



BUILDING PERMIT APPLICATION

Application Date: 8-1-18

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

Permit Number: BP-2018-00592

GPIN/Tax Map: 6786-44-0023/55-11-0-D-0

Issued: 8-15-18

Residential Commercial

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

This application requires two copies of construction drawings and two copies of the 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>1728 FAITH LANE, Crozier, VA 23039</u>			
	Owner <u>CARVALHO & COMPANY, LLC / Agnes Carvalho</u>	Phone # <u>301-751-0908</u>		
APPLICANT INFORMATION	Address <u>P.O. Box 8, Crozier, VA 23039</u>			
	Applicant/Contact <u>Agnes ("Lyndi") Carvalho</u>	Email <u>lyndi@carvalho.com</u>		
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>P.O. Box 8, Crozier, VA 23039</u>			
	Applicant/Contact <u>Agnes ("Lyndi") Carvalho</u>	Phone # <u>301-751-0908</u>		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from Rd</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>[Signature]</u> Date: <u>8/2/18</u> A2			

CONTRACTOR INFORMATION	Contractor <u>owner/Contractor</u>		Phone <u>301-751-0908</u>
	Address <u>P.O. Box 8, Crozier, VA 23039</u>		Email _____
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: <u>Manufactured Home - Champion Model 2856 Doublewide 56' wide x 26'-8" deep + steps & deck</u>			
	Proposed Use <u>Residential</u>	Current Use <u>Farm</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>minimal impact - @ 9,000 sq. ft.</u>	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>
	# of floors <u>1</u>	Finished Sq. Ft. <u>1493 sq ft</u>	Unfinished Sq. Ft. <u>4110</u>	Total Sq. Ft. <u>1909</u>

Building Only - Excludes All Trades Permits		Application Fee	<u>\$304.50</u>
Value of Work	<u>\$65,000.00</u>	State Levy Fee	<u>\$6.89</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>\$40.00</u>
		Zoning Fee	<u>\$50-</u>
Signature of Applicant: <u>[Signature]</u> Date: <u>8/1/2018</u>		RLD	\$ _____
		SWP	\$ _____
		Total	<u>\$401.39</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 7/6/18
 Permit Number: BP-2018-00525
 GPIN/Tax Map: 1727-58-5677/48-15-0-3-0
 Issued: 8.31.18

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>2305 Commerce Center Drive Rockville, VA 23146</u>
	Owner <u>Rock Center, LLC</u>
	Phone # <u>(804) 378-4400</u>
	Address <u>14413 Justice Road Midlothian, VA 23113</u>
	Email <u>tromeo@superiorcontract.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>TOM ROMEO / Superior Contracting Co., Inc.</u>
	Address <u>14413 Justice Road Midlothian, VA 23113</u>
	Phone # <u>(804) 378-4400</u>
	Email <u>tromeo@superiorcontract.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Rockville Commerce Center</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>10'</u>	CUP/Variance/COA —
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Ford</u> Date <u>7/6/18</u> <u>112</u>			

CONTRACTOR INFORMATION	Contractor <u>Superior Contracting Co., Inc.</u>	Phone <u>(804) 378-4400</u>
	Address <u>14413 Justice Road Midlothian, VA 23113</u>	Email <u>tromeo@superiorcontract.com</u>
	Contractor License Number <u>2705 024 139 A</u>	Type <u>BLD</u>
		Expiration <u>5/31/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build new 21,880 s.f. office/warehouse building - shell only</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>21,880</u>	Total Sq. Ft. <u>21,880</u>		

Building Only - Excludes All Trades Permits

Value of Work \$676,400 <u>\$1,444,080.00</u>	Application Fee <u>\$10830.16</u>
	State Levy Fee <u>\$216.61</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$100-</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
Signature of Applicant <u>Tom Romeo</u> Date <u>7/6/18</u>	Total <u>\$11,472</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: 8-24-18
 Permit Number: 51-2018-00688
 GPIN/Tax Map: 7727-49-731A / 48-1-0-13-K
 Issued: 8-30-18

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
 2326 Commerce Center Drive, Rockville, VA 23146

Owner: Rockville RV Storage, L.C. Phone #: 804-640-7949

Address: 3357 Manor Grove Circle, Glen Allen VA 23059 Email: aduke@dukems.net

APPLICANT INFORMATION
 Applicant/Contact: Andy Duke Phone #: 804-640-7949

Address: 3357 Manor Grove Circle, Glen Allen, VA 23050 Email: aduke@dukems.net

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Rockville Commerce Center</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>—</u>	Date Paid: <u>—</u>
Front Setback: <u>20' From ROW</u>	Center Line Setback: <u>45'</u>	Rear Setback: <u>5'</u>	CUP/Variance/COA: <u>—</u>
Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: <u>—</u>	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 8/27/18 112

CONTRACTOR INFORMATION
 Contractor: self Phone: _____

Address: _____ Email: _____

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK
 Scope of Work: erect one carport - 28'x41'

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>1148</u>	<u>1148</u>		

Building Only - Excludes All Trades Permits

Value of Work: \$7,000

Application Fee	\$ <u>525.00</u>
State Levy Fee	\$ <u>1.05</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>103.55</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: 8-24-18



BUILDING PERMIT APPLICATION

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

Application Date: 8-28-18
 Permit Number: BP-2018-00698
 GPIN/Tax Map: 17-1-23/6709-59-9045
 Issued: 8-29-18

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>5440 Old Columbia Rd</u>	
	Owner <u>New Water Road Estate</u>	Phone # <u>804-839-7201</u>
	Address <u>1664 Anderson Hwy Suite B</u>	Email <u>RAAnderson2080@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Alan Anderson</u>	Phone # <u>839-7201</u>
	Address	Email <u>Alan</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/Var/ance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
Planning & Zoning Officer _____ Date _____				

CONTRACTOR INFORMATION	Contractor <u>Anderson Home Const.</u>	Phone <u>839-7201</u>
	Address <u>Sumner</u>	Email <u>Sumner</u>
	Contractor License Number <u>2705106351</u>	Type <u>CBC RBC</u>

DESCRIPTION OF WORK	Scope of Work: <u>demo old building / debris to 623 landfill</u>				
	Proposed Use <u>New Home</u>	Current Use <u>VACATED</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u>		
	<input type="checkbox"/> Public/ <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Public/ <input checked="" type="checkbox"/> 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>2000</u>	Application Fee <u>\$30</u>
	State Levy Fee <u>\$.60</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
	Total <u>\$30.60</u>

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

Signature of Applicant: [Signature] Date: 8/27/18

Issued 8-29-18



ZONING COMPLIANCE APPLICATION
COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103
Goochland, VA 23063

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 8-28-18 | Application No.: AP 2018-00703 | Fee: \$25.00

Zoning Approval: Yes Daniel Ford | No: | Date: 8/29/18

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: CHRIS AYERS
Address: 1501 HERMITAGE ROAD
MANAKIN SABOT, VA 23103
E-mail: CAYERS@HOTMAIL.COM

Telephone: _____
Cell phone: 804-304-5466
FAX: _____

Name of Applicant: CHRIS AYERS
Address: _____
E-mail: _____

Telephone: _____
Cell phone: _____
FAX: _____

Property Information

Street Address: 1501 HERMITAGE ROAD, MANAKIN SABOT Zoning: A2
GPIN Number: 7716-65-6421 Acreage: 10
Existing Use: _____

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

Project Information

1. Estimated square footage of the building(s): 240 2. Value of Building: 14,000

3. Written Description of Proposed Physical Improvements:
STORAGE BUILDING W/ ELECTRICAL



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Goochland, VA 23063
(804) 556-5815 Fax (804) 556-5651
TDD 711 VA Relay

Application Date: 8-23-18

Permit Number: BP-2018-00685

GPIN/Tax Map: 7707-47-8679/46-1-0-77-A

Issued: 8-24-18

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 817 Rockford rd Manakin Sabot VA	
	Owner John Cuccia	Phone #
	Address 817 Rockford rd	Email

APPLICANT INFORMATION	Applicant/Contact Alex Berry	Phone # 804 639 0230
	Address 1727 Rhoadmiller St Richmond	Email NEXE@rainbowintlrichmond.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 Rainbow International		Phone 804 639 0230
	Address 1727 Rhoadmiller St		
	Contractor License Number 2705163813	Type Class A	Expiration 4/30/19

