



BUILDING PERMIT APPLICATION

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

Application Date: 9/25/18 Rec: 9.27.18
 Permit Number: BP-2018-00831
 GPIN/Tax Map: 5890-45-4152/16-5-0-3-0
 Issued: 10-1-2018

Residential Commercial

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

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 2936 Lowry Road Columbia, VA 23038		Phone # 8043936635
	Owner Larry & Jennifer Roberts		Email lroberts@slurrypavers.com
	Address same as above		
APPLICANT INFORMATION	Applicant/Contact Jennifer Roberts		Phone # 8043936635
	Address 2936 Lowry Rd Columbia, VA 23038		Email jparkinsonresidential@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 Candlewood Construction LLC		Phone 5408417870
	Address 5805 Staples Mill Road Richmond, VA 23228		thewriteways@aol.com
	Contractor License Number 2705122474	Type Class A / contractor	Expiration 10/31/18

DESCRIPTION OF WORK	Scope of Work: Finish in basement (852 sq ft) - drywall, flooring, painting, trim, add storage area, doors. <i>living area + storage</i> House currently has 1704 sq ft finished + 852 sq ft unfinished. All 2556 sq ft will be finished when complete. <i>Add light fixture + 2 outlets electrical permit attached</i>				
	Proposed Use Rec Room	Current Use Storage	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <i>4</i>	# of Bedrooms <i>4</i>	# of floors <i>2</i>
	Finished Sq. Ft. 852	Unfinished Sq. Ft. 0	Total Sq. Ft. 852		

Building Only - Excludes All Trades Permits

Value of Work	\$8,500
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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 Jennifer Roberts Date 9/25/18

Application Fee	\$ 50.25
State Levy Fee	\$ 1.01
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 51.26

Issued 9-27-2018



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: 9-24-18 Application No.: AP-2018-00805 Fee: \$25.00
Zoning Approval: Yes David Floyd No: _____ Date: 9/24/18

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: William H. Pruitt, Jr Family Trust ^{Jan 13, 2016} Telephone: _____
Address: 1170 Rock Castle Rd Cell phone: (804) 920-8058
Goochland VA 23060 FAX: _____
E-mail: indlaw@aol.com

Name of Applicant: JEL Construction LLC (BUCK) Telephone: (804) 641-7756
Address: 19146 Highlands Ln Cell phone: _____
Bumpass VA 23024 FAX: _____
E-mail: jelconstruct@gmail.com

Property Information

Street Address: 1170 Rock Castle Rd Zoning: A1
GPIN Number: 6736-00-7962 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): 576 2. Value of Building: \$ 10,000
3. Written Description of Proposed Physical Improvements:
24x24 Run In shed open on 2 sides



BUILDING PERMIT APPLICATION

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 TDD 711 VA Relay

Residential Commercial

Application Date: 9-25-2018
 Permit Number: BP-2018-00811
 GPIN/Tax Map: M34-01-5385/44-28-F-18-0
 Issued: 9-27-2018

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 151 Buttonbush Richmond VA23238	Phone #
	Owner <u>Michael J Adarick</u>	
	Address 151 Buttonbush Richmond VA 23238	Email

APPLICANT INFORMATION	Applicant/Contact Matt Helms	Phone # 8046909605
	Address 2508 Turkey Creek Rd Oilville VA 23129	Email matthelms@westviewcompanies.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Buttonbush</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' from pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	CUP/Variance/GOA
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Ford</u> Date <u>9/25/18</u> RPUD			

CONTRACTOR INFORMATION	Contractor WestView Companies, Inc	Phone 8047840095
	Address 2508 Turkey Creek Rd Oilville VA 23129	matthelms@westviewcompanies.com
	Contractor License Number 2705117309	Type A

DESCRIPTION OF WORK	Scope of Work: Construct screened, covered deck on masonry piers				
	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 0	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft. <u>195</u>	Unfinished Sq. Ft. <u>195</u>	Total Sq. Ft. 195		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>60-</u> State Levy Fee \$ <u>1.32</u> Septic/Well Fee \$ <u> </u> Zoning Fee \$ <u>25-</u> RLD \$ <u> </u> SWP \$ <u> </u> Total \$ <u>92.32</u>
Value of Work	12,000	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u>	
Date	9-24-2019	

LIEN AGENT INFORMATION

Please check one of the following:

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

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

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

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

OWNER'S 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 *Laura Beck* DATE 9/26/2018
Code Official



BUILDING PERMIT APPLICATION

Application Date: 9-24-18
 Permit Number: DP-2018-00808
 GPIN/Tax Map: 6822-87-554A / 61-0-38-0
 Issued: 9-26-18
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Residential Commercial

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OWNER INFORMATION
 Site Address: 4746 Three CROFT ROAD, NARANSVILLE, VA. 23067
 Owner: Charles Shannon & Sam Piazza
 Address: SAME
 Phone #: 804-9014467
 Email: ---

APPLICANT INFORMATION
 Applicant/Contact: NEIL INGRAM OF Trudy NITE
 Address: 3351 SPEEK'S DRIVE SUITE 107 MIDLOTHIAN, VA. 23112
 Phone #: 8049121196
 Email: TNINGRAMTR@GMAIL.COM

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 Road</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 REJECTED COMMENTS: AI
 Planning & Zoning Officer: David Floyd Date: 9/25/18

CONTRACTOR INFORMATION
 Contractor: PRO RENOVATION
 Address: 3351 SPEEK'S DRIVE SUITE 107 MIDLOTHIAN VA. 23112
 Phone: 804912-1196
 Email: TNINGRAMTR@GMAIL.COM
 Contractor License Number: 2705100203 Type: A Expiration: 2020-06-30

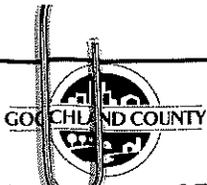
DESCRIPTION OF WORK
 Scope of Work: ADD A 12' X 12' OFFICE & A 24' X 24' ATTACHED GARAGE

Proposed Use: <u>OFFICE / GARAGE</u>	Current Use: <u>NONE</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed): <u>NONE</u>		
SEWER: <u>Public/Private</u>	WATER: <u>Public/Private</u>	# of Bathrooms: <u>3-0-</u>	# of Bedrooms: <u>0-</u>	# of floors: <u>1</u>
Finished Sq. Ft.: <u>144 #</u>	Unfinished Sq. Ft.: <u>576 #</u>	Total Sq. Ft.: <u>720 #</u>		

Building Only - Excludes All Trades Permits

Value of Work: <u>38,000</u>	Application Fee: \$ <u>183.00</u>
	State Levy Fee: \$ <u>3.66</u>
	Septic/Well Fee: \$ <u>---</u>
	Zoning Fee: \$ <u>25.00</u>
	RLD: \$ <u>---</u>
	SWP: \$ <u>---</u>
	Total: \$ <u>211.66</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: 9-24-18



BUILDING PERMIT APPLICATION

Application Date: 9.21.2018
 Permit Number: BP-2018-00799
 GPIN/Tax Map: 7723-59-5019/64-12-G-5-0
 Issued: 9-24-2018

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

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OWNER INFORMATION	Site Address <u>223 PAGEBROOK DRIVE RICHMOND, VIRGINIA 23238</u>	
	Owner <u>CAMBISIOS, STEVE</u>	Phone # <u>(804) 402-5667</u>
	Address <u>223 PAGEBROOK DR. RICHMOND, VA. 23238</u>	Email <u>s.cambisios@yahoo.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>MARK KEFFER</u>	Phone # <u>(804) 318-5002</u>
	Address <u>9511 FORESTDALE DR. AMELIA COURT HOUSE, VA. 23002</u>	Email <u>mark.keffer@kefficient.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>KEFFICIENT LLC</u>		Phone <u>(804) 318-5002</u>
	Address <u>9511 FORESTDALE DR. AMELIA COURT HOUSE, VA. 23003</u>		Email <u>mark.keffer@kefficient.com</u>
	Contractor License Number <u>2705163415</u>	Type <u>CONTRACTOR</u>	Expiration <u>7-31-2019</u>

DESCRIPTION OF WORK	Scope of Work: REMOVE INSULATION - DEHUMIDIFIER - DRAINAGE SYSTEM SEAL VENTS - ENCAPSULATION - DEBRIS REMOVAL - CRAWL SPACE DOOR REMOTE HYGROMETER - MOLD TREATMENT				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" 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>49.00</u>
Value of Work	\$ <u>8,238.00</u>	State Levy Fee	\$ <u>.98</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>50.05</u>
Signature of Applicant <u>Mr Keffer</u>		Date	<u>9-19-2018</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

 Residential

 Commercial

 Application Date: 6-11-18

 Permit Number: BP-2018-00467

 GPIN/Tax Map: 7726-08-4473 / 47-1-0-43-0

 Issued: 9-24-18

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.

