar Dr., Manakin Sabot, VA 23103</u>		
	Owner	<u>Brent Lawson</u>	Phone #	<u>971-205-8200</u>
APPLICANT INFORMATION	Address	<u>507-Red Cedar Dr., Manakin Sabot, VA</u>		
	Applicant/Contact	<u>Same as above</u>	Email	<u>brelawso@gmail.com</u>
APPLICANT INFORMATION	Address	<u>Same as above</u>		
	Address	<u>Same as above</u>		

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Manakin Farms</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> </u>	<u> </u>
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>40' from ROW</u>	<u>65'</u>	<u>5'</u>	<u> </u>
Side Setback	Side Setback	Flood Zone		
<u>5'</u>	<u>5'</u>	<u> </u>		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Officer <u>Daniel Ford</u>		Date <u>2/22/18</u>		<u>RI</u>

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

DESCRIPTION OF WORK	Scope of Work:			
	<u>Build detached Garage 32'x20'</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<u>Residential</u>	<u> </u>	<u> </u>	<u>1</u>
	SEWER <u>Aqua</u>	WATER <u>Aqua</u>	# of Bathrooms	# of Bedrooms
<input checked="" type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<u> </u>	<u> </u>	
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
<u> </u>	<u>960</u>	<u>960</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$60,000</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 [Signature] Date

Application Fee	\$ <u>282.00</u>
State Levy Fee	\$ <u>5.64</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u> </u>
SWP	\$ <u> </u>
Total	\$ <u>312.64</u>

convert 298 sq ft garage into finished 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

Application Date: 2-16-2018

Permit Number: BP-2018-00117

GPIN/Tax Map: 62-20-A-22-0

Issued: 3-9-18

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.

Site Address
507 Red Cedar Dr, Manakin Sabot, VA 23103

OWNER INFORMATION	Owner Brent Lawson	Phone # 971-205-8200
	Address 507 Red Cedar Dr, Manakin Sabot, VA 23103	Email brelawso@gmail.com

APPLICANT INFORMATION	Applicant/Contact Brent Lawson	Phone # 971-205-8200
	Address 507 Red Cedar Dr, Manakin Sabot, VA 23103	Email brelawso@gmail.com

Subdivision <i>Manakin Farms</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
Front Setback <i>40' from road</i>	Center Line Setback <i>65'</i>	Rear Setback <i>35'</i>	CUP/Variance/COA _____
Side Setback <i>15'</i>	Side Setback <i>15'</i>	Flood Zone _____	

APPROVED **REJECTED** **COMMENTS:**

Planning & Zoning Officer: *David Floyd* Date: *2/22/18*

CONTRACTOR INFORMATION	Contractor by owner	Phone _____
	Address _____	
	Contractor License Number _____	Type _____
	Expiration _____	

Scope of Work: Remodel garage to living space. Remove garage doors, build floor to match house. Add french door to outside. Vault room and add sky lights to match family room. Relocate water heater and add bar sink. Add small deck.

Proposed Use Residential	Current Use Residential	Existing Buildings on Property yes..no change to building	# 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. <i>2792</i> <i>298</i>		Unfinished Sq. Ft. <i>40</i>	Total Sq. Ft. <i>2792</i> <i>298</i> <i>338</i>

Building Only - Excludes All Trades Permits

Value of Work \$10,000	Application Fee \$ <i>57.00</i>
	State Levy Fee \$ <i>1.14</i>
	Septic/Well Fee \$ <i>-</i>
	Zoning Fee \$ <i>25.00</i>
	RLD \$ <i>-</i>
	SWP \$ <i>-</i>
	Total \$ <i>83.14</i>

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

Signature of Applicant: *[Signature]* Date: *2-16-2018*

Revised 2-23-18 Create 108 sq ft of finished space into 2nd bedroom

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: 42-1-0-24-B

Application Date: 6.30.17

Application Accepted: BP-2017-00529

GPIN: 67660-17-2597

Issued: 7.18.17

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

OWNER INFORMATION	Site Address	1394 Maidens Rd (parcel B)		District	Lickinghole	
	Owner	Ross + Claudia McClung		Phone #	804-556-6943	
	Address	1398 Maidens Rd Maidens, VA 23102				
	Proposed Use	tack room	Current Use	Barn	Existing Buildings on Property	None (except Barn)
	Proposed Occupant Load (Commercial)		Acreage	2.24	Commercial Use	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	None	Proffer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	—	Date Paid:	—		
	New Street Address	—		Zoning District	A-2					
	Front Setback	100' from ROW	Center Line Setback	—	Rear Setback	35' from PL	C.U. Permit	—	Variance	—
	Side Setback	20' from PL	Side Setback	20' from PL	COA	—	Flood Zone	—		
	APPROVED	<input checked="" type="checkbox"/>	REJECTED	<input type="checkbox"/>	COMMENTS:	* Survey locate side setback. <u>W.S.</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 Taylor Date: 7/17/17

Applicant/Contact: Ross McClung Phone: 804 556-6943

Email:

CONTRACTOR INFORMATION	Contractor	Owner	Phone	804 556-6943
	Address	(1 bedroom + 1 bathroom)		
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: Add living space to existing barn to create single family dwelling. Add Bathroom, windows, interior walls and room to existing barn room.				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	1	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	1	5282	347455	4935	1

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

VALUE OF WORK	879 <u>\$19,085.00</u>	Application Fee	\$97.88
Building	\$4000.00 (number & supplies) <u>\$25,025.00</u>	Zoning Fee	\$25.00
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$1.96
		RED Total	\$124.84

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.

