



BUILDING PERMIT APPLICATION

Application Date: 05/17/18
 Permit Number: BP-2018-00388
 GPIN/Tax Map: 7706-74-4268/59-3-2-88-0
 Issued: 5-22-18
 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.

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 survey 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: 7000 Wilkes Ridge Dr. Richmond VA 23233
 Owner: Sheltering Arms Corporation Phone #: 804.342.4324
 Address: 8524 Alice Rd Mechanicsville, VA 27116 Email: mzweid@shelteringarms.com

APPLICANT INFORMATION
 Applicant/Contact: Carter Neal Phone #: 804.512.7409
 Address: _____ Email: Carter.neal@hourigan.group

TO BE COMPLETED BY ZONING DEPARTMENT

| | | | |
|------------------------------------|------------------------------------------------------------------------------|-------------------------|-------------------------|
| Subdivision: <u>West Creek</u> | Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount: _____ | Date Paid: _____ |
| Front Setback: <u>20' from ROW</u> | Center Line Setback: <u>45'</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: 5/18/18 MI

CONTRACTOR INFORMATION
 Contractor: Hourigan Construction Phone: 804.512.7409
 Address: 411 East Franklin St., Ste. 411 Richmond VA 23219
 Contractor License Number: 27010100194 Type: Class A Expiration: 5/31/18

DESCRIPTION OF WORK
 Scope of Work: Provide construction trailer for Hourigan site office Sheltering Arms

| | | | | |
|----------------------|----------------------|-----------------------------------------------------------------------|---------------|-------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| SEWER Public/Private | WATER Public/Private | # of Bathrooms | # of Bedrooms | # of floors |
| Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |

Building Only - Excludes All Trades Permits

| | | | |
|---------------|---------------|-----------------|------------------|
| Value of Work | <u>25,600</u> | Application Fee | \$ <u>192.00</u> |
| | | State Levy Fee | \$ <u>3.84</u> |
| | | Septic/Well Fee | \$ _____ |
| | | Zoning Fee | \$ <u>50.00</u> |
| | | RLD | \$ _____ |
| | | SWP | \$ _____ |
| | | Total | \$ <u>245.84</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: W.C. Neal Date: 05/17/18



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

 Residential

 Commercial

Application Date: 5.18.18

Permit Number: BP-2018-00390

GPIN/Tax Map: 6833-80-2859/6-6-0-3-0

Issued: 5.22.18

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 survey 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>4646 Old Fredericksburg Rd., Mineral, VA 23117</u> | Phone # <u>(804) 457-4927 (home)</u> <u>(804) 698-9557 (cell)</u> |
| | Owner <u>Leonard W. Gingras</u> | Email <u>lgingras2010@hotmail.com</u> |
| | Address <u>4646 Old Fredericksburg Rd., Mineral, VA 23117.</u> | |

| | | |
|-----------------------|------------------------------------------------|---------------------------------|
| APPLICANT INFORMATION | Applicant/Contact <u>Leonard W. Gingras</u> | Phone # <u>Same as above</u> |
| | Address <u>Same as above</u> | Email <u>" " "</u> |

| | | | | |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------|--------------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Hudensville Est.</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount <u>---</u> | Date Paid <u>---</u> |
| | Front Setback <u>15' from ROW</u> | Center Line Setback <u>100'</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>5/18/18</u> AI | | | |

| | | |
|------------------------|-----------------------------------------------------|--------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>Leonard W. Gingras -> OWNER</u> | Phone <u>(804) 698-9557</u> |
| | Address | |
| | Contractor License Number <u>2705138426</u> | Type <u>Class C</u> |

| | | | | | | |
|---------------------|-----------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------|--|
| DESCRIPTION OF WORK | Scope of Work: <u>4" concrete pad-metal Carolina Carport</u> | | | | | |
| | Proposed Use <u>Storage</u> | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u> | | | |
| | <input type="checkbox"/> SEWER Public/Private | <input type="checkbox"/> WATER Public/Private | # of Bathrooms <u>N/A</u> | # of Bedrooms <u>N/A</u> | # of floors <u>N/A</u> | |
| | Finished Sq. Ft. <u>N/A</u> | Unfinished Sq. Ft. <u>0 - 400</u> | Total Sq. Ft. <u>400</u> | | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|--------------------------------------|
| Value of Work | <u>\$3,000 \$6,000.00</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 Leonard W. Gingras Date 5/17/18

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>39-</u> |
| State Levy Fee | \$ <u>.78</u> |
| Septic/Well Fee | \$ <u>---</u> |
| Zoning Fee | \$ <u>25-</u> |
| RLD | \$ <u>---</u> |
| SWP | \$ <u>---</u> |
| Total | \$ <u>64.78</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: 5-18-2018
 Permit Number: BP-2018-00393
 GPIN/Tax Map: 6158-52-4956/30-1-0-79-0
 Issued: 5.22.18
 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 survey 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 2014 Steeplechase Parkway | | Phone # | | |
| | Owner Christopher Subudhi | | | | |
| | Address 2014 Steeplechase Parkway | | Email subudhi.tech@gmail.com | | |
| APPLICANT INFORMATION | Applicant/Contact Bernie Stanley | | Phone # 804-314-4023 | | |
| | Address 13421 River Ridge Lane, Ashland, VA 23005 | | Email bernie@shockoesolar.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 Shockoe Solar, LLC | | Phone 804-314-4023 | | |
| | Address 13421 River Ridge Lane, Ashland, VA 23005 | | bernie@shockoesolar.com | | |
| | Contractor License Number 2705126885 | Type AES,CBC,ELE,RBC (A) | Expiration 2/18/19 | | |
| DESCRIPTION OF WORK | Scope of Work: install roof mounted solar panels | | | | |
| | Proposed Use No change | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE | | |
| | <input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. 0 | | |

Building Only - Excludes All Trades Permits

Value of Work **2500**

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 5/4/18

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>30.00</u> |
| State Levy Fee | \$ <u>60</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ _____ |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>30.00</u> |



BUILDING PERMIT APPLICATION

Application Date: 5-16-18

Permit Number: BP 2018-00384

GPIN/Tax Map: 6769-30-4405

Issued: 5-18-18

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 survey 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>2510 TURNER RD.</u> | |
| | Owner <u>SHANE WILCOX</u> | Phone # <u>(804) 370-2711</u> |
| | Address <u>2510 TURNER RD.</u> | Email _____ |

| | | | |
|-----------------------|-----------------------------------------------------|--|------------------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact <u>MICHAEL J. NADDER SR.</u> | | Phone # <u>(804) 356-6600</u> |
| | Address <u>4075 TRICE LN. GUM SPR. VA. 23065</u> | | Email <u>nadderhomeimprovement AT AOL.C</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 <u>NADDER HOME IMPROVEMENT INC.</u> | | Phone |
| | Address <u>4075 TRICE LN. GUM SPR. VA. 23065</u> | | Email |
| | Contractor License Number <u>2705000518</u> | Type <u>CLASS B</u> | Expiration <u>3-31-2019</u> |

| | | | | | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>STRIP EXISTING DECK OF FLOOR AND RAILS AND RE-DO W/ NON ROT PRODUCTS. TEAR DOWN EXIST. SCREEN PORCH AND MAKE BIGGER COVERING ALL OF EXIST. UPPER DECK</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. <u>888.25</u> | Total Sq. Ft. <u>888.25</u> | | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|------------------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ <u>192.00</u> |
| Value of Work | <u>40,000</u> | State Levy Fee | \$ <u>3.84</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>5/16/2018</u> | | Septic/Well Fee | \$ _____ |
| | | Zoning Fee | \$ _____ |
| | | RLD | \$ _____ |
| | | SWP | \$ _____ |
| | | Total | \$ <u>195.84</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: 5-4-18
 Permit Number: BP-2018-00347
 GPIN/Tax Map: 6019-03-3940/26-1-0-14-0
 Issued: 5.18.18