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>22 BROAD STREET</u>	
	Owner <u>McDonalds</u>	Phone # <u>614-8288215</u>
	Address <u>22 Broad St</u>	Email

APPLICANT INFORMATION	Applicant/Contact TRACEY DIEHL		Phone # 8048597618
	Address <u>6487 HILLIARD DRIVE CANAL WINCHESTER OH 43110</u>		Email <u>TRACEY@ETD.WEBSITE</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>TBD Maintenance Innovations</u>	Phone <u>703-231-109</u>
	Address <u>10411 Dow Gil Road, Ashland VA 23005</u>	
	Contractor License No. <u>2-7051346821 ETC, HIC?</u>	Expiration <u>5-31-20</u>

DESCRIPTION OF WORK	Scope of Work: <u>Replace Drive thru menu boards per plans</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private	<input type="checkbox"/> WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>33.74</u>
Value of Work <u>4500</u>		State Levy Fee \$ <u>68</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating Building construction and use. Signature of Applicant <u>Tracey Diehl</u> Date <u>6/15/18</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>34.42</u>

Tracey 614-8288215

NSA 316033



ZONING COMPLIANCE APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Issued 9-21-18

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: <u>9-20-18</u>	Application No.: <u>172018-00796</u>	Fee: <u>\$25.00</u>
Zoning Approval: Yes <u>Daniel Lloyd</u>	No: _____	Date: <u>9/20/18</u>

Zoning Application Type: *Please appropriate check box*

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Gary & Darcy Kiesinger Telephone: (804) 301-9837

Address: 4043 Shannon Hill Rd, Columbia Va Cell phone: _____

23038 FAX: _____

E-mail: _____

Name of Applicant: _____ Telephone: _____

Address: _____ Cell phone: _____

FAX: _____

E-mail: _____

Property Information

Street Address: 4017 Shannon Hill Rd, Columbia Va Zoning: A1

GPIN Number: 5892-94-2637 23038 Acreage: 28.081

Existing Use: Agricultural

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): 64 2. Value of Building: \$200

3. Written Description of Proposed Physical Improvements:

8x8 animal shelter for goats



BUILDING PERMIT APPLICATION

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Application Date: 09/17/2018Permit Number: BP-2018-00785GPIN/Tax Map: 31-25-0-5-0/6778-04-0470Issued: 9-19-18

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



Residential



Commercial

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OWNER INFORMATION	Site Address <u>2110 Alldever Drive Maidens, VA 23102</u>	
	Owner <u>Linda Dewar</u>	Phone # <u>804-239-6440</u>
	Address <u>2110 Alldever Drive Maidens, VA 23102</u>	Email <u>usdewars@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>JES Construction, LLC / Camisha Brown</u>	
	Address <u>2410 Southland Drive Chester, VA 23831</u>	Phone # <u>804-495-4646</u> Email <u>Cbrown@jeswork.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>JES Construction, LLC</u>		Phone <u>804-495-4646</u>
	Address <u>2410 Southland Drive Chester, VA 23831</u>		Email <u>Cbrown@jeswork.com</u>
	Contractor License Number <u>2705008655</u>	Type <u>Class A</u>	Expiration <u>4-30-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>installing 1501 sq. ft. of Crawl Seal, one (1) dehumidifier, 175 lin. ft. of Drain Tile and two (2) smart Sumps</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u>		
	<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>106.53</u>
Value of Work	\$ <u>21,007</u>	State Levy Fee	\$ <u>2.13</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>Camisha Brown</u> Date <u>09/17/2018</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>108.66</u>



BUILDING PERMIT APPLICATION

Application Date: August 13, 2018

Permit Number: **BP-2018-00673**

GPIN/Tax Map: **7727-38-8317-000A/47-33-0-14-A**

Issued: **9-19-18**

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Residential Commercial

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OWNER INFORMATION	Site Address 2361-B Greystone Court, Rockville, VA 23146	
	Owner Kenbry Investments, LLC	Phone # 804-620-3050
	Address 2361 Greystone Court, Rockville, VA 23146	

APPLICANT INFORMATION	Applicant/Contact Terry Shoemaker	Phone # 804-335-6336
	Address PO Box 218, Oilville, VA 23129	Email terry@thsconstruction.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Rockville Commerce Center	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 20' from low	Center Line Setback 45'	Rear Setback 30'	CUP/Variance/COA
	Side Setback 10'	Side Setback 10'	Flood Zone	R2-1990-5
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * No change to existing footprints.			

Planning & Zoning Officer: **David Floyd** Date: **8/20/18** **ma**

CONTRACTOR INFORMATION	Contractor THS Construction Co	Phone 804-525-5036
	Address PO Box 218, Oilville, VA 23129	Email tpfister@thsconstruction.com
	Contractor License Number 2705-110435	Type Class A Contractor

DESCRIPTION OF WORK	Scope of Work: upfit warehouse to office/warehouse space				
	Proposed Use office/warehouse		Current Use warehouse warehouse		Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft. 2,000 sf		Unfinished Sq. Ft. 3,000 sf		Total Sq. Ft. 5,000 sf
	Tenant: THS Construction				

Building Only - Excludes All Trades Permits		Application Fee	\$ 112.50
Value of Work	\$15,000	State Levy Fee	\$ 2.25
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ 100-
		RLD	\$
		SWP	\$
		Total	\$ 214.75

Signature of Applicant: **[Signature]** Date: **8/16/18**



BUILDING PERMIT APPLICATION

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

Residential

Commercial

Application Date: 9-10-18

Permit Number: BP-2018-00759

GPIN/Tax Map: 6850-71-966/121-9-0-2-0

Issued: 9-18-18

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

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

OWNER INFORMATION	Site Address <u>2772 Calverne Court Sandy Hook Va 23153</u>	
	Owner <u>Cheryl Hardman</u>	Phone #
	Address <u>2772 Calverne Court Sandy Hook Va</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Chris Winder</u>	
	Address <u>12115 Shannon Hill Rd Louisa Va 23093</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>High Grove</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>55' from ROW</u>	Center Line Setback <u>80'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>9/11/18</u> <u>RR</u>			

CONTRACTOR INFORMATION	Contractor <u>Chris Winder / Pool Builders of Va</u>		Phone
	Address <u>12115 Shannon Hill Rd Louisa Va 23093</u>		Email
	Contractor License Number <u>2705117925</u>	Type <u>B</u>	Expiration <u>9-30-2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>Inground Pool 16' by 40' Vinyl Pool Pool Barrier By Owner</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>640</u>		<u>640</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>192.00</u>
Value of Work	<u>40,000</u>	State Levy Fee	\$ <u>3.84</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>Christopher Winder</u> Date: <u>8-10-2018</u>		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

Application Date: July 6, 2018
 Permit Number: BP-2018-00538
 GPIN/Tax Map: 5892-63-3922/9-1-0-21-0
 Issued: 9.17.2018
 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: 6312 Community House Rd. Goochland, VA 23038
 Owner: CHARLES W. STEMMERMAN III Phone #: (804) 334-9959
 Address: 214 BANKS ST. Highland Springs VA 23075 Email:

APPLICANT INFORMATION

Applicant/Contact: CHARLES W. STEMMERMAN III Phone #: (804) 334-9959
 Address: 214 BANKS ST. Highland Springs VA 23075 Email: chevyrepairman@yahoo.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

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

CONTRACTOR INFORMATION

Contractor: Ower Phone: _____
 Address: _____ Email: _____
 Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK

Scope of Work: Remodel 1 Bed House into 2 bedrooms moving kitchen and bathroom removing wall, drop ceiling for bathroom and bedrooms

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.		