Ross McClung *Certified Per #27210*



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: 3.6.18
 Permit Number: BP-2018-00164
 GPIN/Tax Map: 7706.24.5258/57.10.15.0
 Issued: 3-8-18
 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.

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 1404 Millers Lane, Manakiin-Sabot, Va 23103	
	Owner Stephanie Winfree	Phone # 703-598-6624
	Address 6432 Katherine Anne Lane, Springfield, VA 22150	Email sfwinfree@hotmail.com

APPLICANT INFORMATION	Applicant/Contact Scott Valentine - Valentine Construction		Phone # 804-784-4734
	Address 2055 Valpark Drive, Oilville, VA 23129		Email office@valentine-construction.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 Valentine Construction Company, Inc.		Phone 804-784-4734
	Address 2055 Valpark Drive, Oilville, VA 23129		
	Contractor License Number 2701038490	Type Class A	Expiration 04/30/2019

DESCRIPTION OF WORK	Scope of Work: Demolish house debris to Ashcake landfill			
	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>32.25</u>
Value of Work	<u>\$4,500⁰⁰</u>	State Levy Fee	\$ <u>.65</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>Scott Valentine</u> Date <u>3/2/2018</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>32.90</u>

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department

P.O. Box 119

Goochland, VA 23063

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

Application Date: 4.14.17
 Tax Map Number: 43-38-A-11-0
 GPIN Number: 6777-48-4653
 Permit Number: BP-2017-00302
 Fee:
 Issue Date: 5.3.17

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

OWNER INFORMATION	SITE ADDRESS: 2136 Withers Lane Lot 11 Breeze Hill		DISTRICT:	
	OWNER: Johnson Construction Co Inc		PHONE #: 804-387-3060	
	ADDRESS: P.O. Box 205 Rockville VA 23146			
	PROPOSED USE:	CURRENT USE:	EXISTING BUILDINGS ON PROPERTY:	
	PROPOSED OCCUPANT LOAD:	LOT SIZE: 2.42 Ac	COMMERCIAL USE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	SUBDIVISION: Breeze Hill	Proffer: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Amount: \$19,852.00	Date Paid: Due
	NEW STREET ADDRESS:		ZONING DISTRICT: RP	
	FRONT SETBACK: 40' from P.U.	CENTERLINE SETBACK:	REAR SETBACK: 25'	E.U. PERMIT: N/A
	SIDE SETBACK: 10'	SIDE SETBACK: 10'	CENSUS TRACK:	VARIANCE: N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: * Cash Proffer is due before C.O. is issued.	

This application requires 2 copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: *[Signature]* 4/14/17

CONTRACTOR INFORMATION	CONTRACTOR: Johnson Construction Co Inc		PHONE: 804-387-3060	
	ADDRESS: P.O. Box 205 Rockville VA 23146			
	CONTRACTOR LICENSE NUMBER: 5705106885	TYPE: BLD A	EXPIRATION:	
	SCOPE OF WORK: New 2 story home with attached garage			
	3-1-18 Revised to change unfinished space to finished in Bonus Room media			
	CONSTRUCTION TYPE:		ADDING ADDITION: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
	SEWER: PUBLIC <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/>	WATER: PUBLIC <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/>	ADDING KITCHEN: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	ADDING BEDROOMS: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	# OF FLOORS: 2	TOTAL SQ. FT.: 4388	FINISHED SQ. FT.: 3488 + 384	UNFINISHED SQ. FT.: 900
	USE FOR FARM USE EXEMPTION: 4748	ACREAGE: 2.42	# OF BEDROOMS: 4	
	FULL: 3		HALF: 1	

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

VALUE OF STRUCTURE

Excludes All Trades Permits

BUILDING	550,000.00
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PERMIT FEE SCHEDULE: Residential fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above: \$4000 \$4.50 per \$1000 of Assessed value. Add 1.75% state levy to fee.
 Commercial fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above: \$4000 \$7.50 per \$1000 of assessed value. Add 1.75% state levy to fee.