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>2499 Davis Mill Rd Goochland VA 23063</u> | Phone # <u>804 880-1241</u> |
| | Owner <u>Wendy Tyler</u> | Email |
| | Address <u>2499 Davis Mill Rd Goochland VA 23063</u> | |

| | | |
|-----------------------|---------------------------------|------------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact <u>Sam</u> | Phone # <u>Sam</u> |
| | Address | Email <u>tyler.wendytlr@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>100' from R/W</u> | Center Line Setback <u>125' CL</u> | Rear Setback <u>35'</u> | CUP/Variance/COA <u> </u> |
| | Side Setback <u>20'</u> | Side Setback <u>35' Davis Mill Rd. Side</u> | Flood Zone <u> </u> | <u>A1</u> |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David [Signature]</u> Date <u>5/15/18</u> | | | |

| | | |
|------------------------|------------------------------------------------|----------------------------|
| CONTRACTOR INFORMATION | Contractor <u>Owenix</u> | Phone <u> </u> |
| | Address <u> </u> | |
| | Contractor License Number <u> </u> | Type <u> </u> |

| | | | | |
|---------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------|---------------|
| DESCRIPTION OF WORK | Scope of Work: <u>12x16 porch Back</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>192</u> | Total Sq. Ft. <u>192</u> | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee \$ <u>30-</u> |
| Value of Work <u>5996.00 1920.00</u> | | State Levy Fee \$ <u>.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. | | Septic/Well Fee \$ <u> </u> |
| Signature of Applicant <u>Wendy Tyler</u> | Date <u>5-4-18</u> | Zoning Fee \$ <u>25-</u> |
| | | RLD \$ <u> </u> |
| | | SWP \$ <u> </u> |
| | | Total \$ <u>55.60</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: 5-7-2018

Permit Number: BP-2018-00374

GPIN/Tax Map: 58-1-0-111-0/7725-08-7523

Issued: 5.17.18

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: 1211 Hockett Road Manakin Sabot, VA 23103 Site (RI045)

Owner: SBA Towers/ Massie Benjamin Landowner
 Phone #

Address: 8051 Congress Avenue Boca Raton, FL
 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount: _____ | Date Paid: _____ |
| Front Setback: 100' From ROW | Center Line Setback: 125' | Rear Setback: 5' | CUP/Variance/COA |
| Side Setback: 5' | Side Setback: 5' | Flood Zone: _____ | |

APPROVED REJECTED COMMENTS: No change to existing footprint.
 Planning & Zoning Officer: *David Floyd* Date: 5/14/18

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 <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 | 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: 5-7-18

| | |
|-----------------|-----------|
| Application Fee | \$ 12.50 |
| State Levy Fee | \$ 2.25 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ 50.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 114.75 |



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

Residential Commercial

Application Date: 5/14/18
Permit Number: BP-2018-00380
GPIN/Tax Map: 7028-40-5529/48-14-03-0
Issued: 5-17-18

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

This application requires two copies of construction drawings and two copies of the survey 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: 2360 LanierRd, Rockville, VA 23146

Owner: Devan Hynson Phone #: 804-387-7781

Address: 16302 St. Peters Church Rd. 23192 Email: Dbhynson@aol.com

Applicant/Contact: Devan Hynson Phone #: Same

Address: Same Email: Same

| | | | | |
|--------------------------------------|---------------|-----------------------------------------------------------------------------|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input checked="" 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: No change to existing Footprint.
Planning & Zoning Officer: David Floyd Date: 5/15/18 M2

Contractor: Owner Phone: _____

Address: _____ Email: _____

Contractor License Number: _____ Type: _____ Expiration: _____

Scope of Work: Tenant Upfit - Brooks Irrigation

| | | | | |
|----------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------|---------------|-------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| <u>Irrigation Storage</u> | <u>Storage</u> | _____ | | |
| <input checked="" type="checkbox"/> SEWER | <input type="checkbox"/> WATER | # of Bathrooms | # of Bedrooms | # of floors |
| <input checked="" type="checkbox"/> Public/Private | <input type="checkbox"/> Public/Private | <u>1</u> | _____ | _____ |
| Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |
| <u>180</u> | <u>1020</u> | <u>1200</u> | | |

Building Only - Excludes All Trades Permits

Value of Work: \$11,500.00

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: _____

| | |
|-----------------|------------------|
| Application Fee | \$ <u>86.24</u> |
| State Levy Fee | \$ <u>1.73</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>100-</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>187.97</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: 5/11/18

Permit Number: BP-2018-00372

GPIN/Tax Map: 6786-28-3143 / 44-15-1-27-0

Issued: 5-15-18

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

Residential Commercial

This application requires two copies of construction drawings and two copies of the survey 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: 1850 Covington Rd. Crozier VA 23093

Owner: Brian Eberhart Phone #: 570 850 7146

Address: 1850 Covington Rd. Crozier VA 23093 Email: b1smea@GMail.com

APPLICANT INFORMATION
 Applicant/Contact: Brian Eberhart Phone #: 570 850 7146

Address: 1850 Covington Rd Crozier VA 23093 Email: b1smea@GMail.com

| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount | Date Paid |
|--------------------------------------|---------------|---------------------------------------------------------------------|--------------|------------------|
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/GOA |
| | Side Setback | Side Setback | Flood Zone | |

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

CONTRACTOR INFORMATION
 Contractor: Brian Eberhart Phone: 570 850 7146

Address: 1850 Covington Rd Crozier VA 23093

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK
 Scope of Work: Finish Basement into REC ROOM + Stud out Basement Insulate Bonus Room above Drywall Basement Drywall Bonus Room Garage

| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
|-----------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|---------------|-------------|
| <input type="checkbox"/> SEWER Public/Private | <input checked="" type="checkbox"/> WATER Public/Private | # of Bathrooms | # of Bedrooms | # of floors |
| Finished Sq. Ft. <u>2,000</u> | | Unfinished Sq. Ft. | Total Sq. Ft. | |

Building Only - Excludes All Trades Permits
 Value of Work: \$40,000

| | |
|-----------------|-------------------------|
| Application Fee | <u>\$195.00</u> |
| State Levy Fee | <u>\$ 3.84</u> |
| Septic/Wall Fee | \$ _____ |
| Zoning Fee | \$ _____ |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | <u>\$ 195.84</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: Brian Eberhart Date: 5/11/18



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: **MAY 9, 2018**

Permit Number: **BP-2018-00370**

GPIN/Tax Map: **7733-18-9320 / 64-22-B-3-0**

Issued: **5-15-18**

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

Residential Commercial

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

Site Address
 13300 INGLETON LANE, RICHMOND, VA 23238

OWNER INFORMATION
 Owner: **MARK & KATHERINE BUSSER** Phone #: **804-347-4817**

Address: **13300 INGLETON LANE, RICHMOND, VA 23238** Email: **M.BUSSER@COMCAST.NET**

APPLICANT INFORMATION
 Applicant/Contact: **TRAVIS JOWERS** Phone #: **804-749-4706**