Building Only - Excludes All Trades Permits

Value of Work	<u>37,600</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: Charles W. Stemmerman III Date: July 6, 2018

Application Fee	\$ <u>181.20</u>
State Levy Fee	\$ <u>3.62</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>184.82</u>

BUILDING 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

Issued 9.13.2018

Application Date: 9-11-2018
 Permit Number: BP-2018-00762
 Old Map Number: 57-33-0-8-0
 GPIN: 7705-52-8465

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 607 Dover Bluff Circle Markakis-SABOT, Jr.		District	
	Owner BRIM: Lisa Campbell		Phone # 512-314-7304	
	Address 607 Dover Bluff Circle Markakis-SABOT, Jr.			
	Proposed Use Dwelling	Current Use Dwelling	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision The Meadows		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	
	New Street Address		Amount:	
	Date Paid:		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit
	Side Setback	Side Setback	Census Track	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: _____ Phone _____

Email: _____

CONTRACTOR INFORMATION	Contractor Walsh Builders Inc		Phone 804-641-1591	
	Address 967 Glebe Landing Rd Carter Cross, Jr. 22437			
	Contractor License Number 2701034172 A	Type Building	Expiration 2nd floor 4-30-2019	

Description of Work	Scope of Work: INTERIOR RENOVATION -> remodel kitchen - enlarge laundry, convert back porch to 2nd floor 1st floor office w/ existing bedroom to enlarge bathrooms			
	SEWER Public/Private	WATER Public/Private	(2) 1/2 Baths (5) Full	# of Bathrooms 6 Total remodel master bath
	# 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	\$90,000
Excludes All Trades Permits	

Application Fee	\$ 411-
Septic/Well Fee	\$
State Levy Fee	\$ 8.34
Zoning Fee	\$
Total	\$ 425.34

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. B. Walsh - Proj

enlarge master bedroom closet

Barn

Issued 9.12.18



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: 9.30.18	Application No.: AP-2018-00584	Fee: \$25.00
Zoning Approval: Yes <i>David Ford</i>	No:	Date: 7/31/18

Zoning Application Type: Please check appropriate box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: John Coccasna Telephone: 804-432-4324
 Address: 103 Traubridge Road Cell phone: same
Richmond, VA 22238 FAX: _____
 E-mail: jscoccasna@gmail.com

Name of Applicant: ~~Same~~ Telephone: _____
 Address: ~~1601 Gentry Road~~ Cell phone: _____
~~Crozier, VA 22227~~ FAX: _____
 E-mail: _____

Property Information

Street Address: 1601 Gentry Road Crozier, VA 23039 Zoning: A-2
 GPIN Number: 6786-87-7726 Acreage: ~ 13 Acres
 Existing Use: _____

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

PA

Project Information

1. Estimated square footage of the building(s): ~ 1,200 - 1,600
2. Value of Building: ~ 100,000
3. Written Description of Proposed Physical Improvements:
Barn for horses with bathroom and wash stall



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: 09-09-2018
 Permit Number: BP-2018-00756
 GPIN/Tax Map: 6798-62-4728/33-4-0-11
 Issued: 9-12-2018

Residential Commercial

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

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>2230 Shallows Well Road</u>				
	Owner <u>Anthony + Allison Bradley</u>		Phone # <u>804-539-2392</u>		
	Address <u>2230 Shallows Well Road</u>		Email		
APPLICANT INFORMATION	Applicant/Contact <u>JES Construction / Jennifer Haynes</u>		Phone # <u>804-495-4646</u>		
	Address <u>2410 Southland Dr. Chester, VA 23831</u>		Email <u>jhaynes@jeswork.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>JES Construction, LLC</u>		Phone <u>804-495-4646</u>		
	Address <u>2410 Southland Drive Chester, VA 23831</u>		Email <u>jhaynes@jeswork.com</u>		
	Contractor License Number <u>270506855</u>	Type <u>A</u>	Expiration <u>04-30-2020</u>		
DESCRIPTION OF WORK	Scope of Work: <u>Install 1,404 SF of crawl seal liner and (1) Dehumidifier in exist. crawl space.</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<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 11,955

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 09-09-2018

Application Fee	\$ <u>65.99</u>
State Levy Fee	\$ <u>1.37</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>67.11</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: 9-10-18

Permit Number: BP-2018-00759

GPIN/Tax Map: 6850-71-966/121-9-0-2-0

Issued: 9-12-18

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

This application requires two copies of construction drawings and two copies of the 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>2772 Calverne Court Sandy Hook Va 23153</u>	
	Owner <u>Cheryl Hardman</u>	Phone #
	Address <u>2772 Calverne Court Sandy Hook Va</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Chris Winder</u>	
	Address <u>12115 Shannon Hill Rd Louisa Va 23093</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>High Grove</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' from ROW</u>	Center Line Setback <u>80'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Boyd</u> Date: <u>9/11/18</u> RR			

CONTRACTOR INFORMATION	Contractor <u>Chris Winder / Pool Builders of Va</u>		Phone
	Address <u>12115 Shannon Hill Rd Louisa Va 23093</u>		Email
	Contractor License Number <u>2705117925</u>	Type <u>B</u>	Expiration <u>9-30-2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>Inground Pool 16' by 40' Vinyl Pool Pool Pad Barrier By Owner</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>640</u>	<u>640</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>197.00</u> State Levy Fee \$ <u>3.84</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>220.84</u>
Value of Work	<u>40,000</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>Chris Winder</u> Date <u>8-10-2018</u>	



BUILDING PERMIT APPLICATION

Application Date: September 5, 2018

Permit Number: **BP-2018-00724**

GPIN/Tax Map: 7726-85-1136/59-3-2-90-B

Issued: **9-12-2018**

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 1630 Wilkes Ridge Parkway	
	Owner West Creek MOB Partners, LLC	Phone # 804-346-4966
	Address 4198 Cox Rd., suite 200, Glen Allen, VA 23230	Email pransone@lingerfeltcommonwealth.com

APPLICANT INFORMATION	Applicant/Contact Dallan Construction, Inc.	Phone # 804-421-9326
	Address 4900 Fitzhugh Ave., Richmond, VA 23230	Email blevesque@dallanconstruction.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>West Creek Bus. Park</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>20' from Road</i>	Center Line Setback <i>45'</i>	Rear Setback <i>10'</i>	CUP/Variance/COA
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <i>No change to existing footprint.</i>		

Planning & Zoning Officer: *[Signature]* Date: *9/5/18* M.I.