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

Signature of Applicant: *[Signature]*

Zoning - \$50.00, Well & septic - 40.00, stormwater \$200, RLD \$100.00, App. Fee - \$2487.00
 Total = \$2920.00

 <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 type="checkbox"/> Commercial</p>	Application Date: <u>3-5-18</u>
	Permit Number: <u>BP-2018-00160</u>
	GPIN/Tax Map: <u>6731-00-3621 / 40-1-0-12-0</u>
	Issued: <u>3-7-18</u>
	This application is <u>not</u> authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION	Site Address <u>1550 Rock Castle Road</u>	Phone # <u>804-241-3202</u>
	Owner <u>Lickinghole, LLC</u>	
	Address <u>3600 River Road, West Goochland, VA 23063</u>	Email <u>aengel@mindspring.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Tony Engel</u>	Phone # <u>804-241-3202</u>
	Address <u>[Stamp]</u>	Email

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

CONTRACTOR INFORMATION	Contractor <u>James T. Gottwald</u>	Phone <u>804-241-3202</u>
	Address <u>3600 River Rd</u>	
	Contractor License Number	Type Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Demo Old House</u> <u>228 Hardfill</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>34.50</u>
Value of Work <u>\$5,000</u>		State Levy Fee \$ <u>.69</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ <u>—</u>
Signature of Applicant <u>[Signature]</u>	Date <u>3/2/18</u>	Zoning Fee \$ <u>—</u>
		RLD \$ <u>—</u>
		SWP \$ <u>—</u>
		Total \$ <u>35.19</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-20-18
 Permit Number: BP-2018-00122
 GPIN/Tax Map: 6795-70-7341 / 61-8-0310
 Issued: 3-10-18
 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>799 SABOT Hill Road MANASSAS-SABOT VA 23103</u>	
	Owner <u>David & Maemie Williams</u>	Phone # <u>804 334 4269</u>
	Address <u>SAME</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>RIDGELINE CONSTRUCTION INC. Miles Whitten</u>	Phone # <u>804 400 8676</u>
	Address <u>402 LANCEY DR MIDLOTTMAN VA 23114</u>	Email

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

CONTRACTOR INFORMATION	Contractor <u>RIDGELINE CONSTRUCTION INC.</u>	Phone <u>804 897 2343</u>
	Address <u>402 LANCEY DRIVE MIDLOTTMAN VA 23114</u>	
	Contractor License Number <u>2705023188</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>CREATE POTTERY & ART STUDIO in existing BARN.</u>			
	Proposed Use <u>RESIDENTIAL</u>	Current Use <u>STORAGE</u>	Existing Buildings on Property <u>YES</u>	# of Floors <u>2</u>
	<input type="checkbox"/> SEWER	<input type="checkbox"/> WATER	# of Bathrooms <u>1</u>	# of Bedrooms <u>0</u>
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>		
	Finished Sq. Ft. <u>1860</u>	Unfinished Sq. Ft. <u>1260</u>	Total Sq. Ft. <u>3120</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>1,249.50</u>
Value of Work <u>275,000⁰⁰</u>		State Levy Fee \$ <u>24.99</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.		Septic/Well Fee \$ _____
Signature of Applicant <u>[Signature]</u>	Date <u>2/20/18</u>	Zoning Fee \$ <u>0</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>1,274.49</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: 03/02/2018
 Permit Number: BP-2018-00157
 GPIN/Tax Map: 55-19-07-0 / 6776-85-6714
 Issued: 3-6-18

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 <u>1558 Lew Lane Crozier VA 23039</u>
	Owner <u>Mark Austin</u> Phone # <u>804-277-9887</u>
	Address <u>1558 Lew Lane Crozier VA 23039</u> Email <u>markw.austin@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Mark Austin</u> Phone # <u>804-277-9887</u>
	Address <u>1558 Lew Lane Crozier VA 23039</u> Email <u>markw.austin@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Hillcrest</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 REJECTED COMMENTS:
 Planning & Zoning Officer: Daniel Floyd Date: 3/5/18 A2

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

DESCRIPTION OF WORK	Scope of Work: <u>24x30 Detached Garage</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. <u>120</u>	Total Sq. Ft. <u>720</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$18,000 - \$19,800.00</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: 3/2/2018

Application Fee	<u>\$101.10</u>
State Levy Fee	<u>\$ 2.02</u>
Septic/Well Fee	\$ _____
Zoning Fee	<u>\$ 25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	<u>\$ 128.12</u>



BUILDING PERMIT APPLICATION

Application Date: 2/27/18

Permit Number: BP-2018-00153

GPIN/Tax Map: 6820-63-3518/18-1-0-65-B1

Issued: 3.5.18

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.