Address: **2175 LANIER LANE, ROCKVILLE, VA 23146** Email: **TRAVIS@ULTIMATEPOOLS.COM**

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

Front Setback: **40' from ROW** Center Line Setback: **65'** Rear Setback: **5'** CUP/Variance/COA: _____

Side Setback: **35' Rivergate Dr. side** Side Setback: **5'** Flood Zone: _____

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: **David G. Floyd** Date: **5/11/18** **R1**

CONTRACTOR INFORMATION
 Contractor: **ULTIMATE POOLS** Phone: **804-749-4706**

Address: **2175 LANIER LANE, ROCKVILLE, VA 23146**

Contractor License Number: **2705026339** Type: **CBC RBC RFC** Expiration: **02/28/2019**

DESCRIPTION OF WORK
 Scope of Work: **INGROUND POOL 20' X 40' RECTANGLE WITH AUTO COVER AND SPA 7'6" X 7'6" SQUARE WITH COVER**

| | | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|---------------|
| 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. | Total Sq. Ft. |
| | | 857.76 |

Building Only - Excludes All Trades Permits

| | |
|---------------|-------------|
| Value of Work | \$42,000.00 |
|---------------|-------------|

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: _____ Date: **5/9/18**

| | |
|-----------------|------------------|
| Application Fee | \$ 201.00 |
| State Levy Fee | \$ 4.02 |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ 25.00 |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ 230.02 |



BUILDING PERMIT APPLICATION

Application Date: 5.14.18
 Permit Number: BP-2018-00377
 GPIN/Tax Map: 21-9-0-79-0/6759-99-8321
 Issued: 5.15.18
 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.

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: 2980 Tranbycroft Way Sandy Hook, VA 23153
 Owner: Mazie Codrington
 Phone #: (804) 366-8058
 Address: 2980 Tranbycroft Way, Sandy Hook VA 23153
 Email: _____

APPLICANT INFORMATION
 Applicant/Contact: POWER HOME SOLAR / BRYAN D. LAW
 Phone #: (704) 800-5855
 Address: 919 N. Main St, Mooresville NC 28115
 Email: btorrence@powerhome.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: POWER HOME SOLAR
 Phone: _____
 Address: 919 N. Main St, Mooresville, NC 28115
 Contractor License Number: 2705105346 Type: A Expiration: 8/31/19

DESCRIPTION OF WORK
 Scope of Work: 15 roof mounted modules, grid tied 4.43 KW, solar installation on existing residence.

| | | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------|---------------|
| 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 | <u>\$11,160</u> | Application Fee | <u>\$62.22</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>Bryan D. Law</u> Date: <u>5/8/18</u> | | State Levy Fee | <u>\$1.24</u> |
| | | Septic/Well Fee | \$ _____ |
| | | Zoning Fee | \$ _____ |
| | | RLD | \$ _____ |
| | | SWP | \$ _____ |
| | | Total | <u>\$63.46</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: 5-9-18
 Permit Number: BP-2018-00353
 GPIN/Tax Map: 6823-69-1242/5-14-0-4-0
 Issued: 5-15-18
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

| | | |
|-----------------------|-------------------------------------------------------|--------------------------------|
| OWNER INFORMATION | Site Address <u>5034 ANGE RD. LOUISA, VA 23093</u> | |
| | Owner <u>RONALD + VIRGINIA BATTLE</u> | Phone # <u>804-457-2511</u> |
| | Address <u>5034 ANGE RD LOUISA, VA. 23093</u> | Email |
| APPLICANT INFORMATION | Applicant/Contact <u>SAME</u> | |
| | Address | |

| | | | | |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------|-----------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>None</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount — | Date Paid — |
| | Front Setback <u>55' From ROW</u> | Center Line Setback <u>80'</u> | Rear Setback <u>5'</u> | CUP/Variance/COA — |
| | Side Setback <u>35' Ange Rd. side</u> | Side Setback <u>5'</u> | Flood Zone — | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Reid</u> Date <u>5/14/18</u> 191 | | | |

| | | | |
|------------------------|----------------------------|------|------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>OWNER</u> | | Phone <u>804-457-2511</u> |
| | Address | | |
| | Contractor License Number | Type | Expiration |

| | | | | |
|---------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------|---------------|
| DESCRIPTION OF WORK | Scope of Work: <u>14 X 28 WOODEN STORAGE TO BE DELIVERED BY SOUTHERN STATES + SET-UP ON PREPARED SITE</u> | | | |
| | Proposed Use <u>STORAGE</u> | Current Use | Existing Buildings on Property <u>POLE BARN</u> | # 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>392</u> | Total Sq. Ft. <u>392</u> | |

Building Only - Excludes All Trades Permits

| | |
|---------------------------------|--------------------|
| Value of Work <u>8402.50</u> | <u>\$10,780.00</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: Ronald W. Battle Date 8-MAY-2018

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>60.50</u> |
| State Levy Fee | \$ <u>1.21</u> |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ <u>25-</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>86.72</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: 5/11/18

Permit Number: BP-2018-00368

GPIN/Tax Map: 7183-64-0799 / 67-2-D-17-0

Issued: 5-14-18

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

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 | 216 EASTBROOK RUN DRIVE, RICHMOND, VA 23238 | |
| | Owner | MEREDITH SQUIRE | Phone # 804-337-2622 |
| | Address | SAME AS ABOVE | Email squireproperties@aol.com |

| | | | |
|-----------------------|-------------------|-------------------------------------------|--------------------------------|
| APPLICANT INFORMATION | Applicant/Contact | JES CONSTRUCTION LLC / BUCK BUCHANAN | Phone # 804-495-4646 |
| | Address | 2410 SOUTHLAND DRIVE CHESTER, VA 23831 | Email bbuchanan@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 <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: | | | |

Planning & Zoning Officer _____ Date _____

| | | | |
|------------------------|---------------------------|-------------------------------------------|------------------------------------|
| CONTRACTOR INFORMATION | Contractor | JES CONSTRUCTION, LLC | Phone 804-495-4646 |
| | Address | 2410 SOUTHLAND DRIVE CHESTER, VA 23831 | |
| | Contractor License Number | 2705068655 | Type CLASS A Expiration 4-30-18 |

| | | | | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|---------------|
| DESCRIPTION OF WORK | Scope of Work: INSTALL EIGHT (8) SMARTJACKS w/ 32' SUPPLEMENTAL I-BEAM ENCAPSULATE 1776 SQ FT OF CRAWL w/ DEHUMIDIFIER SISTER 42' FLOOR JOIST | | | |
| | Proposed Use | Current Use | Existing Buildings on Property | # of Floors |
| | RES | RES | | |
| | SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input checked="" 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 \$23,746

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 Buck Buchanan Date 5

| | |
|-----------------|-----------|
| Application Fee | \$ 118.85 |
| State Levy Fee | \$ 2.38 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 121.23 |