CONTRACTOR INFORMATION	Contractor Dallan Construction, Inc.	Phone 804-421-9326
	Address 4900 Fitzhugh Ave., Richmond, VA 23230	blevesque@dallanconstruction.com
	Contractor License Number 2705046705A	Type Class A

DESCRIPTION OF WORK	Scope of Work: Tenant upfit for Virginia Cardiovascular Specialists on the third floor. New partitions, ceilings and finishes. New lighting, power, plumbing, fire sprinkler, fire alarm, and HVAC within suite.				
	Proposed Use Medical Suite	Current Use vacant	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2	# of Bedrooms	# of floors
	Finished Sq. Ft. 3,811	Unfinished Sq. Ft.	Total Sq. Ft. 3,811		

Building Only - Excludes All Trades Permits		Application Fee	\$ 1,603.09
Value of Work	\$213,745.00	State Levy Fee	\$ 32.00
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.		Septic/Well Fee	\$
		Zoning Fee	\$ 100 -
		RLD	\$
		SWP	\$
		Total	\$ 1,735.15

Signature of Applicant: *[Signature]* Date: 9-5-18

ISSUED. 4-10-18



BUILDING PERMIT APPLICATION

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

Application Date: 9-7-18
Permit Number: BD-2018-748
GPIN/Tax Map: 7716-77-9267
Issued: 47-37-0-32-0

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 1920 HOUNSLOW LANE, MANAKIN SABOT, VA 23103	Phone # 804 708-0558
	Owner CHARLES ANDERSON	Email cocharlie@aol.com
	Address	

APPLICANT INFORMATION	Applicant/Contact CHARLES ANDERSON	Phone # ABOVE
	Address 1920 HOUNSLOW LANE MANAKIN SABOT, VA 23103	Email ABOVE

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 checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: No change to front proffer. 9/10/18 No Proffer. bn.		

Planning & Zoning Officer: *David [Signature]* Date: 9/10/18

CONTRACTOR INFORMATION	Contractor OWNER	Phone
	Address	
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: INSTALLATION OF 59 1/2" x 59 1/4" WINDOW (WEIGHT ~ 77 lbs) IN SECOND FLOOR FINISHED ROOM. DRAWINGS ATTACHED				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2 1/2	# of Bedrooms 3	# of floors 2
	Finished Sq. Ft. 2676	Unfinished Sq. Ft.	Total Sq. Ft. 2676		

Building Only - Excludes All Trades Permits

Value of Work	\$1500.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: 9/7/2018

Application Fee	\$ 30.00
State Levy Fee	\$.60
Septic/Wall Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 30.60



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 5-18-18

Permit Number: BP-2018-00394

GPIN/Tax Map: 628-99-5543/28-1-0-11-A

Issued: 9-10-2018

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

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

OWNER INFORMATION	Site Address:	<u>2314 Chapel Hill Rd Goochland VA 23063</u>		
	Owner	<u>Alfreda King</u>	Phone #	
	Address	<u>85033 Oxford Rd. Ruther Glen VA 22546</u>	Email	

APPLICANT INFORMATION	Applicant/Contact	<u>James Lewis</u>	Phone #	<u>804-685-2349</u>
	Address	<u>2439 Red Lane Rd. Powhatan VA 23139</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>35' from Rwy/Road</u>	Center Line Setback		Rear Setback	<u>35'</u>	CUP/Variance/COA	
	Side Setback	<u>20'</u>	Side Setback	<u>20'</u>	Flood Zone	<u>—</u>		

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 5/31/18

CONTRACTOR INFORMATION	Contractor	<u>Times Mobile Home Transport</u>	Phone	<u>804-347-2133</u>
	Address	<u>P.O. Box 101 Doswell VA 23047</u>		
	Contractor License Number	<u>2705066045</u>	Type	<u>C</u>

DESCRIPTION OF WORK	Scope of Work: <u>Set 16' x 76' single wide replacing 2015 manufactured home - Replaces house removed. Approved by Anita Barnes</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<u>Residential</u>	<u>Residential</u>	<u>removed</u>	<u>1</u>
	SEWER	WATER	# of Bathrooms	# of Bedrooms
<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<u>2</u>	<u>3</u>	
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
<u>190</u>	<u>50</u>	<u>1240</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>5,000.00</u> 10,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: James Lewis Date: 5/18/18

Application Fee	\$ <u>34.50</u>
State Levy Fee	\$ <u>.69</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>50-</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>85.19</u>

Issued: 9-7-18



ZONING COMPLIANCE APPLICATION
COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 9-6-18 Application No.: AP-2018-00729 Fee: \$25.00
Zoning Approval: Yes [Signature] No: Date: 9-6-18

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: SCOTT & SARAH SCHUBERT
Address: 301 VIRGINIA STREET
UNIT 1113 RICHMOND VA 23219
E-mail:

Telephone:
Cell phone: 804-306-7008
FAX:

Name of Applicant: SCOTT SCHUBERT
Address: 301 VIRGINIA STREET
UNIT 1113 RICHMOND VA 23219
E-mail: SCOTT.A.SCHUBERT@GMAIL.COM

Telephone: 804-306-7008
Cell phone: "
FAX:

Property Information

Street Address: 1625 SHALON WELL ROAD
GPIN Number: 079679-5506
Existing Use: WOODED LAND

MANARTH SART 23103
Zoning: A-2
Acreage: 55

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): 2560 sqft 2. Value of Building: 69,500
3. Written Description of Proposed Physical Improvements:

40x64x14 INSULATED POLY BARN



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: 07/02/18

Permit Number: **BP-2018-00522**

GPIN/Tax Map: Tax Map #64-25-1-18-A/7724-69-536i

Issued: 9-7-2018

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 <i>840 Broad Branchway Richmond Va 23238</i>	
	Owner Kiran Bashir of KBI Investments, LLC	Phone # 804-338-9344
	Address 12313 Keats Grove Place Glen Allen, VA 23059	

APPLICANT INFORMATION	Applicant/Contact Kiran Bashir of KBI Investments, LLC		Phone # 804-338-9344
	Address 12313 Keats Grove Place Glen Allen, VA 23059		Email kbashir@comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>West Creek</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <i>75' from ROW</i>	Center Line Setback <i>100'</i>	Rear Setback <i>10'</i>	CUP/Variance/COA _____
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David Ford</i> Date: <i>7/3/18</i> MI			

CONTRACTOR INFORMATION	Contractor RVA Construction Inc		Phone 804-622-5852
	Address 8001 Franklin Farms Dr. Suite 138 Richmond VA 23229		Email _____
	Contractor License Number 2905102170	Type CBC-HVA-RBC	Expiration 1/31/2020

DESCRIPTION OF WORK	Scope of Work: Consists of construction of an 11,550SF two-story children's preschool facility on 1.55 acres. <i>Kiddie Academy</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 10	# of Bedrooms 0	# of floors 2
	Finished Sq. Ft. 11,550SF		Unfinished Sq. Ft.		Total Sq. Ft. 11,550SF

Building Only - Excludes All Trades Permits \$ 1,270,500.00	Application Fee \$ 9528.75 State Levy Fee \$ 190.58 Septic/Well Fee \$ _____ Zoning Fee \$ 100.00 RLD \$ _____ SWP \$ _____ Total \$ 9819.33
Value of Work 2,350,000.00 1,135,000.00 (KA)	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.	
Signature of Applicant <i>Kiran Bashir</i> Date 07/02/18	



BUILDING PERMIT APPLICATION

Application Date: 8/15/18

Permit Number: BP-2018-00655

GPIN/Tax Map: 0000-48-144/43-38-A-14-0

Issued: 9-7-18

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

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

Residential Commercial

This application requires two copies of construction drawings and two copies of the 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>11609 Indy's Run Maidens, VA 23102</u>	
	Owner <u>Robert & Leslie Wren</u>	Phone # <u>855-4868</u>
	Address <u>Johnson Construction Co Inc.</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Johnson Construction Co Inc.</u>	
	Address <u>P.O. Box 205 Rockville VA 23146</u>	Email <u>graysonjohnson.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Breeze Hill</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>---</u>	Date Paid <u>---</u>
	Front Setback <u>40' from ROW</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>---</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>---</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>8/16/18</u> RP			

