



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: 3/26/18

Permit Number: BP-2018-00228

GPIN/Tax Map: 7724-88-4746 / 6A-25-1-15-0

Issued: 4-17-18

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

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: 820 Sanctuary Trail Dr. Goochland, Virginia 23238

Owner: Hardywood Park Craft Brewery
 Phone #: 804-420-2420

Address: 820 Sanctuary Trail Dr. Goochland, Virginia 23238
 Email: eric@hardywood.com

APPLICANT INFORMATION
 Applicant/Contact: Virginia L. Wilson
 Phone #: 804-237-1309

Address: 5711 Staples Mill Rd., Ste 100, Richmond, VA 23228
 Email: vwilson@loughridgeconstruction.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
Front Setback: <u>55'</u>	Center Line Setback	Rear Setback: <u>3</u>	CUP/Variance/COA
Side Setback: <u>5</u>	Side Setback: <u>5</u>	Flood Zone	<u>POD APPROVAL NEEDED</u>

APPROVED REJECTED COMMENTS: Accessory Use to Hardywood
 Planning & Zoning Officer: Auto Bauer Date: 3-29-2018

CONTRACTOR INFORMATION
 Contractor: Loughridge & Company, LLC
 Phone: 804-353-7373

Address: 5711 Staples Mill Rd., Ste 100, Richmond, VA 23228

Contractor License Number: 2705100856
 Type: Class A
 Expiration: 11-30-19

DESCRIPTION OF WORK
 Scope of Work: sq ft 1200 Amphitheater stage

Proposed Use Stage	Current Use NA	Existing Buildings on Property 1	# of Floors NA
<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms NA	# of Bedrooms NA

Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.
	1200	1200

Building Only - Excludes All Trades Permits

Value of Work: \$ 105,000

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: 3-26-18

Application Fee	\$ 787.50
State Levy Fee	\$ 15.75
Septic/Well Fee	\$
Zoning Fee	\$ 50.00
RLD	\$
SWP	\$
Total	\$ 853.25



BUILDING PERMIT APPLICATION

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

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

Permit Number: BP-2018-00169

GPIN/Tax Map: 1725-33-0619/58 32-3-A-0

Issued: 4-16-18

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.

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 15070 15000 Capital One Drive, WC7 Richmond, VA 23238	
	Owner Capital One Bank	Phone # 855-375-0822
	Address 14601 Sweitzer Lane Laurel, MD 20707	Email

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

DESCRIPTION OF WORK	Scope of Work: Interior renovation of all 4 floors of Capital One West Creek 7, replace 4 roof top units, renovate all existing bathrooms.			
	Proposed Use Business B (no change)	Current Use Business B	Existing Buildings on Property Interior Renovation of Existing Building	# of Floors 4
	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 8	# 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	\$10,404.57
Value of Work	\$8,053,942	State Levy Fee	\$1,208.09
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	\$11,612.66



BUILDING PERMIT APPLICATION

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

Application Date: ~~2/12/2018~~ 3/15/18

Permit Number: BP-2018-00200

GPIN/Tax Map: 6785-48-7202/55-14-0-6-0

Issued: 4-12-18

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 1246 The Forest, Crozier, VA 23039	
	Owner Mike and Nicole Normansell	Phone # 804-380-7709
	Address 1246 The Forest, Crozier, VA 23039	Email normansell@gmail.com
APPLICANT INFORMATION	Applicant/Contact Virginia Estate Custom Building LLC	
	Address 4360 Payne Road, Columbia, VA 23038	Phone # 804-349-8832 Email bjrettman@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision The Forest	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 80' @ ROW	Center Line Setback	Rear Setback 5	CUP/Variance/COA Structure cannot be used as a second dwelling.
	Side Setback 5	Side Setback 5	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	Planning & Zoning Office Amelia Barnes		Date 3-21-2018	A-2

CONTRACTOR INFORMATION	Contractor Virginia Estate Custom Building LLC		Phone 804-349-8832
	Address 4360 Payne Road, Columbia, VA 23038		
	Contractor License Number 2705161452	Type Class A RBC	Expiration 10/31/2018