DESCRIPTION OF WORK	Scope of Work: Resoration after fire				
	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. 663	Unfinished Sq. Ft. 668	Total Sq. Ft. 1326		

Building Only - Excludes All Trades Permits

Value of Work	58,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: 8/21/18

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

Waived due to fire damage



BUILDING PERMIT APPLICATION

Application Date: 1/23/18

Permit Number: BP-2018-00055

GPIN/Tax Map: 7726-85-4768 / 59-3-2-90-D

Issued: 8-24-18

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	1800 Wilkes ridge circle Richmond, VA 23233	
	Owner	Kalyan Hospitality	Phone # 804.935.1719
	Address	11541 Nuckols Road; Suite D, Glen Allen, VA. 23059	Email npatel@kalyanhospitality.com

APPLICANT INFORMATION	Applicant/Contact	Kalyan Hospitality	Phone # 804.935.1719
	Address	11541 Nuckols Road; Suite D, Glen Allen, VA 23059	Email - npatel@kalyanhospitality.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	West Creek Business Park	Proffer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount		Date Paid	
	Front Setback	55' From Row	Center Line Setback		Rear Setback	30'	CUP/Variance/COA	R2-2015-7
	Side Setback	27'	Side Setback	27'	Flood Zone		COA Required.	
	APPROVED	<input checked="" type="checkbox"/>	REJECTED	<input type="checkbox"/>	COMMENTS:	* Southern Setback, Survey Location.		
	Planning & Zoning Officer	David Floyd		Date	1/24/18			B1

CONTRACTOR INFORMATION	Contractor	Leipertz Construction, Inc.	Phone	804.379.0048
	Address	11610 Grove Park Court; Midlothian, VA 23114		
	Contractor License Number	2701 017287	Type	A
			Expiration	9.30.19

DESCRIPTION OF WORK	Scope of Work: Construction of a hotel. - Residence Inn			
	Proposed Use	Hotel	Current Use	N/A
	Existing Buildings on Property	N/A	# of Floors	5
	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.	108,682	Unfinished Sq. Ft.	0
			Total Sq. Ft.	108,682

Building Only - Excludes All Trades Permits		Application Fee	\$ 81,511.50
Value of Work	\$5,000,000.00 \$ 10,868,200.00	State Levy Fee	\$ 1630.23
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	\$ 100 -
Signature of Applicant		RLD	\$
Date	1/24/18	SWP	\$
		Total	\$ 83,241.73



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: 8-3-18

Permit Number: BP-2018-00-~~000~~620

GPIN/Tax Map: 727-59-7701/48-16-0-25-0

Issued: 8-24-18

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>2151 LANIER LANE, ROCKVILLE, VA, 23146</u>	
	Owner <u>DAVID COOPER</u>	Phone # <u>804-749-3558</u>
	Address	Email <u>GETREEL@COMCAST.NET</u>

APPLICANT INFORMATION	Applicant/Contact <u>DAVID COOPER</u>	Phone # <u>SAME</u>
	Address <u>SAME</u>	Email <u>SAME</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lanier Ind. Park</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>20' from RW</u>	Center Line Setback <u>45'</u>	Rear Setback <u>10'</u>	CUP/Variance/COA
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to Bldg. Footprint</u>			

Planning & Zoning Officer: David Lloyd Date: 8/23/18 M2

CONTRACTOR INFORMATION	Contractor <u>DAVID COOPER - OWNER</u>	Phone <u>804-749-3558</u>
	Address <u>2151 LANIER LANE, ROCKVILLE, VA, 23146</u>	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>TEAR DOWN & FIT</u>		
	<u>FRAMING 4 BATHROOMS + DIVIDING WALL</u>		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	<input checked="" type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms: <u>4</u> # of Bedrooms: # of floors:
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.00</u>
Value of Work	<u>\$1500.00</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	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ <u>30.60</u>
Signature of Applicant	<u>David Cooper</u>	Date	<u>8-3-18</u>



BUILDING PERMIT APPLICATION

Application Date: 8-23-2018

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

Permit Number: BP-2018-00684

GPIN/Tax Map: 7707-55-3996 / 46-26-0-9-0

Issued: 8-24-18

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Residential Commercial

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OWNER INFORMATION	Site Address 2330 Windy Run Rd Manakin VA 23103	
	Owner Mr & Mrs Alsop	Phone #
	Address 2330 Windy Run Rd Manakin VA 23103	Email

APPLICANT INFORMATION	Applicant/Contact Matt Helms		Phone # 804-690-9605
	Address 2508 Turkey Creek Rd Oilville VA 23103		Email matthelms@westviewcompanies.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Windy Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid
	Front Setback <u>55' from Row</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>8/23/18</u> RR			

CONTRACTOR INFORMATION	Contractor WestView Companies, Inc		Phone 804-784-0095
	Address 2508 Turkey Creek Rd Oilville VA 23103		Email matthelms@westviewcompanies.com
	Contractor License Number 2705117309	Type A	Expiration 9-30-2019

DESCRIPTION OF WORK	Scope of Work: Construction of in-ground gunite pool <u>and open air pavilion</u> . Pool to have permanent fence as safety barrier at time of final inspection.				
	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	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
		400	400		

Building Only - Excludes All Trades Permits

Value of Work 40,000 ~~10,000~~ **\$11,000.00**

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 8/23/2018

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



BUILDING PERMIT APPLICATION

Application Date: 8-23-2018

Permit Number: BP 2018-00623

GPIN/Tax Map: 7701-55-3996 / 46-26-0-9-0

Issued: 8-24-18

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 2330 Windy Run Rd Manakin VA 23103		Phone #
	Owner Mr & Mrs Alsop		
	Address 2330 Windy Run Rd Manakin VA 23103		Email
APPLICANT INFORMATION	Applicant/Contact Matt Helms		Phone # 804-690-9605
	Address 2508 Turkey Creek Rd Oilville VA 23103		Email matthelms@westviewcompanies.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Windy Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from Row</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>8/23/18</u> <u>RR</u>			

CONTRACTOR INFORMATION	Contractor WestView Companies, Inc		Phone 804-784-0095
	Address 2508 Turkey Creek Rd Oilville VA 23103		Email matthelms@westviewcompanies.com
	Contractor License Number 2705117309	Type A	Expiration 9-30-2019

DESCRIPTION OF WORK	Scope of Work: Construction of in-ground gunite pool and open air pavilion . Pool to have permanent fence as safety barrier at time of final inspection. <u>Pool is 38'x20'</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	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>760</u>	Total Sq. Ft. <u>760</u>		

Building Only - Excludes All Trades Permits

Value of Work	40,000 30,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 8/23/2018

Application Fee	\$ <u>147.00</u>
State Levy Fee	\$ <u>2.94</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</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

Application Date: 8-16-18

Permit Number: BP-2018-00677

GPIN/Tax Map: 7714-35-9699/103-1-0-23-0

Issued: 8-22-18

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.

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: Craig & Rhynne Callens Phone #: ---

Address: 603 Manakin Road, Manakin Sabot, Va 23103 Email: ---

APPLICANT INFORMATION

Applicant/Contact: The McGurn Co. / Artie McGurn Phone #: 804-784-7245

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 <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
Side Setback <u>20'</u>	Side Setback <u>35' from ROW/RT Side</u>	Flood Zone	

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: David Floyd Date: 8/21/18 R3

CONTRACTOR INFORMATION

Contractor: The McGurn Company Phone: 804 784-7245

Address: P.O. Box 8 Manakin Sabot, Va 23103 Email: artie@mcgurncompany.com

Contractor License Number: 2701021780 Type: CLASS A Expiration: 10/31/18

DESCRIPTION OF WORK

Scope of Work: INSTALL Screen Porch in place of upper Deck. ~~destroyed by fire~~ 28x15

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. <u>420</u>	Total Sq. Ft. <u>420</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>25,000 -</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: Artie McGurn Date: 8-16-18

Application Fee	\$ <u>124.50</u>
State Levy Fee	\$ <u>2.49</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>151.99</u>

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Greg Foreman / Champlin 4 Foreman Telephone: 804-379-1900

Mailing Address: 1919 Huguenot Rd, Richmond, Va 23235

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job \$0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per portion of \$ 1000 above \$ 4000
Add 2% State Levy to fee

Commercial fee is based on the building value of the job \$0 to \$ 4000 of value.... \$ 30.00 + \$ 7.50 per portion of \$ 1000 above \$ 4000
Add 2% State Levy to fee

Other Fees that may be applicable
RLD \$100.00 for Residential disturbing over 10,000 square feet
Stormwater \$200 for Residential in certain subdivisions
Septic & well processing \$40.80 for Commercial & Residential
Septic only processing \$25.50 for Commercial & Residential
Zoning Commercial \$100.00
Zoning Residential SFD \$50.00
Zoning all other structures \$ 25.00

OFFICE USE ONLY

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

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL J. Beck DATE 8/22/2018
Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 8-8-18

Permit Number: BP-2018-00632

GPIN/Tax Map: 7721-49-7314 / 48-1-0-13-K

Issued: 8-22-18

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.