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: 5/11/18

Permit Number: BP-2018-00371

GPIN/Tax Map: 6800-40-0053/17-3-0-2-A

Issued: 5-14-18

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

This application requires two copies of construction drawings and two copies of the survey 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 5505 Old Columbia Road, Goochland, VA 23063 | |
| | Owner David and Betty Henson | Phone # 434-607-7643 |
| | Address 5505 Old Columbia Road, Goochland, VA 23063 | Email |

| | | |
|-----------------------|-------------------------------------------------------|-------------------------|
| APPLICANT INFORMATION | Applicant/Contact David Henson | |
| | Address 5505 Old Columbia Road, Goochland VA 23063 | Phone # 804-201-0878 |
| | | Email |

| | | | | |
|--------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <i>None</i> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback <i>75' from lawn</i> | Center Line Setback <i>100'</i> | Rear Setback <i>35'</i> | CUP/Variance/COA |
| | Side Setback <i>20'</i> | Side Setback <i>20'</i> | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: <i>David Henson</i> | | |

Planning & Zoning Officer *David Henson* Date *5/11/18*

| | | |
|------------------------|----------------------------|----------------------------------|
| CONTRACTOR INFORMATION | Contractor <i>owner</i> | Phone <i>(Penny 205-0604)</i> |
| | Address | Email |
| | Contractor License Number | Type |

| | | | | | |
|---------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: Wheelchair ramp to be built on the front of the home | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. <i>146</i> | Total Sq. Ft. <i>146</i> | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|------------|
| Value of Work | \$1,500.00 |
|---------------|------------|

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 *David Henson* Date *5-11-18*

| | |
|-----------------|---------|
| Application Fee | \$30.- |
| State Levy Fee | \$.60 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$25 |
| RLD | \$ |
| SWP | \$ |
| Total | \$55.60 |



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: 5-2-18
 Permit Number: BP-2018-00340
 GPIN/Tax Map: 1717-23-1640/46-37-0-2-0
 Issued: 5-11-18
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION
 Site Address: 2164 PROFFITT RD MANAKIN SABOT VA 23103
 Owner: ROGER MOORE Phone #: 804-749-3895
 Address: SAME Email:

APPLICANT INFORMATION
 Applicant/Contact: ROGER MOORE Phone #: 804 749-3895
 Address: SAME Email:

TO BE COMPLETED BY ZONING DEPARTMENT

| | | | |
|------------------------------------|------------------------------------------------------------------------------|-------------------------|------------------------------|
| Subdivision: <u>Proffitt Knoll</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>5'</u> | CUP/Variance/COA: <u>A-2</u> |
| Side Setback: <u>5'</u> | Side Setback: <u>5'</u> | Flood Zone: <u>—</u> | |

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: [Signature] Date: 5/7/18

CONTRACTOR INFORMATION
 Contractor: OWNER Phone: 749 3895
 Address: SAME
 Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK
 Scope of Work: DETACHED GARAGE

| | | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------|---------------|
| 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>0</u> | Unfinished Sq. Ft.: <u>1,632 + 520 = 2,152</u> | Total Sq. Ft.: <u>2,152.00</u> | |

Building Only - Excludes All Trades Permits
 Value of Work: \$50,000 \$269,940.00

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: 5/2/18

| | |
|-----------------|------------------|
| Application Fee | \$ <u>326.73</u> |
| State Levy Fee | \$ <u>6.53</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>358.26</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: 5.3.18
 Permit Number: BP-2018-00344
 GPIN/Tax Map: 6057-68-7843/A2.37.1.56.0
 Issued: 5.10.18

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 <u>3260 Bayberry Lane</u> | |
| | Owner <u>TRAVIS PARRISH</u> | Phone # <u>804 651-2680</u> |
| | Address <u>3260 Bayberry Lane</u> | |

| | | | |
|-----------------------|--------------------------------------------------|--|-----------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact <u>PLA-Mor Construction</u> | | Phone # <u>804 781-0442</u> |
| | 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>Holland H-715</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount _____ | Date Paid _____ |
| | Front Setback <u>55' from ROW</u> | Center Line Setback <u>80'</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 David Floyd Date 5/7/18

| | | | |
|------------------------|-------------------------------------------------|------------------|------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>PLA-Mor Construction</u> | | Phone <u>804 781-0442</u> |
| | Address <u>P.O. Box 295</u> | | |
| | Contractor License Number <u>2705091041A</u> | Type <u>A</u> | Expiration <u>1/31/18</u> |

| | | | | |
|---------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------|---------------|
| DESCRIPTION OF WORK | Scope of Work: <u>15'5" x 35' fiberglass pool w/ Automatic Cover Meeting ASTM 1346-91 code</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>543</u> | Total Sq. Ft. <u>543</u> | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee <u>281.03</u> |
| Value of Work <u>59,940</u> | | State Levy Fee <u>5.63</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>J. Clements</u> | Date _____ | Zoning Fee <u>25-</u> |
| | | RLD \$ _____ |
| | | SWP \$ _____ |
| | | Total <u>312.36</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: April 3, 2018
 Permit Number: BD-2018-00257
 GPIN/Tax Map: 6725-19-6661/50-1-0-21-0
 Issued: 5-8-18

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>Camp Times Lane</u> <u>1231 West View Road - Goochland Va, 23063</u> | |
| | Owner <u>Westview Inc - Pete Albert (Director)</u> | Phone # <u>804-457-4210</u> |
| | Address <u>Same as above</u> | Email <u>director@westviewonthejames.com</u> |
| APPLICANT INFORMATION | Applicant/Contact <u>Pete Albert Director</u> | |
| | Address <u>Same as above</u> | Phone # cell <u>804-921-2223 / 457-42</u> Email <u>director@westviewonthejames.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' 0" ROW</u> | Center Line Setback | Rear Setback <u>5</u> | CUP/Variance/COA <u>CY 1975-00005</u> |
| | 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>Anita Barnes</u> Date <u>7-6-2018</u> | | | |

| | | | |
|------------------------|------------------------------------------------------------------|-------------------------|-----------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>Vestals Gap Ventures, LLC / Inner Quest LLC</u> | | Phone <u>703-478-1078</u> |
| | Address <u>34752 Charles Town Pike Purcellville, Va 20132</u> | | |
| | Contractor License Number <u>270-501-9009</u> | Type <u>type "B"</u> | Expiration <u>Jan 31, 2019</u> |

| | | | | |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|---------------|
| DESCRIPTION OF WORK | Scope of Work: <u>Contractor (Vestals Gap Ventures) will be installing 1 slide - wet with me and all sup technical supporting equipment for two slides. Westview staff will be installing the deck for the slide start.</u> | | | |
| | Proposed Use | Current Use | Existing Buildings on Property | # of Floors |
| | <input type="checkbox"/> Public/Private | <input type="checkbox"/> WATER Public/Private | # of Bathrooms | # of Bedrooms |
| | Finished Sq. Ft. | Unfinished Sq. Ft. <u>98</u> | Total Sq. Ft. <u>98</u> | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee \$ <u>1872.4</u> State Levy Fee \$ <u>377</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>50.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>242.01</u> |
| Value of Work | \$ <u>25,100.00</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>Pete Albert</u> Date <u>4/3/2018</u> | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
|  <p style="text-align: center;">BUILDING PERMIT APPLICATION</p> <p>Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay</p> <p><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial</p> | Application Date: 4-25-18 |
| | Permit Number: BP-2018-00333 |
| | GPIN/Tax Map: 7705-55-3996/46-26-0-9-0 |
| | Issued: 5-4-18 |
| 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 2330 Windy Run, Manakin Sabot, VA 23103 | | |
| | Owner MICHAEL ALSOP | Phone # | |
| | Address 2330 Windy Run, Manakin Sabot, VA 23103 | Email MICHAELALSOP@GMAIL.COM | |
| APPLICANT INFORMATION | Applicant/Contact JOCELYN SCHAFFER | | Phone # 804.405.5529 |
| | Address 11044 RICHARDSON RD., SUITE A29, ASHLAND, VA 23005 | | Email JOCELYN.SCHAFFER@PEGALTE.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 PEG ALTERNATIVE ENERGY, INC. | | Phone 804.405.5529 |
| | Address 11044 RICHARDSON RD., SUITE A29, ASHLAND, VA 23005 | | |
| | Contractor License Number 2705159755 | Type AES, ELE | Expiration 4.30.19 |

