



# BUILDING PERMIT APPLICATION

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

Application Date: 1/25/2018

Permit Number: **BP-2018-00096**

GPIN/Tax Map: 64-1-79 / 7733-58-3728

Issued: **6/18/18**

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.

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 <b>12276 River Road</b>	
	Owner <b>Rowland Williams</b>	Phone # <b>8042416644</b>
	Address <b>300 N Ridge Rd #41 Richmond, VA 23229</b>	Email <b>rwilliams@shockoecompanies.com</b>

APPLICANT INFORMATION	Applicant/Contact <b>Earl Dickinson</b>		Phone # <b>8042918481</b>
	Address <b>1207 Roseneath Road Richmond Va 23230</b>		Email <b>earl@westbridgebuilders.com</b>

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 <b>Westbridge Builders, LLC</b>		Phone <b>8042918481</b>
	Address <b>1207 Roseneath Road Richmond VA 23230</b>		
	Contractor License Number <b>2705164159</b>	Type <b>A</b>	Expiration <b>5/31/2019</b>

DESCRIPTION OF WORK	<b>Scope of Work:</b> Demolition to foundation and Haul off of 2300 sq ft Single Family Home. Application for new construction will be submitted at a later date.			
	Proposed Use	Current Use	Existing Buildings on Property 1	# of Floors 2
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 3	# of Bedrooms 4
	2301 Finished Sq. Ft.	270 Unfinished Sq. Ft.	2571 Total Sq. Ft.	

**Building Only - Excludes All Trades Permits**

Value of Work	<b>15000.<sup>00</sup></b>	Application Fee	\$ <b>79.50</b>
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 <b>2/6/18</b>		State Levy Fee	\$ <b>1.59</b>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <b>81.09</b>



# BUILDING PERMIT APPLICATION

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

 Residential

 Commercial

Application Date: 6-8-18

Permit Number: BP-2018-046A

GPIN/Tax Map: 5892-72-5006 / 9-1-0-6A-C

Issued: 6-18-18

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 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>6216 Community House Rd</u>	
	Owner <u>Linda C. Watkins</u>	Phone # <u>804-457-4146</u>
	Address <u>same</u>	Email <u>Carol4watkins@gmail.com</u>

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' from R/W</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>—</u>	

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer Dennis Floyd Date 6/11/18 A1

CONTRACTOR INFORMATION	Contractor <u>owner</u>	Phone <u>804 457-4146</u>
	Address <u>6216 Community House Rd Columbia VA 23038</u>	
	Contractor License Number	Type Expiration

DESCRIPTION OF WORK	Scope of Work: <u>31x24 Steel Garage detached</u>					
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)			
	<input type="checkbox"/> SEWER Public/Private	<input type="checkbox"/> WATER Public/Private	<input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>744</u>	Total Sq. Ft. <u>744</u>			

Building Only - Excludes All Trades Permits

Value of Work	<u>13,000 / 20,460.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant Linda Carol Watkins Date 6-8-18

Application Fee	\$ <u>104.07</u>
State Levy Fee	\$ <u>2.08</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>131.15</u>

Issued 6/18/18



ZONING COMPLIANCE APPLICATION  
COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office  
P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 6-1-18

Application No.: AP-2018-00439

Fee: \$25.00

Zoning Approval: Yes D. Signed by A. Burns

No: \_\_\_\_\_

Date: 6/4/18

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: JAMES + ANNE MANN

Telephone: 804-382-2981

Address: 3200 GATHRIGHT, DR  
Goochland, VA 23063

Cell phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Applicant: Same

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

FAX: \_\_\_\_\_

Property Information

Street Address: N/A

Zoning: R-3

GPIN Number: 8847-42-1-0-84-0

Acreage: 3.093

Existing Use: HOESE PASTURE

GPIN- 6767-07-5419

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): 1296 2. Value of Building: \$ 40,000.00

3. Written Description of Proposed Physical Improvements:  
36 x 36 THREE STALL BARN WITH FEED + TACK  
AREA



# 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: 6-13-18

Permit Number: DP-2018-00478

GPIN/Tax Map: 6228-48-592A / 27-4-0-2-0

Issued: 6-18-18

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.

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>4720 River Road West Goochland, VA</u>	
	Owner <u>Mike Wheat</u>	Phone #
	Address <u>4720 River Road West Goochland, VA</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>E. Bryan Roberts</u>	Phone # <u>8043632379</u>
	Address <u>Po Box 367 Oilville, VA</u>	Email <u>bryan@archconllc.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 / Pt. C</u>	Center Line Setback <u>125'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <input checked="" type="checkbox"/>	<u>—</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date: <u>6/13/18</u> <span style="float: right;">A1</span>			

CONTRACTOR INFORMATION	Contractor <u>Aquatic Concepts</u>	Phone <u>8043632379</u>
	Address <u>Po Box 367 Oilville, VA</u>	<u>bryan@archconllc.com</u>
	Contractor License Number <u>2705129869</u>	Type Class <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install inground fiberglass pool. \$ FENCE BARRIER</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>602</u>	Total Sq. Ft. <u>602</u>	

**Building Only - Excludes All Trades Permits**

Value of Work	<u>42,000<sup>00</sup></u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 6/13

Application Fee	\$ <u>201.00</u>
State Levy Fee	\$ <u>7.02</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
<b>Total</b>	<b>\$ <u>2330.02</u></b>

Issued 6/15/18



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: 6/15/18

Application No.: AP-2018-00482

Fee: \$25.00

Zoning Approval: Yes David Lloyd

No:

Date: 6/15/18

Zoning Application Type: Please check appropriate box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: DIANE BEAUCHAMP

Telephone: 804 556 4307

Address: 2565 FAIRGROUND RD

Cell phone: 804 625 6174

MANASSAS VA 23102

FAX:

E-mail: DIANEJBEAUCHAMP@AOL.COM

Name of Applicant:

Telephone:

Address:

Cell phone:

E-mail:

FAX:

Property Information

Street Address: 2565 FAIRGROUND RD

Zoning: A2

GPIN Number: 6767-37-9573

Acreeage: 1.51

Existing Use: Residential

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

Project Information

1. Estimated square footage of the building(s): 240 2. Value of Building: 500<sup>00</sup>

3. Written Description of Proposed Physical Improvements:

Storage shed 8x18'  
10'x24'



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

Application Date: 6-1-18  
 Permit Number: BP-2018-00441  
 GPIN/Tax Map: 0821-57-2358/12-0-14-A  
 Issued: 6-15-18  
 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 <u>4482 LAKEVIEW RD. GUM SPRINGS, VA. 23065</u>				
	Owner <u>WILLIAM &amp; JACQUELINE BUCHANAN</u>	Phone # <u>317-726-7434</u>			
	Address <u>4482 LAKEVIEW RD. GUM SPRINGS</u>	Email			
APPLICANT INFORMATION	Applicant/Contact <u>DOUG BRANDMAHL</u>				
	Address <u>532 FORDS RD. MANAKIN-SABOT, VA. 23103</u>	Phone # <u>804-640-6957</u>			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lake Killarney</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>	
	Front Setback <u>55' From ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA	
	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 <u>Daniel Tapp</u> Date <u>6/1/18</u> <span style="float: right;">A1</span>				

CONTRACTOR INFORMATION	Contractor <u>DOUG BRANDMAHL</u>		Phone <u>804-640-6957</u>
	Address <u>532 FORDS RD. MANAKIN-SABOT, VA. 23103</u>		
	Contractor License Number <u>2705090713</u>	Type <u>CLASS A</u>	Expiration <u>12-31-18</u>

DESCRIPTION OF WORK	Scope of Work: <u>BUILD SCREENED PORCH ON BACK OF HOUSE (14x14)</u>		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	<input type="checkbox"/> SEWER Public/Private	<input type="checkbox"/> WATER Public/Private	# of Bathrooms
	Finished Sq. Ft.		Total Sq. Ft.
		<u>196</u>	<u>196</u>

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ <u>84.00</u>
Value of Work	\$ <u>16,000</u>	State Levy Fee	\$ <u>1.68</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
Signature of Applicant <u>[Signature]</u>		RLD	\$
Date <u>5/31/18</u>		SWP	\$
		Total	\$ <u>110.68</u>



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: April 4, 2018 *Rec: 4-11-18*  
 Permit Number: *BP-2018-00285*  
 GPIN/Tax Map: 7726-86-9294 / *59-1-0-38-A1*  
 Issued: *6/14/18*  
 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.

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 <b>12564 Broad Street, Richmond, VA 23233</b>	
	Owner <b>Cox Sidney B Jr ET AL</b>	Phone #
APPLICANT INFORMATION	Address <b>260 W Baltimore Pike, Wawa, PA 19063</b>	Email
	Applicant/Contact <b>Elizabeth Taylor-Lawrence</b>	Phone # <b>215-641-4830</b>
	Address <b>550 Township Line Rd, Blue Bell, PA 19422</b>	Email <b>ElizabethL@c-p.com</b>

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 <b>ABDA Graybeard Const.</b>	Phone <b>804-569-6185</b>
	Address <b>8420 F Meadowbridge Rd. Mechanicsville, VA 23116</b>	
	Contractor License Number <b>2705052125</b>	Type <b>CBC/RBC</b>

DESCRIPTION OF WORK	Scope of Work: interior alteration with some exterior changes (wrap lower half of building and all columns with stone and change finish to front gable)			
	Proposed Use M	Current Use M	Existing Buildings on Property	# of Floors <b>1</b>
	<input checked="" type="checkbox"/> Public/Private	<input checked="" type="checkbox"/> Public/Private	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft. <b>5895</b>	Unfinished Sq. Ft.	Total Sq. Ft. <b>5895</b>	

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ <b>3750--</b>
Value of Work	<b>500,000.00</b>	State Levy Fee	\$ <b>75--</b>
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 <b>Elizabeth Taylor-Lawrence</b> Date <b>4-4-2018</b>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <b>3825.00</b>

Digitally signed by Elizabeth Taylor-Lawrence  
 DN: cn=Elizabeth Taylor-Lawrence, o=C-Taylor-Lawrence, ou, email=ElizabethLawrence@gmail.com, c=US  
 Date: 2018.04.04 12:02:49 -0400



# 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: 6/12/18  
 Permit Number: BP-2018-00473  
 GPIN/Tax Map: 6850-83-3077/21-1-0-55-0  
 Issued: 6/14/18

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 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>3137 THREE CHOP RD GOOCHLAND VA 23065</u>	
	Owner <u>ELLIS E. HARRIS JR</u>	Phone # <u>1-540 748-0657</u>
	Address <u>3137 THREE CHOP RD GOOCHLAND VA 23065</u>	Email <u>N/A</u>

APPLICANT INFORMATION	Applicant/Contact <u>STEVE STERLING P.O.A. FOR ELLIS E. HARRIS JR</u>	Phone # <u>1-804 457-4547</u>
	Address <u>P.O. BOX 92 GUMSPRING VA 23065</u>	Email <u>N/A</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>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>6/13/18</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>12x28 SHEO</u>				
	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.	Total Sq. Ft.		
		<u>336</u>	<u>336</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$6,670.00</u> <del>\$9,240.00</del>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: Steve Sterling POA Date: 6/12/18  
FOR ELLIS HARRIS

Application Fee	\$ <u>53.58</u>
State Levy Fee	\$ <u>1.07</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>25-</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>79.65</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: 6-8-18  
 Permit Number: BP-2018-00461  
 GPIN/Tax Map: 6803-72-5781 / 4-1-0-26A  
 Issued: 6-13-18

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.