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 2326 Commerce Center Drive, Rockville VA 23146	
	Owner Rockville RV Storage, L.C.	Phone # 804-640-7949
	Address 3357 Manor Grove Circle, Glen Allen VA 23059	Email aduke@dukems.net
APPLICANT INFORMATION	Applicant/Contact Andy Duke	
	Address 3357 Manor Grove Circle, Glen Allen VA 23059	Phone # 804-640-79049
		Email aduke@dukems.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Rockville Commerce Center</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Dennis Ford</u> Date <u>8/9/18</u> <u>m2</u>			

CONTRACTOR INFORMATION	Contractor self		Phone
	Address		Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: erect three (3) carports - 28'x41' each				
	Proposed Use	Current Use	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	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1148 sf. each</u>	Total Sq. Ft. <u>1148 sf. each</u>		

Building Only - Excludes All Trades Permits		Application Fee	<u>\$157.50</u>
Value of Work	\$21,000	State Levy Fee	<u>\$ 3.15</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 _____		Septic/Well Fee	\$
		Zoning Fee	<u>\$ 50.00</u>
		RLD	\$
		SWP	\$
		Total	<u>\$210.65</u>

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: 9-22-18

Application Date: 8-21-18

Application Accepted: DP-2018-00679

Old Map Number: 6778-50-5351 / 43-1-65-C

GPIN: 6778-50-5351

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 1780 HAWKS TOWN RD			District	
	Owner JOE ANASTASIA			Phone # 508-208-6406	
	Address 1780 HAWKS TOWN RD				
	Proposed Use SUNROOM		Current Use SCREEN ROOM		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		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount:
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A		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: STEVE JENKINS Phone: 540-931-6116

Email: JENKINS@TOTALREMODELINGSYSTEMS.COM

CONTRACTOR INFORMATION	Contractor TOTAL REMODELING SYSTEMS		Phone 540-931-6116	
	Address 305 ASHLAKE RD SUITE M ASHLAND VA 23005			
	Contractor License Number 2705127904		Type CBL RBL	Expiration 4/30/19

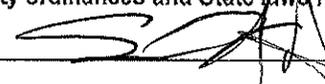
Description of Work	Scope of Work: REMOVE SCREEN + INSTALL WINDOWS ON EXISTING PORCH				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	\$28,000.00
Excludes All Trades Permits	

Application Fee	\$138.00
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ 2.76
RLD	\$
Total: \$140.76	

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: 



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: 8-10-18
 Permit Number: BP-2018-00643
 GPIN/Tax Map: 1103-90-3847/46-21-A-6-0
 Issued: 8-21-18

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

Residential Commercial

This application requires two copies of construction drawings and two copies of the 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: STEVE AND SHERRI ROSEN

Owner: 620 NELWOOD RD. MANAKIN-SABOT, VA. 23103 Phone #: (804) 399-1707

Address: _____ Email: _____

APPLICANT INFORMATION

Applicant/Contact: MARK CASKEY Phone #: (804) 399-6970

Address: _____ Email: MARK@CASKEYCONSTRUCTION.COM

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Nelwood Estates</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>75'</u>	Center Line Setback: <u>100'</u>	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>20'</u>	Side Setback: <u>20'</u>	Flood Zone: _____	

APPROVED REJECTED COMMENTS: * Survey locate rear setbacks

Planning & Zoning Officer: David Lloyd Date: 8/14/18 AZ

CONTRACTOR INFORMATION

Contractor: OWNER Phone: _____

Address: _____ Email: _____

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK

Scope of Work: 1ST FLOOR BEDROOM AND BATH ADDITION PLAN TO TURN (1) BEDROOM IN EXISTING HOUSE INTO AN OFFICE HOUSE TO BE 3 BEDROOM AT COMPLETION

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms: <u>3 1/2</u>	# of Bedrooms: <u>3</u>	# of floors: <u>2</u>
Finished Sq. Ft.: <u>597</u>	Unfinished Sq. Ft.: <u>40</u>	Total Sq. Ft.: <u>637</u>		

Building Only - Excludes All Trades Permits

Value of Work: <u>70,000.00</u>	Application Fee: <u>\$ 327.-</u>
	State Levy Fee: <u>\$ 6.54</u>
	Septic/Well Fee: <u>\$</u>
	Zoning Fee: <u>\$ 50.-</u>
	RLD: <u>\$</u>
	SWP: <u>\$</u>
Signature of Applicant: <u>[Signature]</u> Date: <u>8-10-2018</u>	Total: <u>\$ 358.54</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.



BUILDING PERMIT APPLICATION

Application Date: 8-14-18
 Permit Number: BP-2018-00650
 GPIN/Tax Map: 6119-50-8117/27-1-0-14-A
 Issued: 8-21-18

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>2199 Youngstown Rd, Goochland VA 23</u>	
	Owner <u>JONATHAN POWERS - dba RVA SURFACE ASPH</u>	Phone # <u>804.381.7923</u>
	Address <u>6312 Cyrus SE, N. Chesterfield</u>	Email <u>sup49629@schw.ca</u>

APPLICANT INFORMATION	Applicant/Contact <u>2323</u>	Phone # <u>804.381-7923</u>
	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>35'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>No change to existing Footprint</u>		

Planning & Zoning Officer: David Floyd Date: 8/16/18 A1

CONTRACTOR INFORMATION	Contractor <u>Owner - Jonathan Powers</u>	Phone <u>804-381-7923</u>
	Address <u>6312 Cyrus SE</u>	Email <u>sup49629@schw.ca</u>
	Contractor License Number	Type <u>—</u>

Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Rebuild Rear Deck 10x10, Add HALF BATH</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 <u>1.5</u>	# of Bedrooms <u>3</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>1187</u>	Unfinished Sq. Ft. <u>(350 Attic)</u>	Total Sq. Ft. <u>1187</u>		

Building Only - Excludes All Trades Permits

Value of Work <u>\$850</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: 8-10-18

Application Fee	\$ <u>30</u>
State Levy Fee	\$ <u>.60</u>
Septic/Well Fee	\$ <u>—</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: 8/8/2018

Permit Number: **BP-2018-00690**

GPIN/Tax Map: **1126-85-1752/593-290-F**

Issued: **8-21-18**

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

Residential Commercial

This application requires two copies of construction drawings and two copies of the 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 1800 Wilkes Circle	
	Owner Notch Hotel LLC	Phone # 8049351719
	Address 111541 Nuckles Road, unit D	Email npatel@kalyanhosp

APPLICANT INFORMATION	Applicant/Contact Leipertz Construction Inc.		Phone # 8043790048
	Address PO box 266 Midlothian VA 23113		Email gstevens@leipertz.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision West Creek Business Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 55' from Prop. Line	Center Line Setback 80'	Rear Setback 5'	CUP/Variance/COA _____
	Side Setback 5'	Side Setback 5'	Flood Zone _____	

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer **David Floyd** Date **8/16/18** **B1**

CONTRACTOR INFORMATION	Contractor Leipertz Construction INC.		Phone 8043790048
	Address PO box 266 Midlothian VA 23113		Email gstevens@leipe
	Contractor License Number 2701017287	Type A	Expiration 9/30/18