DESCRIPTION OF WORK	Scope of Work: Construct a detached three car garage with finished second floor recreation room and full bathroom.			
	Proposed Use Residential	Current Use Residential	Existing Buildings on Property 3	# 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 0
	Finished Sq. Ft. 554	Unfinished Sq. Ft. 912	Total Sq. Ft. 1466	

Building Only - Excludes All Trades Permits

Value of Work	55,550
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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: 3/15/18

Application Fee	\$ 261.97
State Levy Fee	\$ 5.14
Septic/Well Fee	\$ 25-
Zoning Fee	\$ 25-
RLD	\$
SWP	\$
Total	\$ 317.11



BUILDING PERMIT APPLICATION

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



Residential



Commercial

Application Date: 3-26-18

Permit Number: DP-2018-00225

GPIN/Tax Map: 7133-77-5023 / 68-3-B-17-0

Issued: 4-12-18

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.

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>36 East Square Lane</u>	
	Owner <u>Mr. + Mrs. Steven Linas</u>	Phone # Steve cell <u>382 1987</u> Marci cell <u>382 1988</u>
	Address <u>36 East Square Lane</u>	Email <u>eyeball202@adl.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Chandler Construction</u>	Phone # <u>955 0228</u>
	Address <u>1100 Welborne Dr., Ste. 101, RVA 23229</u>	Email <u>john@chandlerbuild.com</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Planning & Zoning Officer <u>Amelia Barnes</u> Date <u>3-29-2018</u>		

CONTRACTOR INFORMATION	Contractor <u>Chandler Construction</u>	Phone <u>955 0228</u>
	Address <u>1100 Welborne Dr., Ste. 101 RVA 23229</u>	
	Contractor License Number <u>2705 156 238 A</u>	Type <u>RLD</u>

DESCRIPTION OF WORK	Scope of Work: <u>construct one story brick + frame addition per attached plans</u>			<u>Breakfast area + Office</u>
	Proposed Use <u>SF</u>	Current Use <u>SF</u>	Existing Buildings on Property <u>S.F. Residence</u>	# of Floors <u>2</u>
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>
	Finished Sq. Ft. <u>466</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>466</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$22,000 25,630.00</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 3-26-18

Application Fee	\$ <u>127.33</u>
State Levy Fee	\$ <u>2.5</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>154.88</u>



BUILDING PERMIT APPLICATION

Department of Building Inspection
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 Goochland, VA 23063
 (804) 556-5815 Fax (804) 556-5651
 TDD 711 VA Relay

Residential Commercial

Application Date: 3/21/18
 Permit Number: BP-2018-00210
 GPIN/Tax Map: 6999-48-9227/43.38.A.6.0
 Issued: 4-11-18

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

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>2133 Withers Ln</u>	
	Owner <u>Gary/Jamie Simmons</u>	Phone # <u>804 219 6831</u>
	Address <u>Jamiesimmons1021@G-Me.com</u>	

APPLICANT INFORMATION	Applicant/Contact <u>David Brokamp</u>	
	Address <u>10808 Branberry Ct Henrico 23233</u>	Email <u>poolwhisperer@hotmail.com</u>

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 <u>5</u>	Rear Setback	CUP/Variance/COA <u>A-1</u>
	Side Setback <u>5</u>	Side Setback <u>5</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input checked="" type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Amie Banks</u> Date <u>3-27-2018</u>			

CONTRACTOR INFORMATION	Contractor <u>David Brokamp/Pool Works VA LLC</u>		Phone <u>804 304 4409</u>
	Address <u>10998 Leadbetter Rd Ashland, Va 23005</u>		
	Contractor License Number <u>2705126928</u>	Type <u>B con/poi</u>	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Build concrete inground swimming pool 18x36 to include fence barrier</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>648</u>	Total Sq. Ft. <u>648</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>282.00</u>
Value of Work <u>\$60,000 / \$42,000</u>		State Levy Fee	\$ <u>5.64</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>David Brokamp</u> Date <u>3/21/18</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>312.64</u>



BUILDING PERMIT APPLICATION

Application Date: 1/18/18

Rec 3-27-18

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-2018-00226

GPIN/Tax Map:

MIS-35-0683/58-25-B-10-0

Issued:

4-11-2018



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.