| | | | | |
|----------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------|---------------|
| DESCRIPTION OF WORK | Scope of Work: INSTALL PHOTOVOLTAIC MODULES ROOF MOUNT | | | |
| | 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 | | <table style="width:100%; border-collapse: collapse;"> <tr><td>Application Fee</td><td>\$ 11 -</td></tr> <tr><td>State Levy Fee</td><td>\$ 2.22</td></tr> <tr><td>Septic/Well Fee</td><td>\$ _____</td></tr> <tr><td>Zoning Fee</td><td>\$ _____</td></tr> <tr><td>RLD</td><td>\$ _____</td></tr> <tr><td>SWP</td><td>\$ _____</td></tr> <tr><td>Total</td><td>\$ 13.22</td></tr> </table> | Application Fee | \$ 11 - | State Levy Fee | \$ 2.22 | Septic/Well Fee | \$ _____ | Zoning Fee | \$ _____ | RLD | \$ _____ | SWP | \$ _____ | Total | \$ 13.22 |
| Application Fee | \$ 11 - | | | | | | | | | | | | | | | |
| State Levy Fee | \$ 2.22 | | | | | | | | | | | | | | | |
| Septic/Well Fee | \$ _____ | | | | | | | | | | | | | | | |
| Zoning Fee | \$ _____ | | | | | | | | | | | | | | | |
| RLD | \$ _____ | | | | | | | | | | | | | | | |
| SWP | \$ _____ | | | | | | | | | | | | | | | |
| Total | \$ 13.22 | | | | | | | | | | | | | | | |
| Value of Work | 22,000 | | | | | | | | | | | | | | | |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | | | | | | | | | | | | | | | |
| Signature of Applicant _____ | Date 4-25-18 | | | | | | | | | | | | | | | |



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: 4/19/2018

Permit Number: BP-2018-00304

GPIN/Tax Map: 9733-49-9781/64-26-0-20-0

Issued: 5.3.18

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.

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 311 Wickham Glen Drive, Richmond, VA 23238 | |
| | Owner Dennis Loughran | Phone # 860-237-0022 |
| | Address 311 Wickham Glen Drive, Richmond, VA 23238 | Email loughrandm@aol.com |

| | | | |
|-----------------------|----------------------------------------------------------------|--|--------------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact Lancaster Custom Builder/Thomas Lancaster | | Phone # 804-784-9898 |
| | Address PO Box 18372, Richmond, VA 23226 | | Email thomas@lancastercustombuilder.com |

| | | | | |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------|-------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount | Date Paid |
| | Front Setback 55' | Center Line Setback ROW | Rear Setback 50' | CUP/Variance/COA R-1 |
| | Side Setback 5 | Side Setback 5 | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Need to survey to locate - cannot be in 50' buffer Planning & Zoning Officer: <i>Julia Barker</i> Date: 4-27-2018 | | | |

| | | | |
|------------------------|---------------------------------------------|-----------------|--------------------------|
| CONTRACTOR INFORMATION | Contractor Lancaster Custom Builder | | Phone 804-784-9898 |
| | Address PO Box 18372, Richmond, VA 23226 | | |
| | Contractor License Number 2705155799 | Type Class A | Expiration 12/31/2018 |

| | | | | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------|--------------------|
| DESCRIPTION OF WORK | Scope of Work: Build a Pool House, install a new pool, hardscape and outdoor living spaces Covered porch + terrace | | | |
| | Proposed Use Personal | Current Use Personal | Existing Buildings on Property 1 | # of Floors 2 |
| | <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms 1 | # of Bedrooms 0 |
| | Finished Sq. Ft. 722 | Unfinished Sq. Ft. 300 | Total Sq. Ft. 722 1022 | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|--------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ 1280.53 |
| Value of Work | \$281,894.78 | State Levy Fee | \$ 2000 25.61 |
| 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: <i>[Signature]</i> Date: 4/19/18 | | Septic/Well Fee | \$ |
| | | Zoning Fee | \$ 25- |
| | | RLD | \$ |
| | | SWP | \$ |
| | | Total | \$ 1331.14 |



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: 4-30-18
 Permit Number: BP-2018-00325
 GPIN/Tax Map: 9733-57-7335/64-23-0-55-0
 Issued: 5.3.18
 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: 79 West Square Dr. Richmond, VA. 23238
 Owner: John & Jane Fain
 Address: 79 West Square Dr. Richmond, VA. 23238
 Phone #: (804) 363-3201
 Email: _____

APPLICANT INFORMATION
 Applicant/Contact: Mark Franko
 Address: 2100 Tomlynn St. Richmond, VA.
 Phone #: (804) 641-8427
 Email: mark@frankocustombuilding.com

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' BIS</u> | CUP/Variance/COA <u>RPUD</u> |
| Side Setback <u>20' BIS</u> | Side Setback | Flood Zone | |

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: A. Barnes Date: 5-2-2018

CONTRACTOR INFORMATION
 Contractor: Mark Franko Custom Building
 Address: 2100 Tomlynn St. Richmond, VA. 23230
 Phone: (804) 355-4917
 Contractor License Number: 2701039022 Type: Class A Expiration: 8/31/2019

DESCRIPTION OF WORK
 Scope of Work: Construct porch roof over existing terrace

| | | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------|---------------|
| 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>204</u> | Total Sq. Ft. <u>204</u> | |

Building Only - Excludes All Trades Permits

| | |
|---------------|---------------------|
| Value of Work | <u>\$ 38,000.00</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: [Signature] Date: 4/27/18

| | |
|-----------------|-------------------|
| Application Fee | \$ <u>183-</u> |
| State Levy Fee | \$ <u>3.066</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>25-</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>211.066</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: 5-2-18

Permit Number: DP-2018-00338

GPIN/Tax Map: 6739-81-8486 / 28-14-0-140

Issued: 5-3-18

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 2332 Bexley Wood Run Goochland VA | |
| | Owner Nathan Smith | Phone # 804 873-2323 |
| | Address 2332 Bexley Wood Run Goochland VA | Email n8smith.7@gmail.com |

| | | | |
|-----------------------|-----------------------------------------------------------------|--|----------------------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact AJ Malheiros | | Phone # 804 306-3546 |
| | Address 340 Hill Carter pkwy suite F Ashland VA 23005 | | Email amaiheiros@jenkinsrestorations.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 Jenkins Services LLC | | Phone 804 306 3546 |
| | Address 340 Hill Carter pkwy suite F Ashland VA 23005 | | |
| | Contractor License Number 2705125083 | Type Class A | Expiration 9/30 2019 |

| | | | | |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------|---------------------------|
| DESCRIPTION OF WORK | Scope of Work: restoration due to fire and smoke damage consisting of minor framing, minor electrical, all new insulation, windows insulation, drywall, paint and flooring. No exterior damages. | | | |
| | 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 2.5 | # of Bedrooms 4 |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee \$ _____ State Levy Fee \$ _____ Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ #10 |
| Value of Work | \$88,000 | |
| 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 <i>[Signature]</i> | Date 5/1/2018 | |

Fee waived



BUILDING PERMIT APPLICATION

Application Date: 4/25/18
 Permit Number: BP-2018-00320
 GPIN/Tax Map: 7715-59-7798/58-51-0-4-0
 Issued: 5.3.18
 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.