DESCRIPTION OF WORK	Scope of Work: Construction Site Trailer ↳ Residence Inn				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. 658	Unfinished Sq. Ft. _____	Total Sq. Ft. 658		

Building Only - Excludes All Trades Permits

Value of Work	\$6500
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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 **8/8/18**

Application Fee	\$ 48.26
State Levy Fee	\$ 1.97
Septic/Well Fee	\$ _____
Zoning Fee	\$ 50-
RLD	\$ _____
SWP	\$ _____
Total	\$ 99.73



BUILDING PERMIT APPLICATION

Application Date: 8/15/18
 Permit Number: BP-2018-00652
 GPIN/Tax Map: 6787-53-6992 / 44-10-0-5-0
 Issued: 8-20-18
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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>1620 Sheppard town Rd</u>	
	Owner <u>New Ventures Real Estate</u>	Phone # <u>804-839-7201</u>
APPLICANT INFORMATION	Address <u>1664 Anderson Hwy</u>	Email <u>Sprouses Cosner@gmail.com</u>
	Applicant/Contact <u>Alan Anderson</u>	Phone # <u>Same</u>
	Address <u>Same</u>	Email <u>SAW</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: <u>Existing Structure.</u>				
Planning & Zoning Officer: <u>David Floyd</u> Date: <u>8/15/18</u>				

CONTRACTOR INFORMATION	Contractor <u>Anderson Home Const</u>		Phone <u>804-839-7201</u>
	Address <u>Same</u>		Email <u>Same</u>
	Contractor License Number <u>0705106351</u>	Type <u>CBC RBC A</u>	Expiration <u>5/31/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>Change of Use from SFD to Storage</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 <u>0</u>	Application Fee \$ <u>30.00</u>
	State Levy Fee \$ <u>.00</u>
	Septic/Well Fee \$ <u>—</u>
	Zoning Fee \$ <u>25.00</u>
	RLD \$ <u>—</u>
	SWP \$ <u>—</u>
Signature of Applicant: <u>[Signature]</u>	Total \$ <u>55.00</u>
Date: <u>8/15/18</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.

Issued 8-20-18



ZONING COMPLIANCE APPLICATION
COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 23063

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 8-15-18 Application No.: AP-2018-00653 Fee: \$25.00
Zoning Approval: Yes Daniel Floyd No: _____ Date: 8/15/18

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: W.S. & S.W. Turner
Address: 1614 Carriage Drive
Manakin-Sabot VA 23103
E-mail: wtturner33@gmail.com

Telephone: 804-784-3256
Cell phone: 434-531-9635 (text please)
FAX: -

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

Telephone: _____
Cell phone: _____
FAX: _____

Property Information

Street Address: 1614 Carriage Drive, M-S
GPIN Number: 7706-47-3668
Existing Use: farm

Zoning: A2
Acreage: 40+

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): 768
1824
1512
2. Value of Building: \$154,000
15540
3. Written Description of Proposed Physical Improvements:
 - 3 stall barn.
 - run-in shed for horses
 - tractor shed



BUILDING PERMIT APPLICATION

Application Date: 8/10/18Permit Number: BP-2018-00641GPIN/Tax Map: 7116-69-4451/47-29-0-12-0Issued: 8.15.18This 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>1530 Forest Meadow Lane</u>	
	Owner <u>Michael + Marina O'Neil</u>	Phone # <u>(804) 708-0641</u>
	Address <u>1530 Forest Meadow Lane 23103</u>	Email <u>kingkay@comcast.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>COURTNEY LUDEMAN INTERIORS, INC.</u>		Phone # <u>(804) 288-4488</u>
	Address <u>8406 SPRING RIDGE WAY RVA 23229</u>		Email <u>CourtneyLudemanInteriors@gmail.com</u>

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

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

CONTRACTOR INFORMATION	Contractor <u>Courtney Ludeman Interiors, Inc</u>		Phone <u>(804) 288-4488</u>
	Address <u>8406 Spring Ridge Way Rva 23229</u>		Email <u>CourtneyLudemanInteriors@gmail.com</u>
	Contractor License Number <u>2705140142</u>	Type <u>BLD</u>	Expiration <u>4/30/19</u>

DESCRIPTION OF WORK	Scope of Work: <u>Remove load bearing wall (interior) between kitchen & living room + seat beam.</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		Application Fee	\$ <u>30-</u>
Value of Work	<u>\$ 3500.00</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. Signature of Applicant: <u>Ludeman</u> Date: <u>8/10/18</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>30.60</u>



BUILDING PERMIT APPLICATION

Application Date: 7/19/2018

Permit Number: *BP-2018-00580*

GPIN/Tax Map: *7726-86-2437/5924-030*

Issued: *8-15-18*

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
Box 119
Richmond, VA 23063
(804) 556-5815 Fax (804) 556-5651
JD 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 12592 W. Broad Street Rd	
	Owner LJP Properties LLC	Phone # 804-605-1396
	Address P. O. Box 72075 Richmond, VA 23255	Email
APPLICANT INFORMATION	Applicant/Contact Jeff Lee, Superior Signs LLC	
	Address 2510 Willis Road N. Chesterfield, VA 23237	Phone # 804-271-5685 Email jeff.lee@SuperiorSignsRVA.com

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>15' from ROW</i>	Center Line Setback _____	Rear Setback _____	CUP/Variance/COA _____
	Side Setback <i>15' from ROW / from R.R. Dr.</i>	Side Setback _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>[Signature]</i> Date: <i>7/30/18</i> B1			

CONTRACTOR INFORMATION	Contractor Superior Signs LLC		Phone 804-271-5685
	Address 2510 Willis Road N. Chesterfield, VA 23237		jeff.lee@SuperiorSignsRVA.com
	Contractor License Number 2705156399	Type BLD	Expiration 03/31/2019

DESCRIPTION OF WORK	Scope of Work: Install (1) freestanding monument sign for Page Center per attached plans.				
	Proposed Use shopping center	Current Use	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	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work: ~~\$2,450.00~~ *\$21,200.00*

Application Fee	<i>159.00</i>
State Levy Fee	<i>3.00</i>
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	<i>\$162.00</i>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: *[Signature]* Date: *7/27/2018*



BUILDING PERMIT APPLICATION

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

Application Date: 8-10-18

Permit Number: BP-2018-00638

GPIN/Tax Map: 6749-42-8747/29-10-0-4-0

Issued: 8-14-18

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 <u>3825 Riddles Bridge Rd. Goochland VA. 23063</u>	
	Owner <u>Man Beth Geiger</u>	Phone # <u>804-840-6668</u>
	Address <u>3825 Riddles Bridge Rd. Goochland 23063</u>	Email <u>mbgeiger14@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Mike Geiger</u>	
	Address <u>3825 Riddles Bridge Rd.</u>	Email <u>mgeiger@nkcp.s.k12.va.us</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Woods at Riddles Bridge</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>8/10/18</u> A1			

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

DESCRIPTION OF WORK	Scope of Work: <u>16 x 32 feet inground vinyl liner pool with 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"/> WATER Public/Private	<input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>512</u>	Total Sq. Ft. <u>512</u>			

Building Only - Excludes All Trades Permits

Value of Work	<u>\$15,000.00</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 Man Beth Geiger Date 8-10-18

Application Fee	\$ <u>19.50</u>
State Levy Fee	\$ <u>1.59</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>106.09</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: 8/17/18

Permit Number: BP-2018-00627

GPIN/Tax Map: 6749-72-8955/29-30-5-A

Issued: 8-14-18

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: 2633 Dogtown Rd., Goochland Va.