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OWNER INFORMATION	Site Address 320 First Flite Lane. Manakin Sabot Va 23103	
	Owner Catherine J Smith	Phone # (804)337-5567
	Address 320 First Flite Lane Manakin Sabot Va 23103	Email catherines7777@gmail.c
APPLICANT INFORMATION	Applicant/Contact Andrew Beil	
	Address	Phone # (804)432-1648

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

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION	Contractor Owner		Phone
	Address		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Remove Kitchen, and open wall to reinstall Kitchen as open concept. Update front entrance stair case, Close in side porch on existing footprint. Make the first floor bedroom sitting area 2nd bedroom. <i>to enlarge bedroom existing</i>			
	Proposed Use Renovation	Home Current Use	Existing Buildings on Property	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 4.5	# of Floors 2
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	35000.00	fee \$172.89
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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 *Chris Perry* Date *March 26, 2018*

Application Fee	\$ 169.50
State Levy Fee	\$ 3.39
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 172.89



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

Application Date: 3-29-18
 Application Accepted: *BP-2018-00252*
 Old Map Number: *64-1-0-29-0*
 GPIN: 7723-49-6699-9999

Issued 4-10-18 1954

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

OWNER INFORMATION	Site Address <i>218 Pagebrook Dr. (aka 221 Page)</i>		District Tax Map: <i>64-1-0-29-T</i>	
	Owner <i>University of Richmond VA</i>		Phone #	
	Address <i>28 Westhampton Way, Richmond VA 23173</i>			
	Proposed Use <i>Telecom Facility</i>	Current Use <i>Telecom Fac.</i>	Existing Buildings on Property <i>145' Monopole</i>	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District <i>A2R1</i>	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit <i>2006-00002</i>
	Side Setback	Side Setback	COA	Flood Zone <i>C</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>Replacing existing antennas</i>			
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.			

Planning & Zoning Officer: *Anita Baker* Date: *4/10/2018*

Applicant/Contact: *Carrie Fazzolari oba AT&T* Phone: *443-223-7483*
 Email: *carrie.fazzolari@jacobs.com*

CONTRACTOR INFORMATION	Contractor <i>Jacobs Telecommunications</i>	Phone <i>443-223-7483</i>
	Address	
	Contractor License Number <i>2765066988</i>	Type <i>GC-A</i>

Description of Work	Scope of Work: <i>Swap (3) antennas, install (3) remote radio heads.</i>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft. # of Bedrooms

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

VALUE OF WORK	
Building	<i>\$25,000</i>
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <i>187.50</i>
Zoning Fee	\$ <i>50.00</i>
Septic/Well Fee	\$ <i>—</i>
State Levy Fee	\$ <i>3.75</i>
TOTAL	\$ <i>241.25</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]* 3-29-18



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: 3/28/18 Rec: 3-30-18
 Permit Number: BP-2018-00242
 GPIN/Tax Map: 7715-32-5413/63-1-0-110-A
 Issued: 4-10-18

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 895 Manakin Rd Manakin Sabot, VA 23103				
	Owner Nathaniel Lee Wean		Phone # 804-484-4951		
	Address 895 Manakin Rd Manakin Sabot, VA 23103		Email nhvac21@aol.com		
APPLICANT INFORMATION	Applicant/Contact Nathaniel Lee Wean		Phone # 804-484-4951		
	Address 895 Manakin Rd Manakin Sabot, VA 23103		Email nhvac21@aol.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 OWNER			Phone	
	Address				
	Contractor License Number	Type	Expiration		
DESCRIPTION OF WORK	Scope of Work: Renovating interior space remodel kitchen, swap laundry & bathroom on 1st floor adding walls - remove wall to enlarge existing living room, - expand master bath - remove closet on 2nd floor & renov. baths				
	Proposed Use Residential Living	Current Use Residential Living	Existing Buildings on Property 2	# of Floors 2	
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 4.5	# of Bedrooms 4	
	Finished Sq. Ft. 4240	Unfinished Sq. Ft. 0	Total Sq. Ft. 4240		
	Building Only - Excludes All Trades Permits				