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OWNER INFORMATION	Site Address <u>4609 Payne Road Columbia VA 23038</u>	
	Owner <u>Raymond + Karri Luck</u>	Phone # <u>(804) 986 3961</u>
	Address <u>4609 Payne Rd Columbia VA 23038</u>	Email <u>KLuck99@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Karri Luck</u>	
	Address <u>4609 Payne Rd Columbia VA 23038</u>	Email <u>KLuck99@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback <u>—</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>6/11/18</u> <span style="float: right;">181</span>			

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

DESCRIPTION OF WORK	Scope of Work: <u>4x6 Entry and garden porches</u>				
	Proposed Use <u>—</u>	Current Use <u>—</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>—</u>		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>—</u>	# of Bedrooms <u>—</u>	# of floors <u>—</u>
	Finished Sq. Ft. <u>—</u>	Unfinished Sq. Ft. <u>72</u>	Total Sq. Ft. <u>72</u>		

**Building Only - Excludes All Trades Permits**

Value of Work	<u>5,000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: —

Application Fee	\$ <u>3450</u>
State Levy Fee	\$ <u>.69</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>23.00</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>3713.69</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.

Revised 5/24/18 to include small kitchen area

OWNER INFORMATION	Site Address <u>1850 Covington Rd. Crozier VA 23093</u>	
	Owner <u>Brian Eberhart</u>	Phone # <u>570 850 7146</u>
	Address <u>1850 Covington Rd. Crozier VA 23093</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Brian Eberhart</u>		Phone # <u>570 850 7146</u>
	Address <u>1850 Covington Rd Crozier VA 23093</u>		Email <u>b1smea@GMail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>80' CL</u>	Center Line Setback <u>ROW</u>	Rear Setback <u>35</u>	CUP/Variance/COA <u>A-2</u>
	Side Setback <u>20</u>	Side Setback <u>20</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>HAS Applied for C.A.P. - no C.O. issued</u>		Date: _____	

CONTRACTOR INFORMATION	Contractor <u>Brian Eberhart</u>		Phone <u>570 850 7146</u>
	Address <u>1850 Covington Rd Crozier VA 23093</u>		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Finish Basement into REC ROOM + Stud out Basement Insulate Bonus Room above Drywall Basement Drywall Bonus Room Garage</u>					
	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms <u>1</u>
	Finished Sq. Ft. <u>2,000</u>		Unfinished Sq. Ft.		Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee <u>\$195.00</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.		Septic/Well Fee \$ _____
Signature of Applicant <u>Brian Eberhart</u>	Date <u>5/11/18</u>	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

Application Date: 05/23/2018 *Rec: 5-31-18*  
 Permit Number: *BP-2018-00434*  
 GPIN/Tax Map: 7714-85-3361-9999 / 63-1-0-92-T  
 Issued: *6/12/18*

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 <b>550 Country Club Lane, Manakin Sabot, VA, 23103</b>	
	Owner <b>Richmond Country Club Inc.</b>	Phone # <b>(804) 510-6888</b>
	Address <b>PO BOX 37, Manakin Sabot, VA, 23103</b>	Email <b>efuller@bci-mail.com</b>

APPLICANT INFORMATION	Applicant/Contact <b>Euan Fuller (Verizon Wireless Agent)</b>	Phone # <b>(804) 510-6888</b>
	Address <b>1111 E Main St, Ste 1905, Richmond, VA, 23219</b>	Email <b>efuller@bci-mail.com</b>

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>55' from ROW</i>	Center Line Setback _____	Rear Setback <i>35'</i>	CUP/Variance/COA <i>CU-2001-00017</i>
	Side Setback <i>20'</i>	Side Setback <i>20'</i>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* No change to existing footprint</i>			

CONTRACTOR INFORMATION	Contractor <b>NB&amp;C Technical Services, LLC</b>	Phone <b>(804) 510-6888</b>
	Address <b>6095 Marshalee Drive, Ste 300, Elkridge, MD, 21075</b>	
	Contractor License Number <b>2705152498</b>	Type <b>Class A, CBC, RBC</b>

DESCRIPTION OF WORK	Scope of Work: <b>Antenna modification on existing communications structure per the attached structural analysis</b>		
	Proposed Use Communications Structure	Current Use Communications Structure	Existing Buildings on Property Communications Structure
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms N/A
	# of Floors N/A	# of Bedrooms N/A	

<b>Building Only - Excludes All Trades Permits</b>	
Value of Work <b>\$8000</b>	
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>E Fuller</i>	Date <b>05/23/2018</b>

Application Fee	\$ <i>10-</i>
State Levy Fee	\$ <i>1.20</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <i>50-</i>
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>111.20</i>



# 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: 6-4-18

Permit Number: BP-2018-00447

GPIN/Tax Map: 7715-34-0789 / 58-25-B-4-0

Issued: 6-11-18

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

Residential  Commercial

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

OWNER INFORMATION	Site Address <u>338 Perrow Ln Manakin S Subot VA 23103</u>	
	Owner <u>Mike and Carrie Thomas</u>	Phone #
	Address <u>CZ Enterprises Thomas 2@gmail.com</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Dutch Goddard</u>	Phone # <u>350-9741</u>
	Address <u>9415 Hull St. Rd Richmond VA 23234</u>	Email <u>dutch.goddard@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Broad Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from road</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 <u>C</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: David Ford Date: 6/6/18 RR

CONTRACTOR INFORMATION	Contractor <u>R.E. Collier INC Builder</u>		Phone <u>804-276-4134</u>
	Address <u>9415 Hull St. Rd Richmond VA 23236</u>		
	Contractor License Number <u>27010 10658</u>	Type <u>CL A</u>	Expiration <u>8-31-09</u>

DESCRIPTION OF WORK	Scope of Work: <u>CONSTRUCT DETACHED GARAGE - upstairs storage area</u>			
	Proposed Use <u>Residential</u>	Current Use <u>Residential</u>	Existing Buildings on Property <u>yes</u>	# of Floors <u>2</u>
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>-</u>	# of Bedrooms <u>-</u>
	Finished Sq. Ft. <u>1650</u>	Unfinished Sq. Ft. <u>1650</u>	Total Sq. Ft. <u>1650</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>100,000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: Wanna M. Goddard Date: 5/17/18