Owner: Christopher R. Marion Phone #: 804-241-1299

Address: 2633 Dogtown R P.O. Box 21 Monrovia VA. 23106 Email: crmrealstate2002@gmail.com

APPLICANT INFORMATION

Applicant/Contact: same Phone #: real estate 2002@gmail.com

Address: same Email: same

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: Owner Phone: _____

Address: _____ Email: _____

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK

Scope of Work: Demolish & remove remnants of existing structure. debris to go to: 623 Landfill

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: \$2,500

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: 8/31/18

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>.60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>30.60</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: Aug 8, 2018

Permit Number: BP-2018-00630

GPIN/Tax Map: 7738-11-4668

Issued: 8-10-18

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

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>7293 Ellingham Ct Glen Allen VA 23059</u>
	Owner <u>Robert Laurenz</u> Phone # <u>804 441 4788</u>
	Address <u>7293 Ellingham Ct Glen Allen VA</u> Email <u>general@blackoakridge.com</u>
APPLICANT INFORMATION	Applicant/Contact Phone #
	Address Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parkside Village</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>30' From Pave</u>	Center Line Setback	Rear Setback <u>50' 15"</u>	CUP/Variance/COA
	Side Setback <u>20' 15"</u>	Side Setback <u>20' 15"</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>8/8/18</u> <u>RPUD</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>85 sq ft Deck addition</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. <u>85</u>	Total Sq. Ft. <u>85</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$5500</u> <u>\$850.00</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 Robert Laurenz Date 8/8/18

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>.60</u>
Septic/Well Fee	\$ <u>25.00</u>
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
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

Residential Commercial

Application Date: 8.8.18
 Permit Number: BP-2018-00631
 GPIN/Tax Map: 6139-06-8235/28-1-0-71-E
 Issued: 8-10-18
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

This application requires two copies of construction drawings and two copies of the 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>4501 Riddles Bridge Road Goochland, VA 23063</u>	
	Owner <u>Gregory Hailey</u>	Phone # <u>215-866-8685</u>
	Address <u>Jame</u>	Email <u>ghailey@comcast.net</u>
APPLICANT INFORMATION	Applicant/Contact <u>Stephen W. Lebby</u>	
	Address	Email <u>cdngpr@yahoo.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>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>AI</u>			
Planning & Zoning Officer: <u>David Floyd</u> Date: <u>8/8/18</u>				

CONTRACTOR INFORMATION	Contractor <u>Charlestowne Decks and Gazebos</u>		Phone <u>804-512-6907</u>
	Address <u>2111 Lakeview Drive Powhatan VA 23139</u>		Email <u>cdngpr@yahoo.com</u>
	Contractor License Number <u>2705147849</u>	Type <u>HIC</u>	Expiration <u>8/31/18</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build a new deck to appx. dimensions of 18'x20' w/ one set of steps and a ramp to yard</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>600sq ft</u>	Total Sq. Ft. <u>600sq ft</u>		

Building Only - Excludes All Trades Permits		Application Fee <u>\$56.10</u>	
Value of Work <u>\$9800.00</u>		State Levy Fee <u>\$1.12</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>Stephen W. Lebby</u> Date: <u>8/7/18</u>		Septic/Well Fee <u>\$</u>	
		Zoning Fee <u>\$25-</u>	
		RLD <u>\$</u>	
		SWP <u>\$</u>	
		Total <u>\$82.22</u>	

Issued 8-8-18



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103
Goochland, VA 23063

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

Office Use Only

Application File Date: <u>8-7-18</u>	Application No.: <u>AP-2018-00625</u>	Fee: \$25.00
Zoning Approval: Yes <u>David Ford</u>	No: _____	Date: <u>8/7/18</u>

Zoning Application Type: Please check appropriate box

- Commercial 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: Goochland County Telephone: 804-556-5340
 Address: ~~1800 Sandy Hook Road~~ 1800 Sandy Hook Road Cell phone: _____
 E-mail: mparker@goochlandva.us FAX: _____

Name of Applicant: Matthew Parker Telephone: 804-556-5340
 Address: 1800 Sandy Hook Road Cell phone: _____
 E-mail: mparker@goochlandva.us FAX: _____

Property Information

Street Address: 3951 River Road West Zoning: R1
 GPIN Number: 6738-92-2189 Acreage: 176.523
 Existing Use: _____
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

- Estimated square footage of the building(s): 240 2. Value of Building: _____
- Written Description of Proposed Physical Improvements:
2 storage sheds



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: 8-1-18
 Permit Number: DJ-208-00608
 GPIN/Tax Map: 6718-06-4662/31-16-0-30
 Issued: 8-8-18

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

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>2593 WILDE CREEK DRIVE</u>	
	Owner <u>Christopher C. + Mitchem H. Jones</u>	Phone # <u>804-513-6097</u>
	Address <u>2593 WILDE CREEK DRIVE</u>	Email <u>hfd037@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Christopher C. Jones</u>	
	Address <u>2593 WILDE CREEK DRIVE</u>	Email <u>hfd037@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Whitehall</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>75' from RW (marked)</u>	Center Line Setback <u>100' CL</u>	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>35' from Wilde Creek Dr</u>	Side Setback <u>5'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>8/3/18</u> #2			

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

DESCRIPTION OF WORK	Scope of Work: <u>Construction of Garage - PLANS ATTACHED</u>				
	<u>32x42</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>1344</u>	<u>1344</u>			

Building Only - Excludes All Trades Permits

Value of Work <u>\$140,000.00</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: Christopher C. Jones Date: 8-1-18

Application Fee	\$ <u>192.00</u>
State Levy Fee	\$ <u>25.00</u> 3.84
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>220.84</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: 7-21-18
 Permit Number: BP-2018-00587
 GPIN/Tax Map: 7725-37-0185-9999 / 58-1-0-112A
 Issued: 8-7-18
 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.

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	1217 Hockett Road, Goochland, VA 23063	
	Owner	SBA STRUCTURES LLC	Phone # 770-213-3059
	Address	8051 Congress Ave, Boca Raton, FL 33487	Email aehayes@sbsite.com

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Waco Creek Business Park</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—	—
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>55' from RW</u>	—	<u>5'</u>	—
	Side Setback	Side Setback	Flood Zone	
	<u>5'</u>	<u>5'</u>	—	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	Planning & Zoning Officer: <u>David Floyd</u>		Date: <u>8/1/18</u>	<u>MI</u>

CONTRACTOR INFORMATION	Contractor	Phone
	MNM Wireless LLC	309-756-5520 x 205
	Address	
	205 Mount Zion Rd	
	Contractor License Number	Type
	2705164099	Class A
	Expiration	
	08-31-2019	

DESCRIPTION OF WORK	Scope of Work:		
	Reinforce existing tower with new steel as per drawings by Allpro Consulting Group ACGI # 18-1793 dated 05/01/18		
	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.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>393.25</u>
Value of Work	<u>52,500.00</u>	State Levy Fee	\$ <u>7.88</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>451.63</u>
Signature of Applicant	<u>Tom Steink</u>	Date	<u>07/26/2018</u>



BUILDING PERMIT APPLICATION

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

Application Date: 7-23-18
 Permit Number: BP-2018-00572
 GPIN/Tax Map: 6796-48-2247/45-1-0-48-0
 Issued: 8-7-18

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.

1st floor = living room, dining room & laundry room

Site Address
1130 KNIBB LANE Manakin Sabot VA 23103

Owner
John Twombly Phone # 3572143

Address
1130 Knibb Lane Email John.foggtwombly@gmail.com

Applicant/Contact
Shiflett Construction Services Inc Phone # 804 305-7015

Address
2645 Judas Ferry Rd Pow, VA 23139 Email Raifeshiflett28@gmail.com

Subdivision None Proffer Yes No Amount --- Date Paid ---

Front Setback 55' from Row Center Line Setback --- Rear Setback 35' CUP/Variance/COA ---

Side Setback 20' Side Setback 20' Flood Zone ---

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: Daniel Floyd Date 7/24/18 A2

Contractor
Shiflett Construction Services Inc Phone 305-7015

Address
2645 Judas Ferry Rd Pow Va 23139 Email Raifeshiflett28@gmail.com

Contractor License Number 2705044480 Type CBC RBC Expiration 4-30-2020

Scope of Work:
Addition of ONE (2) story wing Adding one MASTER Bed Room to (Replace Bed Room in Existing) structure & Bath

Proposed Use Residential Current Use Residential Environmental Impacts (stream crossing, wetlands, amt land disturbed) NA

SEWER: Public/Private WATER: Public/Private # of Bathrooms 1 # of Bedrooms 1 # of floors 2

Finished Sq. Ft. 1044 Unfinished Sq. Ft. --- Total Sq. Ft. 1044

Building Only - Excludes All Trades Permits
 Value of Work \$82,000.00

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 7/20/2018

Application Fee	\$ <u>381-</u>
State Levy Fee	\$ <u>7.62</u>
Septic/Well Fee	\$ <u>---</u>
Zoning Fee	\$ <u>25-</u>
RLD	\$ <u>---</u>
SWP	\$ <u>---</u>
Total	\$ <u>413.62</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: 7/30/18

Permit Number: BP-2018-00591

GPIN/Tax Map: 1733-15-9952/67-10-0-24-0

Issued: 8-7-18

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.