Value of Work \$25,000

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 3/28/18

Application Fee	\$124.50
State Levy Fee	\$2.49
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$126.99

include existing attached carport into 2 car garage



BUILDING PERMIT APPLICATION

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Application Date: 3.27.18
 Permit Number: BP-2018-00236
 GPIN/Tax Map: 027-01-9196/47-1-0-45-0
 Issued: 4.9.18

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>2000 Valentine Rd, Rockville</u>	
	Owner <u>Glynn Whitten</u>	Phone # <u>647-1363</u>
	Address <u>PO Box 2356, Glen Allen VA</u>	Email <u>d4cd400@yahoo.com</u>

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

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

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION	Contractor <u>Owner</u>	Phone
	Address	
	Contractor License Number <u>800 sq Ft</u>	Type

DESCRIPTION OF WORK	Scope of Work: <u>Finish attic into storage and rec room, add 2 dormer windows, remove interior wall to enlarge kitchen</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work
60,000.00

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

Signature of Applicant: [Signature] Date 3/27/18

Application Fee	\$ <u>282-</u>
State Levy Fee	\$ <u>5.64</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>287.64</u>

received
3-20-18

 <p>BUILDING PERMIT APPLICATION</p> <p>Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay</p> <p><input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial</p>	Application Date: 03/20/2018
	Permit Number: BP 2018-00203
	GPIN/Tax Map: 7723-79-6894 / 64-1-0-31-0
	Issued: Issued 4-6-18
<p>This application is <u>not</u> authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.</p>	

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

OWNER INFORMATION	Site Address 400 Blair Rd., Henrico, VA	Phone # 804-740-7077
	Owner Collegiate School	Email
	Address 103 N Mooreland Rd., Richmond, VA	

APPLICANT INFORMATION	Applicant/Contact Sun Tribe Solar	Phone # 517-402-1005
	Address 946 Grady Ave., Suite 27, Charlottesville, VA	Email ryan.blake@suntribesolar.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 Same as Applicant (Sun Tribe Solar)	Phone 517-402-1005
	Address 946 Grady Ave., Suite 27, Charlottesville, VA	
	Contractor License Number 2705161253	Type AES

DESCRIPTION OF WORK	Scope of Work: Construction of a solar photovoltaic system on a rooftop for collegiate school.			
	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 \$ 37.50
Value of Work \$5,000		State Levy Fee \$.75
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
Signature of Applicant <i>C. Kelly</i>	Date 03/20/18	Zoning Fee \$
		RLD \$
		SWP \$
		Total \$ 38.25



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 01/18/18

Permit Number: **BP-2018-00068**

GPIN/Tax Map: **7126-74-1707/59-3-2-88-0**

Issued: **4-4-18**

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 2000 Wilkes Ridge Drive; Richmond, VA 23233	
	Owner Sheltering Arms Corporation	Phone # 804.342.4324
	Address 8254 Atlee Road, Mechanicsville, VA 23116	Email mzweifel@shelteringarms.com; hweaver@shelteringarms.com

APPLICANT INFORMATION	Applicant/Contact Mary Zweifel	Phone # 804.342.4324
	Address 8254 Atlee Road, Mechanicsville, VA 23233	Email mzweifel@shelteringarms.com; hweaver@shelteringarms.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision West Creek Business Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 20' From Row	Center Line Setback 45'	Rear Setback 30'	CUP/Variance/COA CU-2017-13
	Side Setback 10'	Side Setback 10'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer David Floyd Date 2/27/18 mi			