CONTRACTOR INFORMATION	Contractor <u>Johnson Construction Co Inc</u>		Phone <u>387-3060</u>
	Address <u>P.O. Box 205 Rockville VA 23146</u>		Email <u>graysonjohnson.com</u>
	Contractor License Number <u>2705106885</u>	Type <u>A BLD</u>	Expiration <u>5/31/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>detached garage</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>1520</u>	<u>1520</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>234.30</u> State Levy Fee \$ <u>4.69</u> Septic/Well Fee \$ <u>---</u> Zoning Fee \$ <u>25-</u> RLD \$ <u>---</u> SWP \$ <u>---</u> Total \$ <u>263.99</u>
Value of Work	<u>40,000 \$49,400.00</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u> Date <u>8/15/18</u>	



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8/31/2018 / Rec 8-27-18
 Permit Number: BP-2018-00694
 GPIN/Tax Map: 5880-30-6084-9999 / Tax Map 15-4-0-4-T
 Issued: 9-6-18
 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 2706 Marle Road Columbia, VA 23038	
	Owner HARRIGAN & COMPANY INC	Phone # (804) 673-8900
	Address 5413 Patterson Ave, Suite 101, Richmond, VA 23226	

APPLICANT INFORMATION	Applicant/Contact Verizon Wireless / Agent Dewberry Susan Lankford		Phone # 919 424-3722
	Address 2610 Wycliff Road Site 410 Raleigh, NC 27607		Email slankford@dewberry.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <u>75' from RW</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing foot print.</u>				
	Planning & Zoning Officer: <u>[Signature]</u> Date: <u>8/28/18</u> AI				

CONTRACTOR INFORMATION	Contractor BTE MANAGEMENT GROUP LLC		Phone 918 587-4630
	Address 1717 S BOULDER STE 300, TULSA, OK 74119		Email ndavis@btgrp.com
	Contractor License Number 2705130215	Type LLC - Limited Liability Company	Expiration 08-31-2019

DESCRIPTION OF WORK	Scope of Work: Existing Wireless Telecommunication Facility, Swap 3 antennas and adding 6 antennas and adding ancillary hardware at existing facility. The Height of the tower will not increase, no changes to ground equipment.				
	Proposed Use Telecommunication Facility	Current Use Telecommunication Facility	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms N/A	# of Bedrooms N/A	# of floors N/A
	Finished Sq. Ft. N/A		Unfinished Sq. Ft. N/A		Total Sq. Ft. N/A

Building Only - Excludes All Trades Permits	
Value of Work \$79,000.00	Application Fee \$ <u>597.50</u> State Levy Fee \$ <u>11.85</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>50-</u> RLD \$ _____ SWP \$ _____ Total \$ <u>654.35</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>8/28/2018</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: 9-5-18

Permit Number: BP-2018-00728

GPIN/Tax Map: 7717-99-5062 / 47-26-0-8-0

Issued: 9.6.18

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.

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>2351 Rockville Rd, Rockville Va 23146</u>	
	Owner <u>Gene B Miller</u>	Phone # <u>8043322158</u>
	Address Same	Email <u>genebmiller@comcast.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>Jim Glave</u>		Phone # <u>8043373978</u>
	Address <u>P o box 1052 Ashland, Va 23005</u>		Email <u>jim@glaveconstruction.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>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>30'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*No change to existing footprint.</u> Planning & Zoning Officer <u>David Floyd</u> Date <u>9/5/18</u> A2			

CONTRACTOR INFORMATION	Contractor <u>Glave Construction, Inc.</u>		Phone <u>8043373978</u>
	Address <u>P O Box 1052</u>		<u>jim@glaveconstruction.com</u>
	Contractor License Number <u>2705113166</u>	Type <u>A BID</u>	Expiration <u>02/28/2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>Remove Old deck & build new deck same size.</u>				
	<u>12x18</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.		216	Unfinished Sq. Ft.	216	Total Sq. Ft.

Building Only - Excludes All Trades Permits		Application Fee \$ <u>45.02</u>	
Value of Work	<u>7500.00</u>	State Levy Fee	\$ <u>.92</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>9-5-18</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>71.16</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: 8.30.18
 Permit Number: BP-2018-00711
 GPIN/Tax Map: 7733-36-5776/67-13-B-8-0
 Issued: 9.6.18

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>MICHAEL & CLAIRE ROSETTI</u>	
OWNER INFORMATION	Owner	Phone #
	<u>17 BUCK BRANCH DR</u>	<u>804 837 8998</u>
OWNER INFORMATION	Address	Email
	<u>GOOCHLAND VA 23238</u>	<u>TOM@PDCVA.COM</u>

APPLICANT INFORMATION	Applicant/Contact	
	<u>TOM PAUL, PRES</u>	
APPLICANT INFORMATION	Address	Phone #
	<u>15 E. GLENBROOKE CIR, RICHMOND 23229</u>	<u>804 837 8998</u>
APPLICANT INFORMATION	Address	Email
	<u>15 E. GLENBROOKE CIR, 23229</u>	<u>TOM@PDCVA.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	<u>Lower Tuckahoe</u>			
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>40' from ROW</u>	<u>65'</u>	<u>35'</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Side Setback	Side Setback	Flood Zone	
	<u>35' from Dahlgren Rd. side</u>	<u>15'</u>		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Officer: <u>[Signature]</u> Date: <u>8/31/18</u> RI				

CONTRACTOR INFORMATION	Contractor		Phone
	<u>PREMIERE DESIGN & CON., INC</u>		<u>804 837 8998</u>
	Address		Email
		<u>TOM@PDCVA.COM</u>	
Contractor License Number		Type	Expiration
<u>A-2705043273</u>		<u>G.C.</u>	<u>1/31/20</u>

DESCRIPTION OF WORK	Scope of Work:				
	<u>REMODEL KITCHEN & MASTER BATH, ADD ADDITION TO 3x20 enlarge existing area kitchen</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.	Unfinished Sq. Ft.	Total Sq. Ft.		
<u>60 ft</u>		<u>60</u>			

Building Only - Excludes All Trades Permits		Application Fee \$ <u>574.50</u>	
Value of Work	<u>125,000.00</u>	State Levy Fee	\$ <u>11.49</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>610.99</u>
Signature of Applicant: <u>[Signature]</u> Date: <u>8/30/18</u>			



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8-31-18
 Permit Number: BP-2018-00713
 GPIN/Tax Map: 6087-29-7773/44-16-0-22-0
 Issued: 9-6-18

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>1635 HORSEPEN HILLS RD. MAIDENS VA 23102</u>	
	Owner <u>JOHN & LAURA SWECKER</u>	Phone # <u>804 784 4886</u>
	Address <u>SAME AS ABOVE</u>	Email <u>JSWECKER@EMC-COMPANY.COM</u>
APPLICANT INFORMATION	Applicant/Contact <u>JOHN SWECKED</u>	
	Address <u>SAME AS ABOVE</u>	Phone # <u>804 366 9371</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Horsepen Hills</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from RW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>C</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			

Planning & Zoning Officer: [Signature] Date: 8/31/18 A2

CONTRACTOR INFORMATION	Contractor <u>NONE - OWNER</u>		Phone _____
	Address _____		Email _____
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: <u>Building enclosure with outlets & lights storage bldg</u>				
	Proposed Use <u>BARN</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, ant land disturbed) <u>NONE</u>		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms _____	# of Bedrooms _____	# of floors <u>1</u>
	Finished Sq. Ft. <u>5380</u>		Unfinished Sq. Ft. <u>420</u>		Total Sq. Ft. <u>420</u>