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>6 Roads End Lane 23238</u>	
	Owner <u>Maestrello, Steven J. and Laura B.</u>	Phone # <u>(804) 399-3441</u>
	Address <u>same</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Chris Wamsley (Contractor)</u>	Phone # <u>(804) 389-2514</u>
	Address <u>11800 Beach Rd Chesterfield Va 23838</u>	Email <u>CRWamsley@gmail.com</u>

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

CONTRACTOR INFORMATION	Contractor <u>Christopher Wamsley</u>	Phone <u>(804) 389 2514</u>
	Address <u>11800 Beach Rd Chesterfield Va 23838</u>	
	Contractor License Number <u>2705130603</u>	Type <u>Class B</u>

DESCRIPTION OF WORK	Scope of Work: <u>Renovate Existing Tennis buildings. Add half Bath</u>			
	<u>Interior</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1/2 Bath</u>	# of Bedrooms
	Finished Sq. Ft. <u>192</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>192</u>	

Building Only - Excludes All Trades Permits.

Value of Work <u>50,000</u>	Application Fee \$ <u>230-</u>
	State Levy Fee \$ <u>4.94</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ _____
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>241.94</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 7/30/18



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

Residential Commercial

Application Date: 7-3-18
 Permit Number: BP-2018-00612
 GPIN/Tax Map: 7106-98-1816 / 46-22-0-B-0
 Issued: 8-6-18

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 1720 Old Orchard Lane		Phone # 804-357-8696
	Owner David Young		
	Address 1720 Old Orchard Lane Manakin- Sabot VA 23103		Email

APPLICANT INFORMATION	Applicant/Contact Chrystal Copado		Phone # 804-495-4646
	Address 2410 Southland Dr. Chester, Va 23831		Email chrystalc@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		Phone 804-495-4646
	Address 2410 Southland Dr. Chester, VA 23831		
	Contractor License Number 2705068655	Type Class A	Expiration 04/30/2020

DESCRIPTION OF WORK	Scope of Work: Sistering 24ft of floor joist				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" 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		Application Fee	\$ <u>30.00</u>
Value of Work	2,047	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. Signature of Applicant: <u>[Signature]</u> Date: <u>8/1/18</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>30.60</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

Residential Commercial

Application Date: 8-1-18
 Permit Number: BP-2018-00604
 GPIN/Tax Map: 6850-14-6402/20-22-0-93-0
 Issued: 7-6-18
 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>3076 ROCKCREES LANE</u>	
	Owner <u>GARRETT PLANTZ</u>	Phone # <u>804-615-2333</u>
	Address <u>SAME</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>JIM DAVIDSON</u>	
	Address <u>607 FONDS RD.</u>	Phone # <u>804-307-6168</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Mill Forest II</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>35'</u>	CUP/Variance/COA
	Side Setback <u>15'/35'</u>	Side Setback <u>15'/35'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*Screened porch same footprint as deck.</u>			

Planning & Zoning Officer: David Floyd Date: 8/2/18 RR

CONTRACTOR INFORMATION	Contractor <u>SUNDECKS OF RICHMOND</u>		Phone <u>804-307-6168</u>
	Address <u>607 FONDS RD.</u>		Email
	Contractor License Number <u>2705 010 218</u>	Type <u>B</u>	Expiration <u>9/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>DECK TO SCREENED PORCH</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. <u>180</u>	Total Sq. Ft. <u>180</u>		

Building Only - Excludes All Trades Permits		Application Fee	<u>\$68.24</u>
Value of Work <u>\$12,500</u>		State Levy Fee	<u>\$1.37</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	<u>\$</u>
Signature of Applicant <u>[Signature]</u>		Zoning Fee	<u>\$25-</u>
Date <u>8-1-18</u>		RLD	<u>\$</u>
		SWP	<u>\$</u>
		Total	<u>\$94.61</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: 7-31-18

Permit Number: BD-2018-00588

GPIN/Tax Map: 7705-95-1228 / 57-31-0-12-0

Issued: 7-31-18

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>1090 Manakin Road</u>	
	Owner <u>Huber Frank & Ursel</u>	Phone #
	Address <u>1090 Manakin Road</u>	Email <u>UWhuber@comcast.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>John Miller / Millmar Homes</u>	Phone # <u>804-640-8443</u>
	Address <u>Po box 313 Manakin Subot Va 23103</u>	Email <u>Jmiller@millmarconstruction.c</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Rochambeau Farms</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from Rce</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Office: <u>Daniel Floyd</u> Date: <u>8/1/18</u> A2			

CONTRACTOR INFORMATION	Contractor <u>Millmar Homes</u>	Phone <u>804-640-8443</u>
	Address <u>P. o. box 313</u>	Email <u>Jmiller@millmarconstruction.c</u>
	Contractor License Number <u>2705 053462</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Construct detached unfinished garage 36x40 + 36x10 lean to</u>			
	Proposed Use	Current Use	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
	Finished Sq. Ft. <u>2,160</u>	Unfinished Sq. Ft. <u>1440 + 720 = 2160</u>	Total Sq. Ft. <u>2,160</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>439.50</u> State Levy Fee \$ <u>8.79</u> Septic/Well Fee \$ Zoning Fee \$ <u>25.00</u> RLD \$ SWP \$ Total \$ <u>473.29</u>
Value of Work	<u>\$ 95,000</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u>	
Date	<u>7/31/18</u>	



BUILDING PERMIT APPLICATION

Application Date: Aug 1, 2018
 Permit Number: BP-2018-00603
 GPIN/Tax Map: 7104-7A-1813/62-18-0-2-0
 Issued: 8-3-18
 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 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: Chris Nagle 506 Calm Creek Rd Manakin-Sabers, VA
 Owner: Chris Nagle Phone #: 804-502-1312
 Address: 506 Calm Creek Rd Manakin-Sabers Va. Email:

APPLICANT INFORMATION
 Applicant/Contact: Walsh Builders Inc / D. RONALD WALSH Phone #: 804 641-1591
 Address: 967 Globe Landing Rd Center Cross VA, 22437 Email: Walshbuilders@verizon.net

TO BE COMPLETED BY ZONING DEPARTMENT

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

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION
 Contractor: Walsh Builders Inc Phone: 804 641 1591
 Address: 967 Globe Landing Rd Center Cross, VA 22437 Email: Walshbuilders@verizon.net
 Contractor License Number: 2701034172A Type: Building Expiration: 4-30-19

DESCRIPTION OF WORK
 Scope of Work: Removal of existing Closer / Release Bath to Closer? Closer to New Bath

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" 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 <u>15000</u>	Application Fee <u>\$79.50</u>
	State Levy Fee <u>\$1.59</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
	Total <u>\$81.09</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: D. Ronald Walsh Date: 8-1-2018



BUILDING PERMIT APPLICATION

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

Application Date: 7-19-18Permit Number: DP 2018-00565GPIN/Tax Map: 6189-03-5729/32-15-0-1-0Issued: 8-3-18

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 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>2704 Buckhorn Hills Meadows VA 23102</u>	
	Owner <u>Gary Mann</u> Address	Phone # <u>804 640-7904</u> Email

APPLICANT INFORMATION	Applicant/Contact <u>Gary Mann</u> Address	
	Phone # <u>804 640-7904</u> Email	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Buckhorn Hills</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>AS</u>	CUP/Variance/COA _____
	Side Setback <u>35' from ROW</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date <u>7/24/18</u> A2			

CONTRACTOR INFORMATION	Contractor <u>Gary Mann</u> Address		Phone <u>804 640-7904</u> Email
	Contractor License Number		Expiration
	Type		

DESCRIPTION OF WORK	Scope of Work: <u>Garage detached 30 x 60</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1,800</u>	Total Sq. Ft. <u>1,800</u>		