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

Residential

Commercial

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

OWNER INFORMATION	Site Address <u>3495 DAVIS Mill ROAD</u>	
	Owner <u>James Waldrop</u>	Phone # <u>804 513 1399</u>
	Address <u>3495 DAVIS Mill ROAD</u>	

APPLICANT INFORMATION	Applicant/Contact <u>PLA-Mor Construction</u>	Phone #
	Address <u>P.O. Box 295 Mech. VA 23111</u>	Email <u>MaryAnn.pmc@comcast.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>55' From PL</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>[Signature]</u> Date <u>3/2/18</u> <u>AI</u>			

CONTRACTOR INFORMATION	Contractor <u>PLA-Mor Construction</u>		Phone <u>804 781-0442</u>
	Address <u>P.O. Box 295 Mech. VA 23111</u>		
	Contractor License Number <u>2705091041A</u>	Type <u>A</u>	Expiration <u>1/31/2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>15'6" x 40' Fiberglass Pool with Automatic Cover meets ASTM F1346-91 code</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>624</u>	Total Sq. Ft. <u>624</u>	
	Building Only - Excludes All Trades Permits			

Value of Work <u>58,456.00</u>	Application Fee <u>\$275.00</u>
	State Levy Fee <u>\$550</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$25-</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
Signature of Applicant <u>[Signature]</u>	Total <u>\$305.55</u>
Date <u>2/27/18</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: 3/1/2018
 Permit Number: BP-2018-00156
 GPIN/Tax Map: 7738-20-3378/48-17-0-10-0
 Issued: 3.5.18
 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.

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: 7019 Bethall Circle
 Owner: Bill Torley Phone #: 913-660-8936
 Address: 7019 Bethall Circle Email:

APPLICANT INFORMATION
 Applicant/Contact: Wash Builders Inc - D Rosalio Wash Phone #:
 Address: 967 Glass Landing Rd Carter Cross VA 22437 Email:

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
Side Setback	Side Setback	Flood Zone	

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION
 Contractor: Wash Builders Inc Phone:
 Address: 967 Glass Landing Rd Carter Cross, VA 22437
 Contractor License Number: 2701-034172 A Type: Building Expiration: 4-30-2019

DESCRIPTION OF WORK
 Scope of Work: Finish Existing Unfinished Area into Office Space

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>190</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>190</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$1000</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: 3/1/2018

Application Fee	\$ <u>30</u>
State Levy Fee	\$ <u>.100</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>30.100</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: 2-27-18
 Permit Number: BP-2018-00142
 GPIN/Tax Map: 7708-90-6882/46-21-A-7-0
 Issued: 3.5.18

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 <u>624 NELWOOD RD, MANAKIN SABOT VA 23103</u>	
	Owner <u>JOHN C. + KAREN C. VIAL</u>	Phone # <u>804.914.5869</u>
	Address <u>624 NELWOOD RD, MANAKIN SABOT VA 23103</u>	Email <u>jelawnman@comcast.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>KAREN C. VIAL</u>	Phone # <u>804.914.5869</u>
	Address <u>624 NELWOOD RD, MANAKIN SABOT VA 23103</u>	Email <u>jelawnman@comcast.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Nelwood Estates</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —	
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>102'</u>	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>2/27/18</u>		<u>A2</u>

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

DESCRIPTION OF WORK	Scope of Work: <u>INSTALL FIBERGLASS IN GROUND POOL W/ CONCRETE DECKING + BARRIER FENCE</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. <u>420</u>	Total Sq. Ft. <u>420</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>215.60</u>
Value of Work <u>\$45,260</u>		State Levy Fee	\$ <u>4.31</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ —
		Zoning Fee	\$ <u>25-</u>
		RLD	\$ —
		SWP	\$ —
		Total	\$ <u>244.98</u>
Signature of Applicant <u>[Signature]</u>	Date <u>2.26.18</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: 2-20-18
 Permit Number: BP-2018-00123
 GPIN/Tax Map: 7104-94-9602 / 62-2-B-14-0
 Issued: 3-2-18

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 <u>113 Lee Gray Drive, Mountain Side, VA 23103</u>	
	Owner <u>Richard H. + Doris A. Hanes</u>	Phone # <u>804-641-8816</u>
	Address	

APPLICANT INFORMATION	Applicant/Contact <u>Richard Hanes</u>		Phone # <u>804-641-8816</u>
	Address <u>50 Fleetwood Lane, Mountain Side 23103</u>		Email <u>richard@hanes.org</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Manakin Farms</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from ROW</u>	Center Line Setback <u>65'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Side setback, survey locate.</u>			

Planning & Zoning Officer: David Floyd Date: 2/23/18 R1

CONTRACTOR INFORMATION	Contractor <u>self</u>		Phone
	Address <u>San Abdo</u>		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>26x26 Add 2-Car Attached Garage</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER Public/Private <input checked="" type="checkbox"/>	WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>
	Finished Sq. Ft. <u>2377</u>	Unfinished Sq. Ft. <u>676</u>	Total Sq. Ft. <u>676</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>20,000</u>	<u>\$37,180.00</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: R. Hanes Date: 2/20/18

Application Fee	\$ <u>99.00</u>
State Levy Fee	\$ <u>2.04</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>129.04</u>