CONTRACTOR INFORMATION	Contractor Hourigan Construction - Michael Siderio	Phone 804-282-5300
	Address 411 E Franklin Street #400	
	Contractor License Number 2701010019	Type Class A Contractor

DESCRIPTION OF WORK	Scope of Work: Build a 114-Bed Rehabilitation Hospital on 25.09 acres*		
	Proposed Use Hospital	Current Use Undeveloped Land	Existing Buildings on Property 0
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms
	Finished Sq. Ft. 161,860 Unfinished Sq. Ft. 50,203 Total Sq. Ft. 212,063		# of Floors 5 # of Bedrooms

Building Only - Excludes All Trades Permits		Revised by KNB on 1/31/18
Value of Work	47,335,897.00 23,462,199.00 28,948,732.00	
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.		Application Fee \$ 21115.49 State Levy Fee \$ 4342.31 Septic/Well Fee \$ 100 Zoning Fee \$ 100 RLD \$ 0 SWP \$ 0 Total \$ 22159.80
Signature of Applicant Mary Zweifel	Date 1-17-18	



BUILDING PERMIT APPLICATION

Application Date: 3-2-18
 Permit Number: BP-2018-00152
 GPIN/Tax Map: 6840-76-3834/20-1-0-69-1
 Issued: 4.4.18
 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: 3004 Rocky Creek Lane
 Owner: Charles Luger Phone #: 804 921-7619
 Address: 3004 Rocky Creek Lane Email:

APPLICANT INFORMATION
 Applicant/Contact: PLA-Mor Construction Phone #: 804 781-0442
 Address: P.O. Box 295 Mech. VA 23111 Email: MaryAnn.pmc@comcast.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: Proffer Yes No Amount: Date Paid:
 Front Setback: 55' Center Line Setback: Rear Setback: 5' CUP/Variance/GOA:
 Side Setback: 35' off Row Side Setback: 5' Flood Zone: Return To Zoning
 APPROVED REJECTED COMMENTS: Does not meet the setback
 Planning & Zoning Officer: Amie Barnes Date: AI

CONTRACTOR INFORMATION
 Contractor: PLA-Mor Construction Phone: 804 781-0442
 Address: P.O. Box 295 Mech. VA 23111
 Contractor License Number: 2705091041 Type: A Expiration: 11/31/2019

DESCRIPTION OF WORK
 Scope of Work: 15'6" x 40' Fiberglass Pool, 10'9" x 8'4" Tanning ledge & Auto Cover meeting ASTM 1346-91 code
 Proposed Use: Current Use: Existing Buildings on Property: # of Floors:
 SEWER Public/Private WATER Public/Private # of Bathrooms: # of Bedrooms:
 Finished Sq. Ft.: Unfinished Sq. Ft.: 716 Total Sq. Ft.: 716

Building Only - Excludes All Trades Permits
 Value of Work: 75,750

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: JN Clements Date: _____

Application Fee	\$ <u>352.87</u>
State Levy Fee	\$ <u>7.06</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>384.93</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: **3-23-18**

Permit Number: **BP-2018-00218**

GPIN/Tax Map: **6842-08-8396/1-1-0-6-A**

Issued: **4.3.18**

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 4817 OLD FREDERICKSBURG RD. MINERAL VA. 23117
	Owner DANA & JOYCE DRAPER
APPLICANT INFORMATION	Address 4817 OLD FREDERICKSBURG RD. MINERAL VA. 23117
	Applicant/Contact DANA DRAPER

OWNER INFORMATION	Phone # 804-651-7524
	Email DRAPER EXCAVATING @ YANHOE.COM
APPLICANT INFORMATION	Phone # 804-651-7524
	Email DRAPER EXCAVATING @ YANHOE.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback 100' @ ROW	Center Line Setback	Rear Setback 35	CUP/Variance/COA
	Side Setback 20	Side Setback 20	Flood Zone	36.76 AC.
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: **[Signature]** Date: **3-28-2018** A-1