Building Only - Excludes All Trades Permits

Value of Work
~~\$35,000~~ \$58,500.00

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 July 19 2018

Application Fee	\$ <u>215.26</u>
State Levy Fee	\$ <u>5.50</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>2305.76</u>

Revised 8-2-18 finish 576 sq ft 3rd floor into playroom + storage + mechanical room
 415 unfinished sq ft

11-20-17

 <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: 11/9/2017
	Permit Number: DP-2017-00925
	GPIN/Tax Map: 6710-87-2991/44-15-1-140
	Issued: 1-3-18
	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: 1990 Covington Road Lot 14 Section 1 Covington
	Owner: William Justin Lacy Phone #: 839-2385
	Address: 6641 West Broad Street Suite 404 Email: JLacy@tsulc.com

APPLICANT INFORMATION	Applicant/Contact: Shiflett Construction Services Inc. Rofte Shiflett	Phone #: 305-7015
	Address: 2045 Judas Ferry Rd Pow, VA 23139	Email: Rofte.shiflett@comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: Covington	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: —	Date Paid: —
	Front Setback: 80' from CL	Center Line Setback: 80' CL	Rear Setback: 55' from Rear	CUP/Variance/COA: —
	Side Setback: 55' from ROW (East)	Side Setback: 20'	Flood Zone: X	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: —	Planning & Zoning Officer: David Floyd	Date: 11/21/17	A2

CONTRACTOR INFORMATION	Contractor: Shiflett Construction Services Inc	Phone: 305-7015
	Address: 2045 Judas Ferry Rd Pow VA 23139	
	Contractor License Number: 2705044480 Type: CBL RBL Expiration: 4/30/2018	

DESCRIPTION OF WORK	Scope of Work: Revised 3-26-18 to include additional New Home construction - 98 sq ft to porch
	Proposed Use: — Current Use: — Existing Buildings on Property: 0 # of Floors: 2
	SEWER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> WATER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> # of Bathrooms: 3 1/2 # of Bedrooms: 4
	Finished Sq. Ft.: 2871 + 576 Unfinished Sq. Ft.: 1623 + 98 Total Sq. Ft.: 4494 + 98 = 4592

Building Only - Excludes All Trades Permits	Value of Work: 295,000.00 → 383,775.00	Application Fee: \$1,359.50
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.	Signature of Applicant: [Signature]	State Levy Fee: \$27.39
Signature of Applicant: [Signature]	Date: 11/9/2017	Septic/Well Fee: \$50.00
		Zoning Fee: \$40.00
		RLD: \$100.00
		SWP: \$
		Total: \$1,557.09

Rev fee: \$407.43



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: 7/31/18
 Permit Number: BD 2018-00499
 GPIN/Tax Map: 46-27-A-13-0/7707-84-298
 Issued: 8-2-18

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: 2317 Wheatlands Dr. Manakin Sabot, VA
 Owner: Barry Gooden Phone #: 804-539-8530
 Address: 2317 Wheatlands Dr. Manakin Sabot, VA Email: pdysys@outlook.com

APPLICANT INFORMATION
 Applicant/Contact: Heritage Contracting Phone #: 540-361-1513
 Address: 9759 Courthouse Rd Email: amy@heritage-contracting.net

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Wheatlands</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>—</u>	Date Paid: <u>—</u>
Front Setback: <u>55' from R/W</u>	Center Line Setback: <u>80'</u>	Rear Setback: <u>35'</u>	CUP/Variance/COA: <u>—</u>
Side Setback: <u>15'/35'</u>	Side Setback: <u>15'/35'</u>	Flood Zone: <u>—</u>	

APPROVED REJECTED COMMENTS: *Using footprint of original structure.
 Planning & Zoning Officer: [Signature] Date: 8/2/18 RR

CONTRACTOR INFORMATION
 Contractor: Heritage Contracting Phone: 540-361-1513
 Address: 9759 Courthouse Rd, Spotsylvania, VA Email: amy@heritage-contracting.net
 Contractor License Number: 2705087038A Type: CLASS A Expiration: 8-31-2020

DESCRIPTION OF WORK
 Scope of Work: Rebuild Garage due to fire + UPSTAIRS OFFICE AREA 10ft

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"/>	<u>None</u>		
		# of Bathrooms	# of Bedrooms	# of floors
				<u>2</u>
Finished Sq. Ft. <u>672 sq. ft.</u>		Unfinished Sq. Ft. <u>864 sq. ft.</u>		Total Sq. Ft. <u>1536 sq. ft.</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 56,500.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 7/31/18

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

Free waived due to fire damage



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: 7-27-18

Permit Number: BP-2018-00581

GPIN/Tax Map: 7705-76-5270/57-10-0-5-0

Issued: 8-1-18

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 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>71633 Devon Way, Manakin Sabot Va. 23103</u>	
	Owner <u>Mr. Mrs. Olmsted</u>	Phone # <u>804 873-7758</u>
	Address <u>same</u>	Email <u>jbolmsted@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Auburn Chase</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' From ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 7/27/18 142

CONTRACTOR INFORMATION	Contractor <u>Custom Pools and Landscapes of Richmond, inc.</u>	Phone <u>(804) 502 1733</u>
	Address <u>12594 Patterson Ave Richmond Va. 23238</u>	
	Contractor License Number <u>2705138294</u>	Type <u>X12.5 A LSC POL</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install 30' fiberglass pool with Automatic Cover as barrier inground</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	# of Bathrooms <input checked="" type="checkbox"/> # of Bedrooms # of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.

Building Only - Excludes All Trades Permits

Value of Work	10,000 <u>\$10,312.50</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: 7/26/18

Application Fee	\$ <u>58.40</u>
State Levy Fee	\$ <u>1.17</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>84.57</u>

15687



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 7-24-18

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Permit # 18-606

GPIN

Tax Map

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

LOCATION

Street Address 2000 Strawberry Run

PROPERTY OWNERSHIP

Name Constance Lewis	Phone 347-9554
Mailing Address 2000 Strawberry Run	Email

APPLICANT

Name Mike Loving	Phone 804-400-9224
Address 1735 Arlington Rd	Email mloving@master

CONTRACTOR

Name Master Electrical Services	Phone 804-231-1973			
Mailing Address 1735 Arlington Rd	Email			
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705067673	Expiration 03-31-20	License Type	Class A

DESCRIPTION OF WORK

Install 30 kw generator in place of existing generator.

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	10,000		

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

Signature of Applicant: Date: 7-24-18

Approval:	Office Use Only	Approval date: 8/2/18
Permit Fee: 67.32		Issued date:

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

(owner's statement on back)

15731



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 7-24-18

Permit # 18-607

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

LOCATION

Street Address 3730 Broad St Rd

PROPERTY OWNERSHIP

Name Linda Davis	Phone 556-5256
Mailing Address 3730 Broad St Rd	Email

APPLICANT

Name Mike Loving	Phone 804-400-9224
Address 1735 Arlington Rd	Email mloving@master

CONTRACTOR

Name Master Electrical Services		Phone 804-231-1973	
Mailing Address 1735 Arlington Rd		Email	
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705067673	Expiration 03-31-20	License Type Class A

DESCRIPTION OF WORK

Install 20kw generator with 200 amp ATS

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) 5,000			

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

Signature of Applicant: Date: 7-24-18

Approval:	Office Use Only	Approval date: 8/2/18
Permit Fee: 44.37		Issued date:

Please call or visit our website to calculate fee: 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

Date 8/6/2018

Permit # 2112018-622
5220810006

GPIN
6777-07-2487

Tax Map
43-39-0-2-0

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

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

LOCATION

Street Address 2333 Lanes End Place Maidens VA 23102

PROPERTY OWNERSHIP

Name Lewis & Delores Smith

Phone 8049865027

Mailing Address 2333 Lanes End Place Maidens VA 23102

Email delores715@comcast.net

APPLICANT

Name Preston Martin

Phone 8056901780

Address 1177 Bradbury Rd. Moseley VA 23120

Email preston@woodstockmanagement.com

CONTRACTOR

Name Woodstock Management Inc.