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department

P.O. Box 119

Goochland, VA 23063

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

Application Date: 4.14.17
 Tax Map Number: 43.38.A.11.0
 GPIN Number: 6777.48.4653
 Permit Number: BP-2017-00302
 Fee:
 Issue Date: 5.3.17

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

OWNER INFORMATION	SITE ADDRESS: 2130 Withers Lane Lot 11 Breeze Hill		DISTRICT:	
	OWNER: Johnson Construction Co Inc		PHONE: 804-387-3060	
	ADDRESS: P.O. Box 205 Rockville VA 23146			
	PROPOSED USE:	CURRENT USE:	EXISTING BUILDINGS ON PROPERTY:	
	PROPOSED OCCUPANT LOAD:	LOT SIZE: 2.42 Ac.	COMMERCIAL USE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	SUBDIVISION: Breeze Hill	Proffer: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Amount: \$19,852.00	Date Paid: Due
	NEW STREET ADDRESS:		ZONING DISTRICT: RP	
	FRONT SETBACK: 40' from P.U.	CENTER LINE SETBACK:	REAR SETBACK: 25'	E.U. PERMIT: N/A
	SIDE SETBACK: 10'	SIDE SETBACK: 10'	CENSUS TRACK:	VARIANCE: N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: * Cash Proffer is due before C.O. is issued.	

This application requires 2 copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

Planning & Zoning Officer: *[Signature]* 4/14/17

CONTRACTOR INFORMATION	CONTRACTOR: Johnson Construction Co Inc		PHONE: 804-387-3060	
	ADDRESS: P.O. Box 205 Rockville VA 23146			
	CONTRACTOR LICENSE NUMBER: 2705706885	TYPE: BLD A	EXPIRATION:	
	SCOPE OF WORK: New 2 story home with attached garage			
	3-1-18 Revised to change unfinished space to finished ^{384 sq ft} BRONDS ROOM MEDIA			
	CONSTRUCTION TYPE:		ADDING ADDITION: Finished <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
	SEWER PUBLIC: <input checked="" type="checkbox"/> PRIVATE	WATER PUBLIC: <input checked="" type="checkbox"/> PRIVATE	ADDING KITCHEN: <input type="checkbox"/> Y <input type="checkbox"/> N	ADDING BEDROOMS: (976) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N #
	# OF FLOORS: 2	TOTAL SQ. FT: 4388	FINISHED SQ. FT: 3488 + 384 = 3872	UNFINISHED SQ. FT: 400
	USE FOR FARM USE EXEMPTION: 4748	ACREAGE: 2.42	# OF BEDROOMS: 4	
			# OF BATHROOMS: FULL 3 HALF 1	

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

VALUE OF STRUCTURE

BUILDING: 550,000.00

Excludes All Trades Permits

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

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

Signature of Applicant: *[Signature]*

Zoning - \$50.00, Well & septic - 40.00, stormwater \$200, PLD \$100.00, App. Fee - \$2487.00
 Total - \$2927.00



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: 2/23/18

Permit Number: BD-2018-00137

GPIN/Tax Map: 6840-48-6306 / 20-10-47-0

Issued: 3-2-18

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.

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>3783 Harris Lane Gumspring VA 23065</u>	
	Owner <u>James Anderson Harris JR.</u>	Phone # <u>(804) 937-8202</u>
	Address <u>3783 Harris Lane Gumspring VA 23065</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Buck Jones (J.E.L. CONSTRUCTION LLC)</u>		Phone # <u>(804) 641-7756</u>
	Address <u>19146 Highlands Ln Bumpass VA 23024</u>		Email <u>jelconstructs@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>55' from PL</u>	Center Line Setback <u>—</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>—</u>	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: Daniel Floyd Date: 2/27/18 A1

CONTRACTOR INFORMATION	Contractor <u>JEL CONSTRUCTION LLC</u>		Phone <u>(804) 641-7756</u>
	Address <u>19146 Highlands Ln Bumpass VA 23024</u>		
	Contractor License Number <u>2705-110868</u>	Type <u>Class A BLD</u>	Expiration <u>10-21-18</u>

DESCRIPTION OF WORK	Scope of Work: <u>detached accessory structure for storage</u> <u>52x36 pole building with 2 12x52 wings</u>			
	Proposed Use	Current Use	Existing Buildings on Property <u>yes</u>	# of Floors <u>1</u>
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>
	Finished Sq. Ft. <u>1572</u>	Unfinished Sq. Ft. <u>1248</u> 3200	Total Sq. Ft. <u>3120</u> 3200	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>538.50</u> State Levy Fee \$ <u>10.77</u> Septic/Well Fee \$ <u>—</u> Zoning Fee \$ <u>25.00</u> RLD \$ <u>—</u> SWP \$ <u>—</u> Total \$ <u>574.27</u>
Value of Work	\$ <u>117,000.00</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u> Date <u>2/23/18</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: 2-21-18

Permit Number: BP-2018-00134

GPIN/Tax Map: 48-1-0-43-0/60607-02-1A03

Issued: 3.1.18

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.