CONTRACTOR INFORMATION	Contractor DANA DRAPER (OWNER)	Phone 804-651-7524
	Address	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: REPLACE OLD DECK WITH LARGER INCREASED DECK FOR EXISTING BARN APARTMENT.		
	Proposed Use	Current Use	Existing Buildings on Property BARN APARTMENT
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 1
	# of Floors 1	# of Bedrooms 1	
	Finished Sq. Ft. 168	Unfinished Sq. Ft. 108 - DECK 317	Total Sq. Ft. 317

Building Only - Excludes All Trades Permits		Application Fee	\$ 57-
Value of Work	\$ 10,000.00	State Levy Fee	\$ 1.14
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ 25-
		RLD	\$
		SWP	\$
		Total	\$ 83.14

Signature of Applicant: **[Signature]** Date: **3-23-18**
[Signature] 3-23-18

YANHOE.COM @YANHOE.COM



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: 3-26-18
 Permit Number: BP-2018-00221
 GPIN/Tax Map: 6804-84-3435/1-1-0-22-J
 Issued: 4-3-18

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>5315 Duval Rd Kents Store, VA 23084</u>	
	Owner <u>Peter Muniz</u>	Phone # <u>804 980 9967</u>
	Address <u>5315 Duval Rd</u>	Email <u>Peter.Muniz@Carpenter.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Peter Muniz</u>		Phone # <u>Same</u>
	Address <u>5315 Duval Rd</u>		Email <u>Same</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' 0" property line</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>Andre Barnes</u> Date: <u>3-28-2018</u>			

CONTRACTOR INFORMATION	Contractor <u>Charlottesville Aquatics</u>		Phone <u>(434) 973-7437</u>
	Address <u>3275 Berkmar Drive</u>		
	Contractor License Number <u>2701032595</u>	Type <u>Class A Contractor</u>	Expiration <u>8/31/2018</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build 18x40 Inground Pool w/ auto cover</u> <u>gunite</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. <u>720</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>720</u>	

Building Only - Excludes All Trades Permits

Value of Work
\$ 83,000

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: 3/26/18

Application Fee	\$ <u>385.50</u>
State Levy Fee	\$ <u>7.71</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>418.21</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: 3/26/2018
 Permit Number: BP-2018-00222
 GPIN/Tax Map: 7733-05-1413/67-4-0-3-0
 Issued: 4.3.18

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 201 DEER KEEF Richmond, VA 23238	
	Owner Willie & Helen Carter	Phone # 767-0775
	Address SAME	Email

APPLICANT INFORMATION	Applicant/Contact JOPA Company (FORREAR PRO)	Phone # 767-0775
	Address 8711 WEST BROAD ST.	Email FPAC@Jopa.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback 55 000 ROW	Center Line Setback 80' 0"	Rear Setback 5	CUP/Variance/COA
	Side Setback 5	Side Setback 5	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: A. Baines Date: 3-28-2018

CONTRACTOR INFORMATION	Contractor JOPA Company	Phone
	Address 8711 WEST BROAD ST.	
	Contractor License Number 2701005553	Type GC. CUB33A

DESCRIPTION OF WORK	Scope of Work: inground 18x36 GROUT SWIMMING POOL w/AUTO COVER			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. 648	Total Sq. Ft. 648	

Building Only - Excludes All Trades Permits

Value of Work: \$62,000

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: 3/26/18

Application Fee	\$ 291-
State Levy Fee	\$ 5.82
Septic/Well Fee	\$
Zoning Fee	\$ 25-
RLD	\$
SWP	\$
Total	\$ 321.82

Issued 4.3.18



ZONING COMPLIANCE APPLICATION
COUNTY OF GOOCHLAND, VIRGINIA

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

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

Office Use Only

Application File Date: 3-30-18	Application No.: Ap-2018-00241	Fee: \$25.00
Zoning Approval: (Yes) Anita B...	No:	Date: 4-3-18

Zoning Application Type: Please check appropriate box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: JOHN F. SMITH SR Telephone: 804.457-2357
 Address: 5157 Matties Ln Goochland VA Cell phone: _____
 GOOCHLAND, VA 23063 23063 FAX: _____
 E-mail: _____