Application Fee	\$ <u>467.00</u>
State Levy Fee	\$ <u>9.24</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>2500</u>
RLD	\$
SWP	\$
Total	\$ <u>4496.24</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: 6-5-18Permit Number: BP-2018-00450GPIN/Tax Map: 6116-85-5133 / 55-19-0-3-0Issued: 6-11-18

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 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

1573 Lew Lane Crozier VA 23039

Owner

William J Bailey

Phone #

804-543-1320

Address

1573 Lew Lane Crozier VA 23039

Email

JBailey12313@hotmail.com

**APPLICANT INFORMATION**

Applicant/Contact

William J Bailey

Phone #

804-543-1320

Address

1573 Lew Lane Crozier VA 23039

Email

JBailey12313@hotmail.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision

Hillcrest

Proffer

 Yes  No

Amount

—

Date Paid

—

Front Setback

55' from ROW

Center Line Setback

Rear Setback

5'

CUP/Variance/COA

—

Side Setback

5'

Side Setback

5'

Flood Zone

—APPROVED REJECTED 

COMMENTS:

Planning &amp; Zoning Officer

David ReedDate 6/6/18A2

**CONTRACTOR INFORMATION**

Contractor

owner

Phone

Address

Contractor License Number

Type

Expiration

**DESCRIPTION OF WORK**

Scope of Work:

Detached GARAGE 30x402x30 storage 16x20 tool storage

Proposed Use

Current Use

Environmental Impacts (stream crossing, wetlands, amt land disturbed)

none
 SEWER  
 Public/Private

 WATER  
 Public/Private

# of Bathrooms

0

# of Bedrooms

0

# of floors

2

Finished Sq. Ft.

1900

Unfinished Sq. Ft.

266

Total Sq. Ft.

1666

Building Only - Excludes All Trades Permits

Value of Work

50,000Application Fee \$ 255.66State Levy Fee \$ 5.11Septic/Well Fee \$ —Zoning Fee \$ 25.00RLD \$ —SWP \$ —Total \$ 285.77

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 William J BaileyDate 6-5-18



# BUILDING PERMIT APPLICATION

Application Date: 5/31/2018

Permit Number: BP-2018-00451

GPIN/Tax Map: 6789-23-2700/44-17-0-2-0

Issued: 6/7/18

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

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

Residential  Commercial

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

OWNER INFORMATION	Site Address <b>1756 Sheppard Town Road</b>	
	Owner <b>Harry Hyde</b>	Phone # <b>804-929-2263</b>
	Address <b>1756 Sheppard Town Road, Crozier VA 23039</b>	

APPLICANT INFORMATION	Applicant/Contact <b>Power Home Solar/Jessica Torrence</b>		Phone # <b>704-800-5855</b>
	Address <b>919 N Main Street, Mooresville NC 28115</b>		Email <b>jtorrence@powerhome.com</b>

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 <b>Power Home Solar</b>		Phone <b>704-800-5855</b>
	Address <b>919 N Main Street, Mooresville, NC 28115</b>		
	Contractor License Number <b>2705165346</b>	Type <b>AES,ELE, ROC</b>	Expiration <b>8/31/19</b>

DESCRIPTION OF WORK	Scope of Work: <b>36 roof mounted modules, grid tied 10.62 KW, solar installation on existing residence.</b>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<b>\$24,440</b>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant *Dayan J. Dan* Date 5/31/2018

Application Fee	\$ <u>121.98</u>
State Levy Fee	\$ <u>2.44</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>124.42</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: 4/30/18  
 Permit Number: BP-2018-00330  
 GPIN/Tax Map: 28-17-8/1029-83-6135  
 Issued: 6/17/18  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

**OWNER INFORMATION**  
 Site Address: 4002 Knolls Point Drive Goochland VA 23063  
 Owner: (George) Kendall Duke III  
 Address: 4002 Knolls Point Drive Goochland VA 23063  
 Phone #: 387-4568  
 Email: \_\_\_\_\_

**APPLICANT INFORMATION**  
 Applicant/Contact: Buck Jones  
 Address: 19146 Highlands Ln Bumpass VA 23024  
 Phone #: (804) 641-7756  
 Email: jelconstructs@gmail.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: <u>West Chapel</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>55'</u>	CUP/Variance/COA: _____
Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: <u>C</u>	_____

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer: [Signature] Date: 5/29/18 A1

**CONTRACTOR INFORMATION**  
 Contractor: JEL CONSTRUCTION LLC  
 Address: 19146 Highlands Ln Bumpass VA 23024  
 Phone: (804) 641-7756  
 Contractor License Number: 2705-110868  
 Type: Class A Bid  
 Expiration: \_\_\_\_\_

**DESCRIPTION OF WORK**  
 Scope of Work: (36' x 40') Pole Structure - Storage

Proposed Use: _____	Current Use: _____	Existing Buildings on Property: _____	# of Floors: <u>1</u>
SEWER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms: <u>0</u>	# of Bedrooms: <u>0</u>
Finished Sq. Ft.: <u>1440</u>	Unfinished Sq. Ft.: _____	Total Sq. Ft.: <u>1440</u>	

**Building Only - Excludes All Trades Permits**

Value of Work: <u>\$17,280</u> <u>\$39,600.00</u>	Application Fee: <u>\$190.20</u>
	State Levy Fee: <u>\$3.80</u>
	Septic/Well Fee: <u>\$</u>
	Zoning Fee: <u>\$25-</u>
	RLD: <u>\$</u>
	SWP: <u>\$</u>
	Total: <u>\$219-</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: 4/30/18



# 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: 5/25/2018Permit Number: BP-2018-00458GPIN/Tax Map: 714-35-9699/03-1-0-23-0

Issued:

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

 Residential

 Commercial

This application requires two copies of construction drawings and two copies of the 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 603 Manakin Road, Manakin Sabot, VA 23103	
	Owner <b>Craig &amp; Ryne Callens</b>	Phone #
	Address 603 Manakin Road, Manakin Sabot, VA 23103	Email craigc@heritagecountryclub.com

APPLICANT INFORMATION	Applicant/Contact <b>Artie McGurn</b>		Phone # <b>8046401294</b>
	Address P.O. Box 8, Manakin Sabot, VA 23103		Email artie@mcgurncompany.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 <b>The McGurn Company</b>		Phone <b>804-784-7245</b>
	Address P.O. Box 8 Manakin Sabot, VA 23103		artie@mcgurncompany.com
	Contractor License Number 2701021780	Type Class A	Expiration 10/31/2018

DESCRIPTION OF WORK	Scope of Work: Storm Damage consisting of Repair/replacement of damage roof members, rafters, joists, roof deck copper roof, siding replacement, drywall, trim and insulation.				
	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 3 1/2	# of Bedrooms 3	# of floors w/ root cellar (12x12)
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ _____ State Levy Fee \$ _____ Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ _____
Value of Work	68,673.00	
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	<u>Artie McGurn</u>	
Date	<u>5-30-18</u>	

*fees waived due to storm / tree damage*

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

Application Date: 11-8-17  
 Application Accepted: BP-2017-00897  
 GPIN: 6797-88-2898/45-1-0-115  
 Issued: 6.6.18

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

OWNER INFORMATION	Site Address <u>1004 Pothole Rd. Manakin-Sabot, VA</u>		District <u>23103</u>		
	Owner <u>ROBSON DA SILVA</u>		Phone # <u>(804) 937-3590</u>		
	Address <u>1034 Pothole Rd - Manakin Sabot - VA - 23103</u>				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
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>	
	New Street Address		Zoning District <u>A2</u>		
	Front Setback <u>55' from ROW</u>	Center Line Setback <u>—</u>	Rear Setback <u>35'</u>	C.U. Permit <u>—</u>	Variance <u>—</u>
	Side Setback <u>35' Shallow 11 ft.</u>	Side Setback <u>20'</u>	COA <u>—</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer David Floyd Date 11/8/17

Applicant/Contact: ROBSON DA SILVA Phone (804) 937-3590  
 Email: ROBSONDASILVA6@hotmail.com

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

Description of Work	Scope of Work: <u>w/ front &amp; back deck</u>				
	<u>1984 doublewide vin 336 FLS-175P</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
<u>1</u>	<u>1176</u>	<u>864</u>	<u>312</u>	<u>3</u>	

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

VALUE OF WORK	
Building	<u>\$100.00</u>
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <u>30</u>
Zoning Fee	\$ <u>50</u>
Septic/Well Fee	\$ <u>40.80</u>
State Levy Fee	\$ <u>.60</u>
<b>TOTAL</b>	\$ <u>121.40</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]*

received  
6-1-18

 <p><b>BUILDING PERMIT APPLICATION</b></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: <u>6-20-18-00442 6-4-18</u>
	Permit Number: <u>6-20-18-00442</u>
	GPIN/Tax Map: <u>1733-36-8367 / 67-1-0-14-B</u>
	Issued: <u>6-6-18</u>

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>32 Rahlgren rd Richmond VA 23238</u>	Phone # <u>804 852 6672</u>
	Owner <u>Ausraite Kuktelionyte</u>	Email <u>ozgranite@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Ostap Zagorodnyy</u>	Phone #
	Address <u>same</u>	Email <u>same</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lower Tuckahoe</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>40' from low</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Planning & Zoning Officer <u>David Kemp</u> Date <u>6/4/18</u> <u>R1</u>		

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

DESCRIPTION OF WORK	Scope of Work: <u>shed in the back 16' x 19'</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>304</u>	Total Sq. Ft. <u>304</u>	

Building Only - Excludes All Trades Permits		Application Fee	<u>\$49.62</u>
Value of Work:	<u>\$,000 \$8,360</u>	State Levy Fee	<u>\$ .99</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	<u>\$ 25.00</u>
Signature of Applicant <u>O. Zagorodnyy</u> Date <u>6/01/18</u>		RLD	\$
		SWP	\$
		Total	<u>\$ 75.61</u>



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: 5/29/19  
 Permit Number: BP 2018-00423  
 GPIN/Tax Map: 4801-08-1115 / 9-8-0-A-0  
 Issued: 6-6-18

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

This application requires two copies of construction drawings and two copies of the 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>6020 COMMUNITY HOUSE RD. COLUMBIA, VA 23038</u>	
	Owner <u>GREGORY &amp; SUSAN BLANCHARD</u>	Phone # <u>804-457-9426</u>
APPLICANT INFORMATION	Address <u>6020 COMMUNITY HOUSE RD. COLUMBIA, VA 23038</u>	
	Applicant/Contact <u>GREG BLANCHARD</u>	Phone # <u>804-457-9426</u>
	Address <u>6020 COMMUNITY HOUSE RD. COLUMBIA VA 23038</u>	
	Email	

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

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

DESCRIPTION OF WORK	Scope of Work: <u>INSTALL 6 SOLAR PANELES ON WOOD SHED ROOF. INSTALL INVERTER &amp; BATTERIES IN HOUSE.</u>				
	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.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work \$8,300.00

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 A B Blanchard Date 5/29/19

Application Fee	\$ <u>49.95</u>
State Levy Fee	\$ <u>.99</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ _____

# BUILDING PERMIT APPLICATION

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

Application Date: 5.30.18

Application Accepted: *BP-2018-00430*

GPIN: 6757-97-8457 / 42-1-0-64-L

Issued: 6-6-18

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

OWNER INFORMATION	Site Address 1800 Sandy Hook Rd. - Old Free Clinic Space		District LIC.	
	Owner Goochland County		Phone # 556-5855	
	Address 1800 Sandy Hook Rd., Goochland, VA 23063			
	Proposed Use <i>ASSESSORS OFFICES</i>	Current Use <i>SAME</i>	Existing Buildings on Property	
Proposed Occupant Load (Commercial) <i>NA</i>	Acreeage <i>NA</i>	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
Side Setback	Side Setback	COA	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Contact: Leigh Gordon Phone (804) 972-3877