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: 1137 Getaway Ln Manakin Sabot, VA 23103
 Owner: AMY STEFANICK
 Phone #: 804-364-4155
 Address: LOT 4
 Email: FOURSTEFANICK@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: ULTIMATE POOLS / TRAVIS JOWERS
 Phone #: 804-749-4706
 Address: 2175 LANIER LN ROCKVILLE, VA 23146
 Email: TRAVIS@ULTIMATEPOOLS.COM

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>5'</u> | CUP/Variance/COA <u>RPUD</u> |
| Side Setback <u>5'</u> | Side Setback <u>5'</u> | Flood Zone | |

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: [Signature] Date: 4-30-2018

CONTRACTOR INFORMATION
 Contractor: ULTIMATE POOLS / STEVE JOWERS
 Phone: 804-749-4706
 Address: 2175 LANIER LN, ROCKVILLE, VA 23147
 Contractor License Number: 2705026339 Type: CBC RBC RFC Expiration: 02/28/2019

DESCRIPTION OF WORK
 Scope of Work: Granite IN-GROUND Pool (20'x40') RECTANGLE with AUTO COVER

| | | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------|---------------|
| 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 type="checkbox"/> | # of Bathrooms | # of Bedrooms |
| Finished Sq. Ft. | Unfinished Sq. Ft. <u>800</u> | Total Sq. Ft. <u>800</u> | |

Building Only - Excludes All Trades Permits

| | |
|-----------------------------------|-------------------------------|
| Value of Work <u>30,000.00</u> | Application Fee \$ <u>47-</u> |
| | State Levy Fee \$ <u>2.94</u> |
| | Septic/Well Fee \$ _____ |
| | Zoning Fee \$ <u>25-</u> |
| | RLD \$ _____ |
| | SWP \$ _____ |
| | Total \$ <u>114.94</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: 4/25/18



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: 4/25/2018

Permit Number: **BP-2018-00322**

GPIN/Tax Map: 67-11-C-3 / 17733-26-3997

Issued: **5-3-18**

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.

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 Dahlgren Rd | |
| | Owner James F Bartley | Phone # 8043344381 |
| | Address | Email jfb53@outlook.com |

| | | |
|-----------------------|----------------------------------|---------|
| APPLICANT INFORMATION | Applicant/Contact Same | Phone # |
| | Address Same | Email |

| | | | | |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount | Date Paid |
| | Front Setback 55' Off Row | Center Line Setback | Rear Setback 35 | GUP/Variance/COA |
| | Side Setback 15 | Side Setback 15 | Flood Zone | R-1 |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: D. Barnes Date: 4-30-2018 | | | |

| | | |
|------------------------|----------------------------|------------|
| CONTRACTOR INFORMATION | Contractor Owner | Phone |
| | Address | |
| | Contractor License Number | Type |
| | | Expiration |

| | | | | |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|---------------|
| DESCRIPTION OF WORK | Scope of Work: Remove existing stoop, ground level patio. Install raised porch 12'x30' with step down to patio on all 3 sides. Porch is 24" above grade and 16" above patio. | | | |
| | Proposed Use Raised porch, patio | Current Use patio | Existing Buildings on Property 1 | # 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. | Total Sq. Ft. 860 | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee \$ 79.50 |
| Value of Work | 15,000 | State Levy Fee \$ 1.59 |
| 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: J. Bartley Date: 4-25-18 | | Septic/Well Fee \$ |
| | | Zoning Fee \$ 25.00 |
| | | RLD \$ |
| | | SWP \$ |
| | | Total \$ 106.09 |



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: 3.27.18

Permit Number: BP-2018-00229

GPIN/Tax Map: 7727-59-7701/A8-16-0-25

Issued: 5.3.18

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>2151 LANIER LANE ROCKVILLE VA 23146</u> | |
| | Owner <u>AGP ENTERPRISES LLC</u> | Phone # <u>804.749.3558</u> |
| | Address <u>2151 LANIER LANE ROCKVILLE VA 23146</u> | Email _____ |

| | | |
|-----------------------|------------------------------------------------------------|----------------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact <u>GREENFIELD BUILDING SYSTEMS</u> | Phone # <u>804.882.1515</u> |
| | Address <u>14605 CLAZEMONT ROAD MONTPELIER VA 23102</u> | Email <u>david@dwhconstructionllc.com</u> |

| | | | | |
|--------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------|-----------------------------------------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount | Date Paid |
| | Front Setback <u>20' 0" ROW</u> | Center Line Setback | Rear Setback <u>10'</u> | CUP/Variance/COA <u>POD Required Building # 2 only</u> |
| | 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>3.29.18</u> | | |

| | | |
|------------------------|------------------------------------------------------------|------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>GREENFIELD BLDG SYSTEMS</u> | Phone <u>804.882.1515</u> |
| | Address <u>14605 CLAZEMONT ROAD MONTPELIER VA 23102</u> | |
| | Contractor License Number <u>2705 157837</u> | Type <u>CLASS A</u> |

| | | | | |
|---------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|---------------------------|
| DESCRIPTION OF WORK | Scope of Work: <u>5000 SF PRO ENGINEERED STEEL BLDG SHELL</u> | | | |
| | Proposed Use <u>OFFICE/WAREHOUSE</u> | Current Use | Existing Buildings on Property <u>1</u> | # of Floors <u>1</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>0</u> | Unfinished Sq. Ft. <u>5000</u> | Total Sq. Ft. <u>5000</u> | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------|------------------|
| Building Only - Excludes All Trades Permits | <u>\$330,000.00</u> | Application Fee | <u>\$295-</u> |
| Value of Work | <u>\$200,000</u> | State Levy Fee | <u>\$49.50</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. | | Septic/Well Fee | \$ |
| | | Zoning Fee | <u>\$100-</u> |
| | | RLD | \$ |
| | | SWP | \$ |
| | | Total | <u>\$2624.50</u> |
| Signature of Applicant | <u>[Signature]</u> | Date | <u>3.27.18</u> |

Issued 5.3.18



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: <u>4-30-18</u> | Application No.: <u>AP 2018 00326</u> | Fee: \$25.00 |
| Zoning Approval: Yes <u>ABaines</u> | No: | Date: <u>4-30-2018</u> |

Zoning Application Type: Please check appropriate box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: JEFFREY STANFIELD
 Address: 3003 WILLOW TRACE LANE
SANDY HOOK, VA 23153
 E-mail: jetmagic333@yahoo.com

Telephone: 443 298 0079
 Cell phone: 443 298 0079
 FAX: N/A

Name of Applicant: JEFFREY STANFIELD
 Address: 3003 WILLOW TRACE LANE
SANDY HOOK, VA 23153
 E-mail: jetmagic333@yahoo.com

Telephone: 443 298 0079
 Cell phone: 443 298 0079
 FAX: N/A

Property Information

Street Address: 3003 WILLOW TRACE LANE
 GPIN Number: 6840-93-5971
 Existing Use: _____

Zoning: R-R
 Acreage: 3

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

Project Information

1. Estimated square footage of the building(s): 240 SF
2. Value of Building: \$ 5000⁰⁰
3. Written Description of Proposed Physical Improvements:
YARD STORAGE SHED.