Building Only - Excludes All Trades Permits

Value of Work <u>\$11,550.00</u>	Application Fee \$ <u>63.90</u>
	State Levy Fee \$ <u>1.28</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ <u>25-</u>
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>90.25</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: 8-31-18



BUILDING PERMIT APPLICATION

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

Application Date: 8-23-18

Permit Number: BP-2018-00685

GPIN/Tax Map: 7707-47-867A/46-1-0-77-A

Issued: 9-5-18

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

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>817 Rockford rd Manakin Sabot VA</u>				
	Owner <u>John Cuccia</u>		Phone #		
	Address <u>817 Rockford rd</u>		Email		
APPLICANT INFORMATION	Applicant/Contact <u>Alex Berry</u>		Phone # <u>804 639 0230</u>		
	Address <u>1727 Rhoadmiller St Richmond</u>		Email <u>Alex@rainbowintlrichmond.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>Rainbow International</u>			Phone <u>804 639 0230</u>	
	Address <u>1727 Rhoadmiller St</u>				
	Contractor License Number <u>2705163813</u>	Type <u>Class A</u>	Expiration <u>4/30/19</u>		
DESCRIPTION OF WORK	Scope of Work: <u>Resoration after fire of detached garage with apartment above</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</u>	# of Bedrooms <u>1</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>663</u>	Unfinished Sq. Ft. <u>663</u>	Total Sq. Ft. <u>1326</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>58,000</u>
---------------	---------------

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

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

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: 8-28-18
 Permit Number: BP-2018-00699
 GPIN/Tax Map: 6129-06-9535/27-8-0-0-1
 Issued: 9.5.2018
 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>2745 Daniellestown Road Goochland VA 23063</u>	Phone # <u>804 457-4030</u>
	Owner <u>IRENE S. HECKSTALL</u>	Email <u></u>
APPLICANT INFORMATION	Address <u>2745 Daniellestown Rd. VA. 23063</u>	Email <u></u>
	Applicant/Contact <u></u>	Phone # <u>804-221-6187</u>
	Address <u></u>	Email <u></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>OWNER</u>	Phone <u></u>
	Address <u></u>	Email <u></u>
	Contractor License Number <u></u>	Type <u></u>

DESCRIPTION OF WORK	Scope of Work: <u>enclose deck into sunroom</u> <u>existing</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	# of floors
	Finished Sq. Ft. <u>196</u>	Unfinished Sq. Ft. <u>196</u>	Total Sq. Ft. <u>196 S.F.</u>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>100.51</u>
Value of Work	<u>8000.00 \$10,780.00</u>	State Levy Fee	\$ <u>1.21</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>101.72</u>
Signature of Applicant <u>Irene Heckstall</u> Date <u>8/27/18</u>			



BUILDING PERMIT APPLICATION

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

 Residential

 Commercial

Application Date: 08-28-2018

Permit Number: 2018-00701

GPIN/Tax Map: 7704-94-8090 / 62-2-B-3-0

Issued: 9-5-18

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

This application requires two copies of construction drawings and two copies of the 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 104 Dogwood Drive	
	Owner Mary and Wes Holland	Phone # 804-878-2388
	Address 104 Dogwood Drive	Email

APPLICANT INFORMATION	Applicant/Contact Jennifer Haynes	Phone # 804-314-8900 (cell) 804-495-4646
	Address 2410 Southland Drive Chester, VA 23831	Email jhaynes@jeswork.com

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

CONTRACTOR INFORMATION	Contractor JES Construction, LLC	Phone 804-495-4646
	Address 2410 Southland Drive Chester, VA 23831	Email
	Contractor License Number 2705068655	Type CLASS A

DESCRIPTION OF WORK	Scope of Work: Install 801 sq ft of Chanspace encapsulation, 96 lf of Drain Tile, and (1) Triple sump pump in existing Crawlspace					
	Proposed Use Residential	Current Use Residential	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		Application Fee	\$ 72.89
Value of Work	\$13,531	State Levy Fee	\$ 1.46
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	\$
Signature of Applicant		Date	08-28-2018
		Total	\$ 74.35



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: 8/13/18

Permit Number: BP-2018-00642

GPIN/Tax Map: 9-10-0-1-0/6801-12-5203

Issued: 9-4-18

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

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>5030 Howard Trace Columbia VA. 23838</u>	
	Owner <u>Kenneth & Sherry Wright</u>	Phone # <u>804-229-5635</u>
	Address <u>6509 Old Columbia Rd. Columbia VA. 23038</u>	Email <u>SWright1472@yahoo.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Oakwood Homes Farmville</u>	Phone # <u>434-315-8956</u>
	Address <u>2650 West 3rd St. Farmville VA. 23901</u>	Email <u>B749@clayton.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Howard's Trace</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>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>David Floyd</u> Date <u>8/14/18</u> A1			

CONTRACTOR INFORMATION	Contractor <u>Oakwood Homes Farmville #749</u>	Phone <u>434-315-8956</u>
	Address <u>2650 West 3rd St. Farmville VA 23901</u>	
	Contractor License Number <u>2705048123</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Set up New Manufacture home install, Well, Septic, HVAC, & decks Doublewide 2018 OHC027898 NCAB</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 <u>2</u>	# of Bedrooms <u>3</u>	# of floors <u>1</u>	
	Finished Sq. Ft. <u>1474</u>	Unfinished Sq. Ft. 1008 <u>252</u>	Total Sq. Ft. 1500 <u>1726</u>			

Building Only - Excludes All Trades Permits		Application Fee \$ <u>142.00</u> State Levy Fee \$ 12.84 <u>12.84</u> Septic/Well Fee \$ <u>40.80</u> Zoning Fee \$ <u>50.00</u> RLD \$ <u>100.00</u> SWP \$ _____ Total \$ <u>345.64</u>
Value of Work	<u>\$140,000</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>Joe M...</u>		Date <u>8-13-18</u>



BUILDING PERMIT APPLICATION

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

Application Date: 8-14-18
 Permit Number: BP-2018-00647
 GPIN/Tax Map: M27-06-3467/47-3-0-D-1
 Issued: 9.4.18
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 38 19~~th~~ Ashland Rd Rockville, VA 23146
 Owner: Martin Marietta Anderson Creek Quarry
 Address: -
 Phone #: -
 Email: -

APPLICANT INFORMATION
 Applicant/Contact: Willie Richardson
 Address: -
 Phone #: 804 690 1729
 Email: W9R LLC @ Comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None Proffer Yes No Amount: - Date Paid: -
 Front Setback: 20' from Rd Center Line Setback: - Rear Setback: 10' CUP/Variance/COA: -
 Side Setback: 30' Side Setback: 30' Flood Zone: -
 APPROVED REJECTED COMMENTS: -
 Planning & Zoning Officer: David Floyd Date: 8/15/18 M2

CONTRACTOR INFORMATION
 Contractor: William A Richardson Contracting LLC Phone: 804 690 1729
 Address: 10007 Enderly Court Chesterfield Va 23877
 Contractor License Number: 2705144567 Type: CBC H/H/MCC RBC Expiration: 1-31-2020

DESCRIPTION OF WORK
 Scope of Work: install modular 24x60 meeting room

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.		
<u>1440</u>		<u>0</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>48K</u>	Application Fee	<u>\$360-</u>
		State Levy Fee	<u>\$8-</u>
		Septic/Well Fee	<u>\$40-</u>
		Zoning Fee	<u>\$100-</u>
		RLD	<u>\$-</u>
		SWP	<u>\$-</u>
		Total	<u>\$508-</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: William Richardson Date: 8-13-18