Email: gordonbrothersconstruction@yahoo.com

CONTRACTOR INFORMATION	Contractor Gordon Brothers Construction		Phone (804) 556-8180	
	Address 2945 River Road West, Goochland, VA 23063			
	Contractor License Number 2705144137	Type Class A	Expiration 12-31-2019	

Description of Work: Scope of Work: Renovations and modifications to interior offices located in the Administration Building. Please see attached drawings. *old free clinic space*

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK		Fee waived owner	Application Fee	\$ <i>NA</i>
Building	\$ 20,450.00		Zoning Fee	\$ _____
			Septic/Well Fee	\$ _____
			State Levy Fee	\$ _____
			R.L.D.	\$ _____
Excludes All Trades Permits				

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



# BUILDING PERMIT APPLICATION

Application Date: 05/17/2018

Permit Number: *BP-2018-00410*

GPIN/Tax Map: 7716-98-7925 / 47-1-0-43-C

Issued: *6-5-18*

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

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

Residential  Commercial

This application requires two copies of construction drawings and two copies of the 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 36 Broad Street Rd	
	Owner <b>BROADVIEW ASSOCIATES LLC</b>	Phone #
	Address 38 BROAD STREET ROAD   MANAKIN SABOT, VA 23103	

APPLICANT INFORMATION	Applicant/Contact <b>Jeff Lee, Superior Signs LLC</b>		Phone # <b>804-271-5685</b>
	Address 2510 Willis Rd   N. Chesterfield, VA 23237		Email jeff.lee@SuperiorSignsRVA.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Broadview Shopping Center</i>	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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>Wall mounted sign, No setbacks required BI</i> Planning & Zoning Officer <i>[Signature]</i> Date <i>5/25/18</i>			

CONTRACTOR INFORMATION	Contractor <b>Superior Signs LLC</b>		Phone <b>804-271-5685</b>
	Address 510 Willis Rd   N. Chesterfield, VA 23237		jeff.lee@SuperiorSignsRVA.com
	Contractor License Number <b>2705156399</b>	Type <b>BLD</b>	Expiration <b>03-31-2019</b>

DESCRIPTION OF WORK	Scope of Work: Install (1) set LED Channel Letters on Raceways to read " Amici di Enzo" per attached plans.					
	Proposed Use Restaurant		Current Use Restaurant		Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>		WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>		# of Bathrooms	# of Bedrooms
	65 Finished Sq. Ft.		Unfinished Sq. Ft.		65 Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	\$1590.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant *[Signature]* Date *5/18/2018*

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



# BUILDING PERMIT APPLICATION

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

Application Date: 9.27.17

Permit Number: BP-2017-00770

GPIN/Tax Map: 7716-00-9749/57-20-C-5

Issued: 9.28.17

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

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 10 DEER RUN RD. MANAKIN-SABOT 23103	
	Owner TED & PAM LUSE	Phone #
	Address 10 DEER RUN RD. MANAKIN-SABOT. 23103	Email

APPLICANT INFORMATION	Applicant/Contact J.A. TOMPKINS, INC	Phone # 804-690-6614
	Address 15354 WEST FORK ROAD GLEN ALLEN VA. 23059	Email JATBUILD@GMAIL.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Broad Run	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 75' from ROW	Center Line Setback 100'	Rear Setback 35'	CUP/Variance/COA —
	Side Setback 20'	Side Setback 20'	Flood Zone X	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: David Leach Date: 2/12/18 A2			

CONTRACTOR INFORMATION	Contractor J.A. TOMPKINS, INC	Phone 804.690.6614
	Address 15354 WEST FORK RD. GLEN ALLEN VA 23059	
	Contractor License Number 2701029494	Type CLASS A CBC RBC

DESCRIPTION OF WORK	Scope of Work: Revised 6/5/18 rebuild 998 sq ft deck interior ALTERATION OF FAMILY ROOM FLOOR & ROOF			
	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. <del>384</del> 434	Unfinished Sq. Ft. 998	Total Sq. Ft. <del>384</del> 434 1932	

Building Only - Excludes All Trades Permits \$183,000.00	
Value of Work	<del>30,000.00</del> 110,000.00 <del>110,000.00</del>

Application Fee	\$147-
State Levy Fee	\$2.94
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$149.94

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: *Jeffrey A. Tompkins* Date: 9/27/17

Revised 12.8.17 - 7 RENOVATE 3 BATHROOMS & KITCHEN

Revised 2-8-18 renovate finished basement to create bedroom

3) rev fee: 91.80 1) rev fee: 367.20  
2) rev fee: 268.27



# 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: 5-30-2018  
 Permit Number: BP-2018-00425  
 GPIN/Tax Map: 6188-69-5191/32-17-0-5-0  
 Issued: 6.5.18

Residential       Commercial

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

This application requires two copies of construction drawings and two copies of the 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>2414 Hanway Dr. Maidens, VA 23102</u>		
	Owner	<u>Mr Mrs. Keja</u>		Phone # <u>804-229-4577</u>
APPLICANT INFORMATION	Address	<u>2414 Hanway Dr</u>		
	Applicant/Contact	<u>D.A.M. Fine Carpentry</u>		Email <u>dave@daminfinecarpentry.com</u>
	Address	<u>3817 Traylor Dr RVA 23235</u>		

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Pony Farm</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>55' from ROW</u>		<u>35'</u>	
	Side Setback	Side Setback	Flood Zone	
	<u>20'</u>	<u>20'</u>		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS				
Planning & Zoning Officer		Date		
<u>David Boyd</u>		<u>5/30/18</u>		<u>A2</u>