BUILDING PERMIT APPLICATION

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

Application Date: April 18, 2018

Permit Number: BP-2018-00305

GPIN/Tax Map: 60116-62-1764/50-2-0-C-0

Issued: 5.2.18

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 1143 Stokes Station Road, Goochland, VA 23063 | |
| | Owner Lucy & Mark Wysong | Phone # 804-517-5552 |
| | Address 1143 Stokes Station Road, Goochland | Email mark.wysong@healthcare.com |

| | | |
|-----------------------|---------------------------------------------------------|------------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact Travis Jowers | Phone # 804-749-4706 |
| | Address 2175 Lanier Lane, Rockville, VA 23146 | Email travis@ultimatepools.com |

| | | | | |
|--------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount | Date Paid |
| | Front Setback <u>100' CL ROW</u> | Center Line Setback | Rear Setback <u>5</u> | 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 type="checkbox"/> COMMENTS: | | | |

Planning & Zoning Officer: A Barnes Date: 4-24-2018

| | | |
|------------------------|---------------------------------------------------------|---------------------------------|
| CONTRACTOR INFORMATION | Contractor Ultimate Pools | Phone 804-749-4706 |
| | Address 2175 Lanier Lane, Rockville, VA 23146 | |
| | Contractor License Number 2705026339 | Type Class A (CBC, RBC, RFC) |

| | | | | |
|---------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|---------------|
| DESCRIPTION OF WORK | Scope of Work: In-ground Pool 20' x 50' Rectangle with Auto Cover | | | |
| | 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>1000</u> | Total Sq. Ft. 1,000 | |

Building Only - Excludes All Trades Permits

| | |
|---------------|--------------------|
| Value of Work | \$30,000.00 |
|---------------|--------------------|

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 04/18/2018

| | |
|-----------------|------------------|
| Application Fee | \$ <u>140-</u> |
| State Levy Fee | \$ <u>2.94</u> |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ <u>25-</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>174.94</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: 4-23-18

Permit Number: BD-2018-00309

GPIN/Tax Map: 0759-07-5274 / 29-8-03-A

Issued: 5-2-18

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>2860 Dogtown Rd. Goochland VA. 23063</u> | |
| | Owner | <u>Peifront & Irene Fuller</u> | Phone # <u>(804) 556-0288</u> |
| | Address | <u>Same as above</u> | Email |

| | | |
|-----------------------|-------------------|---------|
| 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 <u>100'</u> | Center Line Setback <u>CL ROW</u> | Rear Setback <u>35</u> | CUP/Variance/COA <u>A-1</u> |
| | Side Setback <u>20</u> | Side Setback <u>20</u> | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> | REJECTED <input type="checkbox"/> | COMMENTS: | |

Planning & Zoning Officer: Anita Barnes Date: 4-24-2018

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

| | | | |
|---------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------|
| DESCRIPTION OF WORK | Scope of Work: <u>roof over front stoop</u> | | |
| | <u>screen in porch on existing foundation</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 |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. |

Building Only - Excludes All Trades Permits

Value of Work: \$3,500.00

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: Open Fuller Date: 4-23-18

| | |
|-----------------|------------------------|
| Application Fee | \$ <u>30.00</u> |
| State Levy Fee | \$ <u>.60</u> |
| Septic/Well Fee | \$ <u> </u> |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ <u> </u> |
| SWP | \$ <u> </u> |
| Total | \$ <u>55.60</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: **4-17-18**Permit Number: **BP-2018-00292**GPIN/Tax Map: **60009-82-9523/44-1-0-11-0**Issued: **5.1.18**

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 1926 Sheppard Town Rd. | |
| | Owner Joe + Gillen Wynne | Phone # 804-784-3244 |
| | Address 1926 Sheppard Town Rd. | Email joewynne804@gmail.com |

| | | | |
|-----------------------|-------------------------------------------------------|--|-----------------------------------|
| APPLICANT INFORMATION | Applicant/Contact RA Praught Cons., Inc. | | Phone # 804-370-9435 |
| | Address 9524 Downing St. Richmond VA. 23238 | | Email ray@rapraught.com |

| | | | | |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|--------------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount | Date Paid |
| | Front Setback 100' 4' ROW | Center Line Setback | Rear Setback 35 | CUP/Variance/COA A-2 |
| | Side Setback 20 | Side Setback 20 | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: Amala Baidas Date: 4-19-2018 | | | |

| | | | |
|------------------------|-------------------------------------------------------|------------------------|------------------------------|
| CONTRACTOR INFORMATION | Contractor RA Praught Cons. Inc. | | Phone |
| | Address 9524 Downing St. Richmond VA. 23238 | | |
| | Contractor License Number 2705060599 | Type Class A | Expiration 2-28-19 |

| | | | |
|------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|
| DESCRIPTION OF WORK | Scope of Work: 8'x13' Bathroom Addition on 1st Fl. | | |
| | Proposed Use Home | Current Use Home | 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 2 1/2 |
| | # of Floors 2 | # of Bedrooms 3 | |
| Finished Sq. Ft. 104 sf. added | | Unfinished Sq. Ft. | Total Sq. Ft. 104 |

Building Only - Excludes All Trades Permits

| | |
|---------------|------------------|
| Value of Work | \$ 72,000 |
|---------------|------------------|

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: **Raymond Praught** Date: **4-17-18**

| | |
|-----------------|------------------|
| Application Fee | \$ 336- |
| State Levy Fee | \$ 16.92 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ 25- |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 367.92 |

Reviewed by:
MICHAEL BROOKING

4.30

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 | 04.30.18 |
| Permit # | 18-259 |
| 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 | 15 HUNTING RIDGE ROAD | District | |
|----------------|------------------------------|----------|--|

PROPERTY OWNERSHIP

| | | | |
|-----------------|------------------------------|-------|---------------------|
| Name | CARL WILLIAMS | Phone | 804-347-4764 |
| Mailing Address | 15 HUNTING RIDGE 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 PROTECTOR | | | |
| # of Baths | Service Size | Power Company | Inquiry # |
| | 400 | DOM | <u> </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 _____ 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 *[Signature]* Date **5.1.18**

Value of Work: **9500.00**

Permit fee: **67.32 65.03**

Issue date: **5.1.18**



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 | 04.30.18 |
| Permit # | 217-2018-00331 |
| 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.