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>2932 Flyway Dr. Goochland VA 23063 / Jenkins mobile Home Park</u>	Phone # <u>804-556-4568 (Fred Jenkins)</u>
	Owner <u>Essie J. Jenkins</u>	Email
	Address <u>PO Box 23 Goochland VA 23063</u>	

APPLICANT INFORMATION	Applicant/Contact <u>CNH Homes Inc. Teresa Kite</u>	Phone # <u>Teresa 540-742-4467</u> <u>804-798-3206</u>
	Address <u>12244 Washington Hwy. Ashland VA 23005</u>	Email <u>teresakite20@gmail.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>20' Between MH (end to end)</u>	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback <u>25' Between MH (side to side)</u>	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* moving onto existing lot.</u> Planning & Zoning Officer: <u>[Signature]</u> Date: <u>2/26/18</u> <u>RMH</u>			

CONTRACTOR INFORMATION	Contractor <u>CNH Homes Inc. #78</u>	Phone <u>804-798-3206</u>
	Address <u>Same</u>	
	Contractor License Number <u>2705048123</u>	Type/Class <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>2017 serial # 0HC026295NC</u> <u>Set single wide (16' x 72') in Jenkins mobile Home Park w/ 2 (5' x 5') landing</u>			
	Proposed Use <u>MHP-Res</u>	Current Use <u>MHP-Res</u>	Existing Buildings on Property	# of Floors <u>1</u>
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>
	Finished Sq. Ft. <u>1128</u>	Unfinished Sq. Ft. <u>50 (Decks)</u>	Total Sq. Ft. <u>1178</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>297.36</u>
Value of Work	<u>62,000.00 63,415.</u>	State Levy Fee	\$ <u>5.95</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. Signature of Applicant: <u>[Signature]</u> Date: <u>2-21-18</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>353.31</u>

Reference Permit BP-2014-00105



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: February 23, 2018
 Permit Number: BP-2018-00139
 GPIN/Tax Map: 7715-38 2131/58-22-A-13-0
 Issued: 3-1-18

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.

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: 346 Rolling Lake Court
 Owner: Linda S. and Paul F. Rocheleau Phone #: 804 677 2985
 Address: 346 Rolling Lake Ct Manakin Sabot 23103 Email: procheleauvlsillc.com

APPLICANT INFORMATION
 Applicant/Contact: same as above Phone #:
 Address: Email:

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
Side Setback	Side Setback	Flood Zone	

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

CONTRACTOR INFORMATION
 Contractor: Universal Heating + Plumbing/OWNER Phone: 804 794 2804
 Address: 11001 Trade Road N. Chesterfield VA 23236
 Contractor License Number: CLASS A Type: ME 1 Expiration:

DESCRIPTION OF WORK
 Scope of Work: Complete fit-out of bathroom 4. (reference BP-2014-00105)

Proposed Use <u>Full Bath</u>	Current Use <u>Framed Closet</u>	Existing Buildings on Property	# of Floors <u>2</u>
SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>4 1/2</u>	# of Bedrooms <u>4</u>
Finished Sq. Ft. <u>5,350</u> 4,710 <u>95</u>	Unfinished Sq. Ft. <u>640</u>	Total Sq. Ft. <u>5,350</u> <u>95</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>5,000 -</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: Paul F. Rocheleau Date: 2/23/18

Application Fee	\$ <u>3450</u>
State Levy Fee	\$ <u>109</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>3519</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: 2/22/18Permit Number: BP-2018-00135GPIN/Tax Map: 7715-23-6257/58-1-0-33-AIssued: 3-1-18

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.



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>954 HERMITAGE RD MANAKIN SAROJ 23103</u>	
	Owner <u>MIKE MASON</u>	Phone # <u>804-370-1159</u>
	Address <u>954 HERMITAGE RD</u>	Email <u>mmasonsteps@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>JAMES FICE</u>	
	Address <u>105 E. Cary St Richmond, VA 23219</u>	Email <u>james@wateredge.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' From ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*Setbacks are for deck</u>			

Planning & Zoning Officer: David Floyd Date: 2/20/18 A2

CONTRACTOR INFORMATION	Contractor <u>WATEREDGE CONSTRUCTION INC.</u>		Phone <u>804-353-6079</u>
	Address <u>PO BOX 315 GOOCHLAND VA 23063</u>		
	Contractor License Number <u>2701037463</u>		Type <u>A-BED</u>

DESCRIPTION OF WORK	Scope of Work: <u>1650 sq ft Deck w/ outdoor shower & concrete patio on grade 450sqft</u>			
	Proposed Use <u>SINGLE FAM</u>	Current Use <u>SINGLE FAM</u>	Existing Buildings on Property <u>1</u>	# of Floors <u>2</u>
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>3</u>	# of Bedrooms <u>3</u>
	Finished Sq. Ft. <u>3055</u>	Unfinished Sq. Ft. <u>Set 1169 450</u>	Total Sq. Ft. <u>4224</u> 566	