CONTRACTOR INFORMATION	Contractor	<u>D.A.M. Fine Carpentry</u>		Phone <u>804-229-4577</u>
	Address	<u>3817 Traylor Dr RVA 23235</u>		Email <u>dave@daminfinecarpentry.com</u>
	Contractor License Number	Type	Expiration	
	<u>2705122757</u>	<u>BID A</u>	<u>04-30-2020</u>	

DESCRIPTION OF WORK	Scope of Work: <u>19 x 14</u>				
	<u>Build Screen <del>on</del> Porch off Back of House</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<u>Residential</u>	<u>Residential</u>			
	SEWER	WATER	# of Bathrooms	# of Bedrooms	# of floors
<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>				
Finished Sq. Ft.		Unfinished Sq. Ft.	Total Sq. Ft.		
		<u>2660</u>	<u>2660</u>		

Building Only - Excludes All Trades Permits

Value of Work \$15,000

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

Signature of Applicant [Signature] Date 5/21/18

Application Fee	\$ <u>99.50</u>
State Levy Fee	\$ <u>159</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25-</u>
RLD	\$
SWP	\$
Total	\$ <u>106.09</u>



# BUILDING PERMIT APPLICATION

Application Date: 5-21-18  
 Permit Number: BP-2018-00395  
 GPIN/Tax Map: 7724-90-4673 / 6A-9-0-1-0  
 Issued: 6-5-18

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 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>437 Blair Road</u>	
	Owner <u>Robert Kellogg</u>	Phone # <u>614-579-6544</u>
	Address <u>437 Blair Road Richmond 23038</u>	

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

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

Planning & Zoning Officer: David [Signature] Date: 5/21/18 A2

CONTRACTOR INFORMATION	Contractor <u>Billy's Pool Services</u>	Phone <u>804-761-7904</u>
	Address <u>13372 Greenwood Church Rd. Ashland, VA</u>	
	Contractor License Number <u>2705136588</u>	Type <u>POL</u>

Email: Poolsbybilly@yahoo.com  
 Expiration: 9/30/2019

DESCRIPTION OF WORK	Scope of Work: <u>8x16 Fiberglass pool</u>			
	<u>Pool barrier to be done by homeowner</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>128</u>	Total Sq. Ft. <u>128</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>24,000</u>
--------------------------------

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

Signature of Applicant: Billy [Signature] Date: 5/18/18

Application Fee	\$ <u>120.00</u>
State Levy Fee	\$ <u>2.40</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
<b>Total</b>	<b>\$ <u>147.40</u></b>

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

*Issued 6-4-18*

Application Date: 5/30/18  
 Application Accepted: AP 2018-00433  
 Old Map Number: TAX MAP 58-12-0-A 0  
 GPIN: 7726-27-5460

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

OWNER INFORMATION	Site Address <u>12853 Broad St Rd 23233</u>		District	
	Owner <u>Robert Carpenter</u>		Phone # <u>804-537-2264</u>	
	Address <u>5302 Ditchley Rd</u>			
	Proposed Use <u>SIGN</u>	Current Use <u>Commercial</u>	Existing Buildings on Property <u>MULTIPLE (ALLEY MOTEL)</u>	
Proposed Occupant Load (Commercial) <u>N/A</u>	Acreage <u>5.293</u>	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>—</u>	Date Paid: <u>—</u>	
New Street Address		Zoning District <u>B1</u>		
Front Setback <u>5' front</u>	Center Line Setback	Rear Setback <u>5'</u>	C.U. Permit	Variance
Side Setback <u>5'</u>	Side Setback <u>5'</u>	C O A <u>1</u>	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>B1</u>				

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

Planning & Zoning Officer David Lloyd Date 6/1/18

Applicant/Contact: Robert Carpenter Phone 804-537-2264  
 Email: carp2@cableone.net

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

Description of Work	Scope of Work: <u>Erect Sign. Temporary free standing sign. + sales for Big Bang Fireworks</u>				
	SEWER Public/Private	WATER Public/Private	N/A		# of Bathrooms
	# of Floors <u>N/A</u>	Total Sq. Ft. <u>N/A</u>	Finished Sq. Ft. <u>N/A</u>	Unfinished Sq. Ft. <u>N/A</u>	# of Bedrooms <u>N/A</u>

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

VALUE OF WORK	
Building	<u>\$ 100</u>
Excludes All Trades Permits	

Application Fee	\$ <u>30.00</u>
Zoning Fee	\$ <u>50.00</u>
Septic/Well Fee	\$ <u>—</u>
State Levy Fee	\$ <u>.60</u>
<b>RHD Total</b>	<b>\$ <u>80.60</u></b>

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 Robert Carpenter



# BUILDING PERMIT APPLICATION

Application Date: June 1, 2018Permit Number: BP-2018-00438GPIN/Tax Map: G757-97-8457/42-1-064-0Issued: 6-4-18This 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>1800 Sandy Hook Rd, Goochland, VA 23063</u>	
	Owner	<u>Goochland County</u>	Phone #
APPLICANT INFORMATION	Address	<u>1800 Sandy Hook Rd Goochland</u>	
	Applicant/Contact	<u>Ryan Hoskell OF SERMAT</u>	Phone # <u>804-3570-0960</u>
	Address	<u>Cheskel@SERMAT</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>SERMAT Construction</u>		Phone	<u>804-764-4800</u>
	Address	<u>2419 Westwood Ave Richmond, VA 23230</u>			
	Contractor License Number	Type	Expiration		
	<u>2701025440</u>	<u>Class A</u>	<u>10/31/18</u>		

DESCRIPTION OF WORK	Scope of Work: <u>Reconfigure the "IF" offices # 340 + 344 Per Attached Plans By County.</u>				
	Proposed Use	Current Use/	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<u>Office space</u>	<u>Office space</u>	<u>NONE</u>		
	SEWER <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	WATER <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	# of Bathrooms	# of Bedrooms	# of floors
		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	
Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$6,000.</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant [Signature] Date 6/1/18