Name of Applicant: _____ Telephone: _____
 Address: _____ Cell phone: _____
 E-mail: _____ FAX: _____

Property Information

Street Address: 5157 Matties Ln Zoning: A1
 GPIN Number: 0810-45-0601 Acreage: 2
 Existing Use: _____
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 500 2. Value of Building: \$3000.00
 3. Written Description of Proposed Physical Improvements:
 * Cattle Run In



RESIDENTIAL TRADES PERMIT APPLICATION

4/6

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	03.19.18
Permit #	18-1910
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	1401 OLD MILL ROAD	District	
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PROPERTY OWNERSHIP

Name	WILLIAM PATTERSON	Phone	8047843668
Mailing Address	1401 OLD MILL ROAD		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

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

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

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

(Signature)

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

(Notary)

My commission expires _____

Signature of Applicant

[Handwritten Signature]

Approval

[Handwritten Signature]

Date

4.4.18

Value of Work: 9600.00

Permit fee:

~~67.32~~ 65.48

Issue date:

4.4.18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	4-4-18
Permit #	18-2105
Old Map #	
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	District
2145 PEN OAK LANE MAIDENS 23102	

PROPERTY OWNERSHIP

Name	Phone
GENE & MINNIE SMITH	804-556-4470
Mailing Address	
2145 PEN OAK LANE MAIDENS, VA 23102	

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 200A SWITCH.			
# of Baths	Service Size	Power Company	Inquiry #
	200A		

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 FISHOR Date 4-4-18

Value of work: \$8500.00

Permit fee: \$60.44

Issue date: 4-9-18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	03.27.18
Permit #	2112018-274
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

4/11/18

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

LOCATION

Street Address	2626 TURNER ROAD	District	
----------------	------------------	----------	--

PROPERTY OWNERSHIP

Name	KATHY BOWLES	Phone	804-201-0275
Mailing Address	2626 TURNER ROAD		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 22KW PROPANE GAS GENERATOR, 2-200 AMP GEN READY PANELS			
SURGE			
# of Baths	Service Size	Power Company	Inquiry #
	400	DOM	

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

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

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

(Signature)

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

Signature of Applicant	<i>[Signature]</i>	Value of Work:	9600.00
Approval	<i>[Signature]</i>	Permit fee:	67.182 \$65.48
Date	4-11-18	Issue date:	4-11-18



RESIDENTIAL TRADES PERMIT APPLICATION

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Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	02.16.18
Permit #	2172018-00195
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	1556 ROCK CASTLE ROAD	District	
----------------	-----------------------	----------	--

PROPERTY OWNERSHIP

Name	PAUL SUDDUTH	Phone	8042396672
Mailing Address	1556 ROCK CASTLE ROAD		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 22KW PROPANE GAS GENERATOR, 2-150AMP ATS			
2-SURGES			
# of Baths	Service Size	Power Company	Inquiry #
	400	Dom	

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant _____

Approval Fisher Date 4-11-18

Value of Work: 9600.00

Permit fee: ~~67.32~~ \$65.48

Issue date: 4-11-18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

4-17-18

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: 4/9/18

Permit # 211-2018-00287

GPIN

Tax Map

LOCATION

Street Address: 2403 Rock Castle road

PROPERTY OWNERSHIP

Name: Erik May Phone: 804-339 6862

Mailing Address: 2403 Rock Castle road Email:

APPLICANT

Name: Keivona Brogden Phone: 804 340 5227

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

CONTRACTOR

Name: Michael and son services Phone: 804340-5227

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

Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class
		2701038423	12-31-18	'	A

DESCRIPTION OF WORK

20KW NATURAL GAS GENERATOR

# of Bathrooms	Service Size	Power Company	Inquiry #
11,000			
Value of Work (required)			

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

Signature of Applicant: Keivona Brogden Date: 4/9/18

Approval: Fisher	Office Use Only	Approval date: 4-17-18
Permit Fee: \$71.91		Issued date: 4-17-18