Building Only - Excludes All Trades Permits

Value of Work <u>27,500</u>	Application Fee \$ <u>113.20</u>
	State Levy Fee \$ <u>2.27</u>
	Septic/Well Fee \$ <u>—</u>
	Zoning Fee \$ <u>25.00</u>
	RLD \$ <u>—</u>
	SWP \$ <u>—</u>
	Total \$ <u>140.52</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: 2/22/18



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: 3-5-18

Permit #: 2112018-00100

GPIN

Tax Map

LOCATION

Street Address: 2110 Dogtown Rd. Goochland, VA 23063

PROPERTY OWNERSHIP

Name: <u>Hank Ritter</u>	Phone: <u>804-814-9071</u>
Mailing Address: <u>2110 Dogtown Rd. Goochland, Va. 23063</u>	Email: <u>hritter3@comcast.net</u>

APPLICANT

Name: <u>Jeff Parrish</u>	Phone: <u>804 041 5252</u>
Address: <u>2556 Gayton Centre Dr Henrico Va. 23238</u>	Email: <u>jeff@elsrichmond.com</u>

CONTRACTOR

Name: <u>Electrical and Lighting Solutions Inc.</u>	Phone: <u>804 254 9400</u>			
Mailing Address: <u>2556 Gayton Centre Dr. Henrico Va. 23238</u>	Email: <u>jeff@elsrichmond.com</u>			
Gas Certification: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number: <u>2705080991</u>	Expiration: <u>7/31/2018</u>	License Type: <u>Ele, Bid</u>	Class: <u>A</u>

DESCRIPTION OF WORK

Install 22 kw generator w transfer switch

# of Bathrooms	Service Size: <u>2009.</u>	Power Company: <u>Dom. Energy</u>	Inquiry #
Value of Work (required): <u>\$000.00</u>			

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: 3/5/18

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>3-5-18</u>
Permit Fee: <u>\$58.14</u>		Issued date: <u>3-5-18</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 (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	2-22-18
Permit #	18-173
Old Map #	
G-Pin	

LOCATION

Street Address	310 WICKHAM GLEN DRIVE 23238	District
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PROPERTY OWNERSHIP

Name	BARBARA BRUNCKHORST	Phone	804-708-2301
Mailing Address	310 WICKHAM GLEN DRIVE RICHMOND, VA. 23238		

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	Class
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration
	2705123991	5-31-18	ELE B

DESCRIPTION OF WORK

INSTALL 48 KW GENERATOR AND 2-200A SWITCHES			
# of Baths	Service Size	Power Company	Inquiry #
	400 A	DOMENSON	

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

Approval

Fisher

Date

3-9-18

Value of work:

\$25,000.00

Permit fee:

\$136.17

Issue date:

3-9-18



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	3/15/18
Permit #	18-182
GPIN	
Tax Map	

LOCATION

Street Address
5 DUNAWAY DRIVE, Richmond

PROPERTY OWNERSHIP

Name	RUTH STOUTS	Phone	
Mailing Address	5 DUNAWAY DRIVE, Richmond VA 23238	Email	

APPLICANT

Name	RIC SEABORN	Phone	804 389-4242
Address		Email	

CONTRACTOR

Name	MANAKIN ELECTRICAL CONTRACTORS	Phone	804 389-4242		
Mailing Address	P.O. Box 147 Rockville VA 23146	Email	RICHARD@MANAKINELECTRICAL.NET		
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705018630	12/31/18	ELEC	B

DESCRIPTION OF WORK

INSTALL 20KW GENERATOR + 100AMP ATS

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	8200		

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: RIC SEABORN Date: 3/15/18

Approval:	<u>FISHER</u>	Office Use Only	Approval date:	<u>3.15.18</u>
Permit Fee:	<u>59.06</u>		Issued date:	<u>3.15.18</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	3.23.18
Permit #	18.212
GPIN	
Tax Map	

LOCATION

Street Address 2851 POORHOUSE ROAD GOOCHLAND VA 23063

PROPERTY OWNERSHIP

Name	SPENCER WARREN	Phone	804-836-0961
Mailing Address	2851 POORHOUSE ROAD GOOCHLAND VA 23063	Email	SWARREN0009@GMAIL.COM

APPLICANT

Name	SPENCER WARREN	Phone	804-836-0961
Address	2851 POORHOUSE ROAD GOOCHLAND VA 23063	Email	SWARREN0009@GMAIL.COM

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALLATION OF RELIANCE CONTROLS MANUAL TRANSFER SWITCH MODEL 310CRK AND INLET BOX (BOTH 30 AMP), FOR USE OF A PORTABLE GENERATOR.			
# of Bathrooms	Service Size 30 AMP	Power Company DOMINION	Inquiry #
Value of Work (required)	\$400.00		

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: [Signature] Date: 3/22/2018

Approval:	<u>[Signature]</u>	Office Use Only	Approval date:	<u>3.23.18</u>
Permit Fee:	<u>30.00</u>		Issued date:	<u>3.23.18</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 Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	3-26-18
Permit #	18-214
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	623 Longfield Rd.	District	
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PROPERTY OWNERSHIP

Name	Craig Peyton	Phone	804-784-4885
Mailing Address	623 Longfield Rd.		