TRADES PERMIT APPLICATION

JOB # 43444

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

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

TYPE

Electrical

Mechanical

Plumbing

Gas

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

Date 8/21/2018

Permit # 011-2018-719

Map #

LOCATION

Street Address 298 Hill Point Rd, Richmond, Va 23238

District

link to gas 1-2018-719

PROPERTY OWNERSHIP

Name JOAN L HEIM Phone 804-476-9319

Mailing Address 298 Hill Point Rd, Richmond, Va 23238

CONTRACTOR

Company Name James River Air Conditioning Co, Inc. Phone (804) 358-9333

Mailing Address 1905 Westmoreland Street License Type Class A

Gas Certification YES NO State License Number 10902 Expiration

DESCRIPTION OF WORK

INSTALL OUTDOOR 200 AMP TRANSFER SWITCH BOX FOR 16 KW NATURAL GAS GENERATOR

Install 3 1/2 Btu 16kw Natural gas generator

of baths Service size Power Company Inquiry

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

I _____ OF (address) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ 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)

SIGNED AND ACKNOWLEDGED BY _____ IN THE CITY OR COUNTY OF _____ VIRGINIA ON THE _____ DAY OF _____, 20____ IN THE PRESENCE OF THE _____ (NOTARY) MY COMMISSION EXPIRES _____

[Signature] KELCIE FISHER

Signature of Applicant

Approval *[Signature]* Date *9-4-18*

Cost of Job \$1,000.00

Permit Fee \$30.60

Issue Date *9-4-18*



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date 8/30/18

Permit # 18-720

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 215 W Brook Run Dr

PROPERTY OWNERSHIP

Name Don Miller

Phone 540.462.7153

Mailing Address 215 W Brook Run Dr

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

Gas Certification

YES

NO

State License Number

2701 026667

Expiration

8/31/19

License Type

ELE

Class

A

DESCRIPTION OF WORK

Provide and install 16k W generator

of Bathrooms

Service Size

Power Company

Inquiry #

Value of Work (required)

\$7,103.00

Fee 54.02

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: 8/30/18

Approval: Fisher

Office Use Only

Approval date: 9/5/18

Permit Fee: 54.02

Issued date: 9/5/18

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

(owner's statement on back)



44160305 6503
RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	04.30.18
Permit #	212018-131
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	559 ROCKFORD ROAD	District	
----------------	-------------------	----------	--

PROPERTY OWNERSHIP

Name	FRANK YUREK	Phone	8047494189
Mailing Address	559 ROCKFORD ROAD		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant [Signature]
 Approval [Signature] Date 9-6-18

Value of Work: 9500.00
 Permit fee: ~~67.32~~ 6503 \$65.03
 Issue date: 9-6-18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	9/6/18
Permit #	18-628
GPIN	
Tax Map	

LOCATION

Street Address 1170 Rock Castle Rd.

PROPERTY OWNERSHIP

Name	<u>William H. Pruett Family Trust</u>	Phone	
Mailing Address	<u>1170 Rock Castle Rd 23063</u>	Email	

APPLICANT

Name		Phone	
Address		Email	

CONTRACTOR

Name	<u>Myers Electric</u>	Phone	<u>804-363-8593</u>	
Mailing Address	<u>4964 Shanna Rd. Kenton Sloe VA.</u>	Email		
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2705017421</u>	Expiration <u>11/30/18</u>	License Type <u>elect</u>	Class <u>B</u>

DESCRIPTION OF WORK

new 22kw generator

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) <u>6,500.00</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: Tommy Myers Date: 9/6/18

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>9/6/18</u>
Permit Fee: <u>51.26</u>		Issued date: <u>9/6/18</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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	9-5-18
Permit #	18.755
Old Map #	
G-Pin	

LOCATION

Street Address	2 DEER RUN ROAD 23103	District	
----------------	-----------------------	----------	--

PROPERTY OWNERSHIP

Name	JIM PEAK	Phone	804-402-3332
Mailing Address	2 DEER RUN ROAD MANAKEN SABOT, VA 23103		

APPLICANT

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

CONTRACTOR

Name	H.O. FEILD ELECTRIC CO. INC.		Phone	804-365-0263	
Mailing Address	P.O. BOX 6321 ASHLAND, VA. 23005		License Type	ELE	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123991	Expiration	8-31-18
			Class	B	

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 2 200A SWITCHES			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Signature of Applicant 

Approval FSHER Date 9-5-18

Value of work: \$12,000.00

Permit fee: \$76.50

Issue date: 9/11/2018



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	9-5-18
Permit #	18-755
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	2 DEER RUN ROAD 23103	District	
----------------	-----------------------	----------	--

PROPERTY OWNERSHIP

Name	JIM PEAK	Phone	804-402-3332
Mailing Address	2 DEER RUN ROAD MANAKEN SABOT, VA 23103		

APPLICANT

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

CONTRACTOR

Name	H.O. FEILD ELECTRIC CO. INC.	Phone	804-365-0263
Mailing Address	P.O. BOX 6321 ASHLAND, VA. 23005	License Type	ELE
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123991
		Expiration	8-31-18
		Class	B

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 2 200A SWITCHES			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Signature of Applicant
Approval Date 9-5-18

Value of work: \$12,000.00
Permit fee: \$76.50
Issue date: 9/11/2018

Residential Tractor



BUILDING PERMIT APPLICATION

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

Application Date: 9-13-2018
Permit Number: E11-2018-00767
GPIN/Tax Map:
Issued: 9-13-2018

Residential Commercial

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

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 2485 Turner Road Goochland, Va 23063	
	Owner Joe + Clara Allen	Phone # 804-556-4183
	Address 2485 Turner Road Goochland, Va 23063	Email
APPLICANT INFORMATION	Applicant/Contact Richard Medeiros	Phone # 540-718-7505
	Address 2293 Seminde Lane Charlottesville, VA 22901	Email richieneverdark@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 Never Dark Whole House Generators	Email
	Contractor License Number 2705141802	Type A

DESCRIPTION OF WORK	Scope of Work: wiring 22kw automatic generator with automatic Transfer Switch with load share modules				
	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 \$ 30.00
Value of Work 1500		State Levy Fee \$.60
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
Signature of Applicant <i>Richard Medeiros</i>	Date 9/5/18	Zoning Fee \$
		RLD \$
		SWP \$
		Total \$ 30.60



BUILDING PERMIT APPLICATION

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

Application Date: 9-13-2018

Permit Number: E11-2018-00768

GPIN/Tax Map:

Issued: 9-13-2018

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: 4595 Payne Road Columbia, Va 23038

Owner: Jeff & Sandra Lamm Phone #: 804-221-3783

Address: 4595 Payne Road Columbia, Va 23038 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 REJECTED COMMENTS:

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION

Contractor: Never Dark Whole House Generators Phone: 434-975-3275

Address: 2293 Seminole Lane Charlottesville, Va 22901 Email: richieneverdarke@gmail.com

Contractor License Number: 2705141802 Type: A Expiration: 7-31-2019

DESCRIPTION OF WORK

Scope of Work: wiring 16 kw Automatic Generator with automatic transfer switch for essential circuits only

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>1,800</u>		Application Fee	\$ <u>30</u>
		State Levy Fee	\$ <u>60</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>30.60</u>

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

Signature of Applicant: Richard Medeiros Date: 9/5/18



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	9-14-18
Permit #	011-201800716
GPIN	
Tax Map	

LOCATION

Street Address
5340 River Road West.