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

(owner's affidavit on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	4-16-18
Permit #	18-289
Old Map #	
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address 2142 HASKIN ROAD 23063	District
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PROPERTY OWNERSHIP

Name CLARA BRICE	Phone 804-457-4763
Mailing Address 2142 HASKIN ROAD GOOCHLAND, VA 23063	

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 11KW GENERATOR TO EXISTING SWITCH.			
# of Baths	Service Size 200A	Power Company DOMINION	Inquiry #

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

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

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

Signature of Applicant 
 Approval  Date 4-16-18

Value of work: \$ 5,000.00
 Permit fee: \$ 44.37
 Issue date: 4-17-18

Res Trade Application



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: 4-19-18
 Permit Number: E11-2018-00303
 GPIN/Tax Map:
 Issued:
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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>629 Longfield Rd, Manakin Sabot, VA 23103</u>		
	Owner	<u>John Atkinson</u>	Phone #	<u>804-708-2125</u>
APPLICANT INFORMATION	Address	<u>629 Longfield Rd, Manakin Sabot, VA 23103</u>		
	Applicant/Contact	<u>Richard Medeiros</u>	Phone #	<u>540-718-7505</u>
	Address	<u>2093 Seminole Lane Charlottesville, VA 22901</u>		
			Email	<u>richieneverdark@gmail.com</u>

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

CONTRACTOR INFORMATION	Contractor	Phone
	<u>Never Dark Whole House Generator</u>	<u>434-975-3275</u>
	Address	<u>2093 Seminole Lane Charlottesville, VA 22901</u>
	Contractor License Number	Expiration
	<u>2705141802</u>	<u>7-31-2019</u>
	Type	
	<u>A</u>	

DESCRIPTION OF WORK	Scope of Work: <u>wiring 20kw automatic generator with automatic transfer switch with load share modules</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	# of Floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits	
Value of Work <u>1,800</u>	Application Fee \$ <u>30-</u> State Levy Fee \$ <u>.60</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>30.60</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>Richard Medeiros</u>	Date <u>4-16-19</u>



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	1-23-17
Permit #	17-00053
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 <u>1514 CARDWELL ROAD, CROZIER, VA 23039</u>	District
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PROPERTY OWNERSHIP

Name <u>E. A. CHAPMAN & CHRISTINE ALLAN</u>	Phone <u>804-240-5171</u>
Mailing Address <u>1514 CARDWELL ROAD, CROZIER, VA. 23039</u>	

APPLICANT

Name <u>ED CHAPMAN</u>	Phone <u>804-240-5171</u>
E-Mail Address <u>ED.CHAP@COMCAST.NET</u>	

CONTRACTOR

Name <u>owner</u>	Phone			
Mailing Address	E-mail address:			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type:	Class:

DESCRIPTION OF WORK

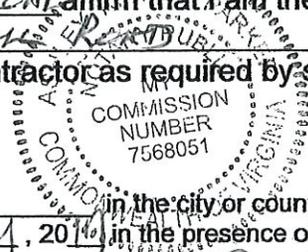
<u>2 BEDROOM, 2 BATH & LAUNDRY ROOM ADDITION</u>			
<u>Wiring for addition Revised 4-10-18</u>			
# of Baths <u>2</u>	Service Size <u>200AMP EXISTING</u>	Power Company <u>VEPCO</u>	Inquiry # <u>to include 20ka generator</u>

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.

I Edward Chapman of (address) 1514 CARDWELL ROAD affirm that I am the owner of a certain tract or parcel of land located at 1514 CARDWELL ROAD

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] (Signature)
 Signed and acknowledged by Edward Chapman in the city or county of Goochland, Virginia on the 23 day of January, 2017 in the presence of the undersigned notary.



(Notary) My commission expires 4-30-17

Signature of Applicant <u>[Signature]</u>	Value of Work: <u>7,000</u>
Approval <u>Fisher</u>	Permit fee: <u>53.55</u>
Date <u>1-31-17</u>	Issue date: <u>1-31-17</u>