APPLICANT

Name	MW BUTLER ELECTRICAL, LLC.	Phone	804-746-2240
E-mail Address	Chesney@MWButlerElectrical.com		

CONTRACTOR

Name	MW BUTLER ELECTRICAL, LLC.	Phone	804-746-2240
Mailing Address	8420 MEADOWBRIDGE RD ~ SUITE G MECHANICSVILLE, VA 23116		
E-mail address:	JENNIFER@MWBUTLERELECTRICAL.COM		
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2710028870 A
Expiration	6-30-18	License Type	ELECTRIC
Class	A		

DESCRIPTION OF WORK

wire 22kw generator with two 200 amp transfer switches			
# 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 [Signature]

Approval Fisher Date 3-26-18

Value of Work: \$2450

Permit fee: 32.67

Issue date: 3-26-18



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 3/21/2018

Permit # 2017-00948

GPIN

Tax Map

LOCATION

Street Address 830 Woodcove Court

PROPERTY OWNERSHIP

Name <u>Boone Homes Inc.</u>	Phone <u>804-784-6192</u>
Mailing Address <u>129 Broad Street Rd Manakin Sabot VA 23103</u>	Email

APPLICANT

Name <u>Terry Guthrie</u>	Phone <u>804-763-6550</u>
Address <u>12733 Oak Lake Ct. Suite D Midlothian VA 23112</u>	Email <u>tguthrie@cws-va.com</u>

CONTRACTOR

Name <u>Commonwealth Wiring Solutions Inc.</u>	Phone <u>804-763-6550</u>			
Mailing Address <u>12733 Oak Lake CT Suite D Midlothian VA 23112</u>	Email <u>tguthrie@cws-va.com</u>			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <u>2705128995</u>	Expiration <u>9/30/2019</u>	License Type <u>ELE</u>	Class <u>A</u>

DESCRIPTION OF WORK

Wiring of a Single Family Dwelling

Installation of customer supplied 22 KW Generator and 2 transfer switches

# of Bathrooms	Service Size	Power Company	Inquiry #
	<u>200</u>	<u>Dominion Energy</u>	<u>10199378</u>

Value of Work (required) \$12,500.00

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: [Signature] Date: 3/21/2018

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>3.26.18</u>
Permit Fee: <u>78.80</u>		Issued date: <u>3.26.18</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

6834

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	3/27/18
Permit #	2112018-243
GPIN	
Tax Map	

LOCATION

Street Address 1681 Old Orchard Lane

PROPERTY OWNERSHIP

Name	Todd Willett	Phone	804.640.1801	
Mailing Address	1681 Old Orchard Ln; Manakin-Sabot VA 23103		Email	

APPLICANT

Name	Teddi Sue Bartlett	Phone	804.231.9684	
Address	PO Box 35418; RVA 23235		Email	teddi@dgelectrical.com

CONTRACTOR

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

DESCRIPTION OF WORK

Install 22kW generator			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	\$8,000.00		

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: T. S. Bartlett Date: 3/27/18

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>3-30-18</u>
Permit Fee:	<u>\$58.14</u>		Issued date:	

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	12/29/17
Permit #	BP-2017-067 00
GPIN	6777-47-7 419
Tax Map	43-38-A-3-0

LOCATION

Street Address: 1664 Indys Run Maidens VA 23102

PROPERTY OWNERSHIP

Name	Krickovic & Ziegler	Phone	804-908-2253
Mailing Address	PO Box 1510 Mechanicsville VA 23116	Email	Mike@kandzbuilders.com

APPLICANT

Name	RK Newman	Phone	804-437-1033
Address	1711 Gately Drive Henrico VA 23238	Email	rknewmanelectric@yahoo.com

CONTRACTOR

Name	RK Newman Electric Services, Inc	Phone	804-437-1033
Mailing Address	1711 Gately Drive Henrico VA 23238	Email	rknewmanelectric@yahoo.com
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705136563
		Expiration	12/31/19
		License Type	ELE
		Class	A

DESCRIPTION OF WORK

Wire new home 3-30-18 Permitted to include 22kw generator			
# of Bathrooms	Service Size	Power Company	Inquiry #
		Dominion	10181891
Value of Work (required)	\$12,000 + 7,000-generator total value \$19,000		

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: Date: 12/29/17

Approval:	Fisher	Office Use Only	Approval date:	1-4-18
Permit Fee:	76.50		Issued date:	

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

(owner's affidavit on back)