WJ

LOCATION

| | | | |
|----------------|--------------------------|----------|--|
| Street Address | 1651 HORSEPEN HILLS ROAD | District | |
|----------------|--------------------------|----------|--|

PROPERTY OWNERSHIP

| | | | |
|-----------------|--------------------------|-------|--------------|
| Name | ANTHONY DANIELSEN | Phone | 804-314-4502 |
| Mailing Address | 1651 HORSEPEN HILLS 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 type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number | 2701037820 |
| Expiration | 11/2018 | License Type: | CONTRACTOR Class: A |

DESCRIPTION OF WORK

| | | | |
|----------------------------------------------------------------------|--------------|---------------|-----------|
| INSTALL 22KW PROPANE GAS GENERATOR, 2-150 AMP ATS, 2-SURGE PROTECTOR | | | |
| REPLACE 2 150 AMP ELECTRICAL PANELS | | | |
| # of Baths | Service Size | Power Company | Inquiry # |
| | 300 | 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]

Value of Work: 9500.00

Permit fee: 67.32

Approval

\$ 65.03 Date *5-3-18*

Issue date: *5-3-18*



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 | 5-17-18 |
| Permit # | 18-340 |
| GPIN | |
| Tax Map | |

LOCATION

Street Address: 1911 COXTOWN Drive Crozier, VA 23039

PROPERTY OWNERSHIP

| | | | |
|-----------------|--------------------------------------|-------|---------------------------|
| Name | Curtis Jerome Anderson | Phone | 804-928-03513 |
| Mailing Address | 1911 COXTOWN Drive Crozier, VA 23039 | Email | Canderson1911@Comcast.net |

APPLICANT

| | | | |
|---------|-------------------|-------|--|
| Name | Curtis J Anderson | Phone | |
| Address | Same as Above | Email | |

CONTRACTOR

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

DESCRIPTION OF WORK

Installing 20KW Generator

| | | | |
|--------------------------|--------------|---------------|-----------|
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| 3 | | | |
| Value of Work (required) | | | |
| \$1,200.00 | | | |

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: Curtis Jerome Anderson Date: 5/17/18

| | | |
|--------------------------|-----------------|-------------------------------|
| Approval: <u>Fisher</u> | Office Use Only | Approval date: <u>5.17.18</u> |
| Permit Fee: <u>30.00</u> | | Issued date: <u>5.17.18</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: 5/8/18

Permit #: 2017-00605

GPIN

Tax Map

LOCATION

Street Address: 2116 JOCKEY RUNOE (Lot 5c BREEZE Hill)

PROPERTY OWNERSHIP

Name: STEVE THOMPSON, BUILDERS, LLC Phone: 804-539-2524

Mailing Address: Email:

APPLICANT

Name: RIC SEABORN Phone: 804-389-4242

Address: SEE BELOW Email:

CONTRACTOR

Name: MANAKIN ELECTRIC CONTRACTORS Phone: 804-389-4242

Mailing Address: P.O. Box 147 ROCKVILLE VA 23146 Email: RICHMAN@MANAKINELECTRIC.NET

Gas Certification: YES NO

State License Number: 2705018630 Expiration: 12/31/18 License Type: ELE Class: B

DESCRIPTION OF WORK

INSTALL 20KW GENERATOR + 200 Amp ATS'S

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

Value of Work (required): \$7000

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: 5/8/18

Approval: Fisher Office Use Only Approval date: 5-8-18

Permit Fee: \$53.55 Issued date: 5-8-18

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



COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 5/14/18

Permit # 18-329

GPIN

Tax Map

LOCATION

Street Address 1285 Autumn Breeze Dr

PROPERTY OWNERSHIP

| | |
|------------------------------|-------|
| Name <u>Amy Bowen</u> | Phone |
| Mailing Address <u>5 Ame</u> | Email |

APPLICANT

| | |
|---------------------------|-----------------------------------------|
| Name <u>J Amey Atkins</u> | Phone <u>804 921 3193</u> |
| Address | Email <u>JAmey@AtkinsElectricVA.com</u> |

CONTRACTOR

| | | | |
|----------------------------------------------------------------------------|----------------------------------------|---------------------------|----------------------------------------|
| Name <u>Atkins Electric Inc</u> | | Phone <u>5 Ame</u> | |
| Mailing Address <u>14200 Crab H. Church Rd 23062</u> | | Email <u>5 Ame</u> | |
| Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number <u>2705145000</u> | Expiration <u>3/31/20</u> | License Type <u>ELE</u> Class <u>A</u> |

DESCRIPTION OF WORK

Generator Install 22kw

| | | | |
|-----------------------------------------|--------------|---------------|-----------|
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| | | | |
| Value of Work (required) <u>6200.00</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: 5/14/18

| | | |
|--------------------------|-----------------|-------------------------------|
| Approval: <u>Fisher</u> | Office Use Only | Approval date: <u>5.15.18</u> |
| Permit Fee: <u>49.88</u> | | Issued date: <u>5.15.18</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: 5/17/2018

Permit #: 2112018-00294

GPIN:

Tax Map:

LOCATION

Street Address: 2784 Henson Dr Goochland, VA

PROPERTY OWNERSHIP

Name: Frances Williams Phone: 804-457-9208

Mailing Address: 2784 Henson Dr Goochland, VA Email:

APPLICANT

Name: Willie Christmas / LCS Electric Phone: 434-589-4870

Address: 357 Rollins Ln Louisa, VA. 23093 Email: Christmaslcs@gmail.com

CONTRACTOR

Name: LCS Electric Phone: 434-589-4870

Mailing Address: 357 Rollins Ln Louisa, VA, 23093 Email: Christmaslcs@gmail.com

Gas Certification: YES NO

State License Number: 2705004612 Expiration: 09/30/2019 License Type: CBO Ele., PLARBE Class: B

DESCRIPTION OF WORK

Whole Hse GARAGE TRANSFER DISCONNECT SWITCH

200 AMP Service Size: 1 Power Company: DOM ENERGY Inquiry #: 3189 2043

of Bathrooms: Value of Work (required): \$800.00

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: Willie Christmas Date: 5/17/18

Approval: [Signature] Office Use Only Approval date: 5-17-18

Permit Fee: \$30.60 Issued date: 5-17-18

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

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

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

| | |
|----------|--------------|
| Date | 3-15-18 |
| Permit # | 2017-00792 |
| Map # | 30-13-A-19-0 |

LOCATION

| | | | |
|----------------|-----------------------|----------|--|
| Street Address | 2845 Summerchase Lane | District | |
|----------------|-----------------------|----------|--|

PROPERTY OWNERSHIP

| | | | |
|-----------------|------------------------------------------|-------|--------------|
| Name | Kelly Michael Kelly Ann | Phone | 804-762-4667 |
| Mailing Address | 2006 Puritan Terrace Annapolis, MD 21401 | | |

CONTRACTOR

CR Phillips Electrical Contractors, Inc.

| | | | |
|----------------------|---------------------------------------------------------------------|--------------|--------------|
| Company Name | 10996 Leadbetter Road | Phone | 804-798-8853 |
| Mailing Address | Ashland, VA 23005 | License Type | Class |
| Gas Certification | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | AE, BID | A |
| State License Number | 2705054166 | Expiration | 1-31-16 |
| | | GRC, PLB | |

DESCRIPTION OF WORK

| | | | |
|---------------------------------------------------------------------------------|--------------|-----------------|-----------|
| New wire Single Family ^{Revised 5-30-18 to} | | | |
| wire for 200 Amp automatic Transfer ^{22 kW} Generator ^{incl.} | | | |
| # of baths | Service size | Power Company | Inquiry # |
| 4 1/2 | 400 Amps | Dominion Energy | 10200756 |

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: Cheryl Ozmar
Approval: [Signature] Date: 3/27/18

Cost of Job: \$10,000.00 14,400.
Permit Fee: 67.32 87.50
Issue Date: 3/27/18