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

*County project fee waived*



# 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

6108 4470-305

Date	04.30.18
Permit #	2112018-453
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	2808 PERKINSVILLE ROAD	District	
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### PROPERTY OWNERSHIP

Name	BECKY WALKER	Phone	8042017578
Mailing Address	2808 PERKINSVILLE 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 #
	200	REC	N/A

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 6/6/18

Value of Work: 9500.00  
Permit fee: ~~67.32~~ 65.03  
Issue date: 6-6-18



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	5-30-18
Permit #	18-486
Old Map #	
G-Pin	

## LOCATION

Street Address 1617 BEAVERDAM CREEK ROAD 23039	District
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## PROPERTY OWNERSHIP

Name RICHARD COSEL	Phone 804-304-9209
Mailing Address 1617 BEAVERDAM CREEK ROAD CROSSER, 23039	

## APPLICANT

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

## CONTRACTOR

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

## DESCRIPTION OF WORK

INSTALL 22kw GENERATOR TO EXISTING 200A SWITCH.			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Signature of Applicant   
Approval FISHER Date 5-30-18

Value of work: \$8000.00  
Permit fee: \$58.14  
Issue date: 6/6/18



# 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](http://www.goochlandva.us/permitcalc)

Date: 6/8/18

Permit #: 2018-00024

GPIN: \_\_\_\_\_

Tax Map: \_\_\_\_\_

## LOCATION

Street Address: 1301 Sabot Creek Court

## PROPERTY OWNERSHIP

Name: Ronald Sloane / Rick Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICANT

Name: Joseph S. Schiess Phone: 784 6774

Address: \_\_\_\_\_ Email: selec21@aol.com

## CONTRACTOR

Name: J. S. Schiess Elec Phone: 784 6774

Mailing Address: P.O. Box 231 MANAKIN SABOT Email: selec21@aol.com

Gas Certification: YES  NO

State License Number: 2705046710 Expiration: 10/31/18 License Type: ELEC Class: B

## DESCRIPTION OF WORK

New Residential - 400 Amp Service and 16 KW Gen + ATS

# of Bathrooms: 4 Service Size: 400 A Power Company: DOMINION Inquiry #: 10202524

Value of Work (required): \$24,000<sup>00</sup>

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: 6/8/18

Approval: [Signature] Office Use Only Approval date: 6/8/18

Permit Fee: 131.58 Issued date: 6/8/18

Please call or visit our website to calculate fee: [www.goochlandva.us/permitcalc](http://www.goochlandva.us/permitcalc)

(owner's affidavit on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date 6/12/18

Permit # 18-485

GPIN

Tax Map

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

Please call or visit our website to calculate fee [www.goochlandva.us/permitcalc](http://www.goochlandva.us/permitcalc)

## LOCATION

Street Address 160 Grayash

## PROPERTY OWNERSHIP

Name David Neel

Phone 804.360.0383

Mailing Address 160 Grayash; RVA 23238

Email

## APPLICANT

Name Teddi Bartlett

Phone

Address

Email

## CONTRACTOR

Name Davis & Green

Phone 804.231.9684

Mailing Address PO Box 35418; RVA 23235

Email teddi@dgelectrical.com

Gas Certification YES  NO

State License Number 2701 026667

Expiration 8/31/18

License Type ELE

Class A

## DESCRIPTION OF WORK

Provide and install 20kW generator

# of Bathrooms

Service Size

Power Company

Inquiry #

Value of Work (required) \$8,850.00

fee \$62.04

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

Signature of Applicant: T Bartlett

Date: 6/12/18

Approval: FELNER

Office Use Only

Approval date: 6/18/18

Permit Fee: 62.04

Issued date: \_\_\_\_\_

Please call or visit our website to calculate fee: [www.goochlandva.us/permitcalc](http://www.goochlandva.us/permitcalc)

(owner's statement 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](http://www.goochlandva.us/permitcalc)

Date: 6/18/18

Permit #

GPIN

Tax Map

## LOCATION

Street Address: 3912 SHANNON HILL RD.

## PROPERTY OWNERSHIP

Name: <u>THOMAS MORRIS (PRINCEITTA ROANE)</u>	Phone: <u>(301) 346-0728</u>
Mailing Address: <u>3912 SHANNON HILL RD COLUMBIA VA</u>	Email:

## APPLICANT

Name: <u>RIC SEABORN</u>	Phone: <u>804 389-4242</u>
Address: <u>P.O. Box 147 ROCKVILLE VA 23146</u>	Email: <u>RICHARD@MANAKIWELECTRICAL.NET</u>

## CONTRACTOR

Name: <u>MANAKIWE ELECTRICAL CONTRACTORS</u>		Phone: <u>804 389-4242</u>	
Mailing Address: <u>SAME</u>		Email:	
Gas Certification: YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number: <u>2705018630</u>	Expiration: <u>12/31/2018</u>	License Type: <u>ELE</u> Class: <u>B</u>

## DESCRIPTION OF WORK

INSTALL 12 KW GENERATOR AND 100 AMP ATS WITH 16 CIRCUIT PANEL

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required): \$6000-

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: 6/18/18

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>6/18/18</u>
Permit Fee: <u>52.63</u>		Issued date: <u>6/18/18</u>

Please call or visit our website to calculate fee: [www.goochlandva.us/permitcalc](http://www.goochlandva.us/permitcalc)

(owner's statement on back)

44170-305  
CASH



# 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

6/25

Date	04.30.18
Permit #	18-454
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	2408 WHEATLANDS DRIVE	District	
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### PROPERTY OWNERSHIP

Name	CLAIBORNE STOKES	Phone	8047493275
Mailing Address	2408 WHEATLANDS DRIVE		

### 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	

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

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

\_\_\_\_\_(Signature)

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

\_\_\_\_\_(Notary) My commission expires \_\_\_\_\_

Signature of Applicant [Signature]  
Approval Fisher Date 6/21/18

Value of Work: 9500.00  
Permit fee: 67.82 ~~67.82~~ 45.03  
Issue date: 6/21/18