PROPERTY OWNERSHIP

Name A.T. Brown	Phone 804-457-4238
Mailing Address 5340 River Road West.	Email

APPLICANT

Name DEDICATED ELECTRICAL INC	Phone 804-387-2631
Address 3187 HADENSVILLE FIFE RD, GOOCHLAND, VA	Email

CONTRACTOR

Name DEDICATED ELECTRICAL INC	Phone 804-387-2631			
Mailing Address 3187 HADENSVILLE FIFE RD GOOCHLAND, VA	Email delectrical@live.com			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705121452	Expiration 3-31-2020	License Type ELE	Class A

DESCRIPTION OF WORK

INSTALL PAD MOUNT ^{22KW} GENERATOR SYSTEM AND TRANSFER SWITCH

# of Bathrooms	Service Size 200	Power Company Dominion	Inquiry #
Value of Work (required) \$ 8500.00			

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

Signature of Applicant: Jeff E. Miller Date: 9-14-18

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>9-14-18</u>
Permit Fee: <u>\$60.44</u>		Issued date: <u>9-14-18</u>

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

Date 8/30/18

Permit # 11-2018-770
GRIN

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 1800 Dickinson Road

PROPERTY OWNERSHIP

Name <u>YMCA of Greater Richmond</u>	Phone <u>(804) 690-8831</u>
Mailing Address <u>2 West Franklin Street-Richmond, VA 23220</u>	Email <u>maiolon@ymcarichond.org</u>

APPLICANT

Name <u>William K. Buckley</u>	Phone <u>(804) 640-7738</u>
Address <u>5010 Old Midlothian Tnpk. Richmond, VA 23224</u>	Email <u>bbuckley@jlminterelectric.com</u>

CONTRACTOR

Name <u>J.L. Minter Electrical Contractor, Inc.</u>		Phone <u>(804) 232-4093</u>	
Mailing Address <u>5010 Old Midlothian Tnpk. Richmond, VA 23224</u>		Email <u>bbuckley@jlminterelectric.com</u>	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2701008721</u>	Expiration <u>10/31/18</u>	License Type <u>ELE</u> Class <u>A</u>

DESCRIPTION OF WORK

45KW
Wire owner furnished pool bubble back up generator. (60 amp)

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required) 3,000

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: [Signature] Date: 8/30/18

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>08-27-18</u>
Permit Fee: <u>\$38.25</u>		Issued date: <u>9-27-18</u>

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



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	9-17-18
Permit #	18-783
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	220 Randolph Square Ln.	District	
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PROPERTY OWNERSHIP

Name	Tom Yackel	Phone	503-866-2692
Mailing Address	220 Randolph Square Ln.		

APPLICANT

Name	MW BUTLER ELECTRICAL, LLC.	Phone	804-746-2240
E-Mail Address			

CONTRACTOR

Name	MW BUTLER ELECTRICAL, LLC.	Phone	804-746-2240
Mailing Address	8420 MEADOWBRIDGE RD ~ SUITE G MECHANICSVILLE, VA 23116		
E-mail address:	JENNIFER@MWBUTLERELECTRICAL.COM		
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705110673
		Expiration	1-31-20
		License Type:	ELECTRIC Class: A

DESCRIPTION OF WORK

Wire 22kw Generator w/ 200AMP ATS			
# of Baths	Service Size	Power Company	Inquiry #

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

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

_____(Signature)

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

_____(Notary)

My commission expires \$ 2,450

Value of Work: 32.67

Signature of Applicant

Permit fee:

Approval Fisher Date 9-17-18

Issue date:

9-17-18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

9-18-18

Date	04-30-18
Permit #	0112018-787
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	80 WEST SQUARE DRIVE	District	
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PROPERTY OWNERSHIP

Name	JOHN VOGEL	Phone	8047842656
Mailing Address	80 WEST SQUARE DRIVE		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant [Signature]

Approval Fisher Date 9-18-18

Value of Work: 9500.00

Permit fee: \$67.32 65.03

Issue date: 9-18-18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

9-18-18

Date	04.30.18
Permit #	2018-789
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	2491 FAIRGROUNDS ROAD	District	
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PROPERTY OWNERSHIP

Name	DAWN DOTSON	Phone	8044673774
Mailing Address	2491 FAIRGROUNDS ROAD		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant

Approval Date **9-18-18**

Value of Work: **9500.00**

Permit fee: **67.32 \$65.03**

Issue date: **9-18-18**



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: 9-20-18

Permit #: e112018-798

GPIN

Tax Map

LOCATION

Street Address: 1730 Ragland Rd

PROPERTY OWNERSHIP

Name: Russell Butler Phone: 513-9383

Mailing Address: 1730 Ragland Email:

APPLICANT

Name: Crystal Ferrell Phone: 703-658-6500

Address: 1407 Cumming Drive Email:

CONTRACTOR

Name: Michael and son Phone: 703-658-6500

Mailing Address: 1407 Cummings Drive Email:

Gas Certification: YES NO

State License Number: 2701038473A Expiration:

License Type: E/E Class: A

DESCRIPTION OF WORK

installing 20 Kw generator

of Bathrooms: 5 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: C Ferrell Date: 9/19/18

Approval: Lisher Office Use Only Approval date: 9-20-18

Permit Fee: \$44.37 Issued date: 9-20-18

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

(owner's statement on back)

288721 Rich



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	9-17-18
Permit #	18-807
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 836 ELMSLIE LANE 23103	District
--	----------

PROPERTY OWNERSHIP

Name CAROL BURLAGE	Phone 804-784-6745
Mailing Address 836 ELMSLIE LANE MANAKEN SABOT, VA 23103	

APPLICANT

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

CONTRACTOR

Name H.O. FEILD ELECTRIC CO. INC.	Phone 804-365-0263
Mailing Address P.O. BOX 6321 ASHLAND, VA. 23005	License Type ELE
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Class B
State License Number 2705123991	Expiration 8-31-18

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR TO EXISTING 200A SWITCHES			
# of Baths	Service Size	Power Company	Inquiry #

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

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

_____(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	Value of work: \$8400.00
Approval	Permit fee: \$59.98
Date 9-24-18	Issue date: 9-24-18



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: 9/24/18

Permit #: 2018-00687

GPIN: _____

Tax Map: _____

LOCATION

Street Address: 1401 MELLICK RIDGE COURT

PROPERTY OWNERSHIP

Name: <u>GARY TAYLOR</u>	Phone: <u>(804) 750-2562</u>
Mailing Address: <u>10708 GREEN MOUNT RD RICHMOND VA 23238</u>	Email: <u>gary@jgtaylorcorp.com</u>

APPLICANT

Name: <u>GARY TAYLOR</u>	Phone: <u>SAME</u>
Address: <u>SAME</u>	Email: <u>SAME</u>

CONTRACTOR

Name: <u>JG TAYLOR CORP ELEC CONT OWNER</u>	Phone: <u>(804) 750-2562</u>
Mailing Address: <u>10708 GREEN MOUNT RD RIC4 VA 23238</u>	Email: _____
Gas Certification: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number: <u>2701038127</u>
Expiration: <u>12-31-18</u>	License Type: <u>ELEC</u>
	Class: <u>A</u>

DESCRIPTION OF WORK

WIRE NEW RESIDENCE 400 AMP UNDERGROUND SERVICE

VA POWER INQUIRY # 10237901. WIRE FOR 22KW GENERATOR, SWIC, OUTLET

LTIX, APPLIANCS, (3) HOBT PUMPS

# of Bathrooms: <u>3 1/2</u>	Service Size: <u>400</u>	Power Company: <u>VA. POWER</u>	Inquiry #: <u>10237901</u>
Value of Work (required): <u>25,000</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: 9/24/18

Office Use Only

Approval: [Signature] Approval date: 9/24/18

Permit Fee: 136.17 Issued date: _____

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

(owner's statement on back)