Phone 8046901780

Mailing Address 1177 Bradbury Rd. Moseley VA 23120

Email preston@woodstockmanagement.com

Gas Certification

YES NO

State License Number

2705073552

Expiration

12/31/2018

License Type

ELE RBC

Class

A

DESCRIPTION OF WORK

Install 22kw backup generator (ATS already installed)

Install new 30A underground circuit to shed

of Bathrooms

Service Size

Power Company

Inquiry #

Value of Work (required)

~~\$9500~~ \$8500

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

Signature of Applicant:

Date: 8/6/2018

Approval:

Office Use Only

Approval date:

8-6-18

Permit Fee:

\$60.44

Issued date:

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

(owner's statement on back)



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	8.9.18
Permit #	18-6005
GPIN	
Tax Map	

LOCATION

Street Address: 1495 Meridian Rd, Meridian Seabot VA.

PROPERTY OWNERSHIP

Name	Stephen Hughes	Phone	804-337-7440
Mailing Address	1495 Meridian Rd	Email	stev@hughesablar

APPLICANT

Name	Stephen Hughes	Phone	
Address	Same	Email	

CONTRACTOR

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

DESCRIPTION OF WORK

Install 25kw generator

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)			
\$1000			

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: 8/9/18

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>8/9/18</u>
Permit Fee: <u>30.00</u>		Issued date: <u>8/9/18</u>

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

(owner's statement on back)

Electrical Res. Trade



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: 8-10-18

Permit Number: E11-2018-00034

GPIN/Tax Map:

Issued:

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

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

OWNER INFORMATION	Site Address 641 Longfield Road Manakin Sabot VA 23103	
	Owner Roy & Anne Goldberg	Phone # 804-349-3976
	Address 641 Longfield Road Manakin Sabot	Email
APPLICANT INFORMATION	Applicant/Contact Richard Medeiros	Phone # 540-718-7505
	Address 2293 Seminole Lane Charlottesville, VA 22901	Email richieneverdarke@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/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
Planning & Zoning Officer _____ Date _____				

CONTRACTOR INFORMATION	Contractor Never Dark Whole House Generator		Phone 434-975-3275
	Address 2293 Seminole Lane Charlottesville, VA 22901		
	Contractor License Number 2705141802	Type A	Expiration 7-31-2019

DESCRIPTION OF WORK	Scope of Work: wiring 22kw automatic generator with automatic transfer switch with load share modules			
	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	14600
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Application Fee	\$ 30-
State Levy Fee	\$.00
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 30.00

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 Richard Medeiros Date 8-7-18



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	8/7/18
Permit #	18-646
GPIN	
Tax Map	

LOCATION

Street Address	733 Woodson Place
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PROPERTY OWNERSHIP

Name	Alan & Jennifer Bittmann	Phone	
Mailing Address	733 Woodson Place	Email	

APPLICANT

Name	Tribble Electric	Phone	(804) 266-4704
Address	1575 Mountain Road Glen Allen 23060	Email	barbara.um@tribbleelectric.com

CONTRACTOR

Name	Tribble Electric	Phone	(804) 266-4704	
Mailing Address	1575 Mountain Road Glen Allen, VA 23060	Email	barbara.um@tribbleelectric.com	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701034592	Expiration 6/30/19	License Type Electrical	Class A

DESCRIPTION OF WORK

Remove existing 10kw generator + transfer switch and replace with new 11kw generator and 100 amp transfer switch.			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) 4,461			

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: Alan R. Bittmann Date: 8/7/18

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>8/14/18</u>
Permit Fee: <u>41.90</u>		Issued date: <u>8/14/18</u>

Please call or visit our website to calculate fee: 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 (804) 556-5317

Date 8-9-18

Permit # 212018-656

Old Map #

G-Pin

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address <u>2436 HADENSVILLE FIFE ROAD 23063</u>	District
---	----------

PROPERTY OWNERSHIP

Name <u>DOUG & AMBER JESSEE</u>	Phone <u>804-365-2581</u>
--	------------------------------

Mailing Address <u>2436 HADENSVILLE FIFE ROAD 23063</u>
--

APPLICANT

Name <u>H.O. FEILD ELECTRIC CO. INC.</u>	Phone <u>804-365-0263</u>
---	------------------------------

E-Mail Address <u>SERVICE @ HOFEC.COM</u>
--

CONTRACTOR

Name <u>H.O. FEILD ELECTRIC CO. INC.</u>	Phone <u>804-365-0263</u>
---	------------------------------

Mailing Address <u>P.O. BOX 6321 ASHLAND, VA. 23005</u>	License Type	Class
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Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <u>2705123991</u>	Expiration <u>8-31-18</u>	ELE	B
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DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 200A SWITCH

# of Baths	Service Size	Power Company	Inquiry #
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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 [Signature] Value of work: \$11,000.00

Approval [Signature] Date 8-15-18 Permit fee: \$71.91

Issue date: 8-15-18



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: 8/17/18

Permit #: 2112018-658

GPIN

Tax Map

LOCATION

Street Address: 4501 Riddles Bridge Road

PROPERTY OWNERSHIP

Name: <u>Gres Hailey</u>	Phone
Mailing Address	Email

APPLICANT

Name: <u>Kevin M. Boone</u>	Phone: <u>804-551-1698</u>
Address: <u>2211 Dickens Rd Suite 265 Richmond VA 23230</u>	Email: <u>contractorboone@yahoo.com</u>

CONTRACTOR

Name: <u>Kevin M. Boone Contracting LLC</u>	Phone: <u>(804) 551-1698</u>			
Mailing Address: <u>2211 Dickens Rd Suite 265 Richmond VA 23230</u>	Email: <u>contractorboone@yahoo.com</u>			
Gas Certification: YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number: <u>2705114629</u>	Expiration: <u>4/30/19</u>	License Type: <u>ELE</u>	Class: <u>B</u>

DESCRIPTION OF WORK

Installing one 22KW Standby Generator.

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) <u>\$7,000.00</u>			

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

Signature of Applicant: [Signature] Date: 8/17/18

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>8-17-18</u>
Permit Fee: <u>\$53.55</u>		Issued date: <u>8-17-18</u>

Please call or visit our website to calculate fee: 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.

Date: 8-30-18

Permit #: 18-707

GPIN

Tax Map

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

LOCATION

Street Address: 4380 TABSCOTT RD. COLUMBIA VA 23038

PROPERTY OWNERSHIP

Name: R.W. PRYOR, JR. Phone: 804-514-5565-VA
804-457-2022-H

Mailing Address: 4380 TABSCOTT RD. COLUMBIA VA. 23038 Email: RWPRYOR4380@AOL.COM

APPLICANT

Name: R.W. PRYOR JR. Phone: 804-457-2022

Address: 4380 TABSCOTT RD. COLUMBIA VA 23038 Email:

CONTRACTOR

Name: SHELTON'S ELECTRIC, INC Phone: 540-223-0986

Mailing Address: 5460 PARRISH RD. LOUISA, VA. 23093 Email: ds@SHELTONELECTRIC@YAHOO.COM

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705016551</u>	<u>10-31-2018</u>	<u>ELE</u>	<u>B</u>

DESCRIPTION OF WORK

INSTALL STANDBY-GENERATOR 16KW

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required) \$1500

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: 8-30-18

Approval: Fisher Office Use Only Approval date: 8/30/18

Permit Fee: 30.00 Issued date: _____

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

6870

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: 8.28.18

Permit #: 18-712

GPIN

Tax Map

LOCATION

Street Address: 376 Perrow Ln

PROPERTY OWNERSHIP

Name: Cindy Douglass Phone: 804.784.3925

Mailing Address: 376 Perrow Ln; Manakin-Sabot VA Email:

APPLICANT

Name: Teddi Bartlett Phone: 804.231.9684

Address: PO Box 35418; RVA Email: teddi@dgelectrical.com

CONTRACTOR

Name: Davis & Green Phone: 804.231.9684

Mailing Address: PO Box 35418; RVA Email: teddi@dgelectrical.com

Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class
		2701 026667	8/31/19	ELE	A

DESCRIPTION OF WORK

Provide and install 22kW generator

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required): \$8,465.00 Fee: \$60.27

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: 8.28.18

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>8/31/18</u>
Permit Fee: <u>60.27</u>		Issued date: _____

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

(owner's statement on back)