



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: ~~11-1~~ 11-1-2018
 Permit Number: BP-2018-00933
 GPIN/Tax Map: 45-1-243-A/6786-87-7726
 Issued: 11-8-2018

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	1601 Fern Road, Crozier VA 23039	
	Owner	John and Gina Coccagna	Phone # 804-433-4324
APPLICANT INFORMATION	Address	103 Ironbridge Road, Richmond, VA 23238	Email jscoccagna@gmail.com
	Applicant/Contact	M/A	Phone #
	Address		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	Amber Lake	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	75' from R/W	100'	5'	
	Side Setback	Side Setback	Flood Zone	
	5'	5'		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Date 11/2/18		
	Planning & Zoning Officer David Ford	A2		

CONTRACTOR INFORMATION	Contractor	OWNER See A below	Phone
	Address	103 Ironbridge Road, Richmond, VA 23238	Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work:	Detailed garage		
		Construction of Garage - 4x25 upstairs storage		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
		Vacant	None	
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
		1989	1989	

Building Only - Excludes All Trades Permits		Application Fee	\$ 327.00
Value of Work	\$ 70,000	State Levy Fee	\$ 654
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ 25.00
		RLD	\$
		SWP	\$
		Total	\$ 358.54
Signature of Applicant	<i>John Coccagna</i>	Date	

John Coccagna



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: 11.6.18
 Permit Number: BP-2018-00950
 GPIN/Tax Map: 6832-43-0124/12-1-D-52-A
 Issued: 11-8-2018
 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>4398 Three Chopt Rd. Gum Spring, VA 23065</u>	
	Owner <u>Steven Carver/Laura Flowers</u>	Phone # <u>4349623487</u>
	Address <u>4398 Three Chopt Rd. Gum Spring, Va 23065</u>	Email <u>scarver4398@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Steven Carver</u>	
	Address <u>same as above</u>	Phone # <u>4349623487</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' from R/W</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>30'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>11/6/18</u> <u>A1</u>			

CONTRACTOR INFORMATION	Contractor <u>self - owner</u>		Phone <u>same as above</u>
	Address <u>same as above</u>		Email <u>—</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Deck addition</u>				
	<u>1988 Sq ft</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.	Unfinished Sq. Ft. <u>1988</u>	Total Sq. Ft. <u>1988</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>124.50</u>	
Value of Work	<u>25000 -</u>	State Levy Fee	\$ <u>2.49</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	\$ <u>—</u>
		Zoning Fee	\$ <u>25 -</u>
		RLD	\$ <u>—</u>
		SWP	\$ <u>—</u>
		Total	\$ <u>151.99</u>
Signature of Applicant <u>[Signature]</u>		Date <u>11/6/18</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: 11.6.18

Permit Number: BP-2018-00949

GPIN/Tax Map: 7706-81-3119/57-39-0-A-0

Issued: 11-7-2018

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.

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>DAVID HAJIK</u>	
	Owner <u>1304 Sabot Creek Ct</u>	Phone #
APPLICANT INFORMATION	Address <u>Manakin Sabot VA 23103</u>	Email
	Applicant/Contact <u>Jason Taylor</u>	Phone # <u>804/921/2534</u>
	Address <u>3092 Lowry Rd Columbia VA 23038</u>	Email <u>carpenteroncall1@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Sabot Creek</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>40' from RW</u>	Center Line Setback <u>65'</u>	Rear Setback <u>25'</u>	CUP/Variance/COA <u>RZ-2003-12</u>
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Planning & Zoning Officer: <u>David Floyd</u> Date: <u>11/6/18</u> <u>RP</u>		

CONTRACTOR INFORMATION	Contractor <u>Jason Taylor / Carpenters on call</u>		Phone <u>804 921 2534</u>
	Address <u>3092 Lowry Rd Columbia VA 23038</u>		Email <u>Carpenteroncall1@gmail.com</u>
	Contractor License Number <u>2705 088142</u>	Type <u>Class C BID</u>	Expiration <u>8/31/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>Add 20x8 Deck on Rear on New Home</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>160 sq ft</u>	Total Sq. Ft. <u>160 sq ft</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>9,800.00</u>
---------------	-----------------

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

Signature of Applicant: [Signature] Date: 11/6/18

Application Fee	\$ <u>56.10</u>
State Levy Fee	\$ <u>1.12</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25-</u>
RLD	\$
SWP	\$
Total	\$ <u>82.22</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: 11-2-18
 Permit Number: DP-2018-936
 GPIN/Tax Map: 7707-80-9969 / 46-1-0-68-0
 Issued: 11-7-18

RECEIVED
 10-31-18

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

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

OWNER INFORMATION	Site Address <u>511 Broad St. Rd.</u>	
	Owner <u>Charles C. + Maye H. Higgs</u>	Phone # <u>804-930-3979</u> <u>804-839-8342 (Mkayp)</u>
	Address <u>511 Broad St. Rd Manakin-Sabot, Va 23103</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Charles C Higgs</u>	Phone #
	Address <u>511 Broad St Rd Manakin-Sabot Va 23103</u>	Email

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>100' from Road</u>	Center Line Setback <u>125'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: David Floyd Date: 11/5/18 A2

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

DESCRIPTION OF WORK	Scope of Work: <u>construct 1,120 sq. ft lean two on side of shop.</u>				
	Proposed Use <u>Storage</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1,120</u>	Total Sq. Ft. <u>80ft Long 1,120sq.ft.</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>10,000.00</u> ³⁰ <u>\$30,800.00</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: Maye H Higgs Date: 10-31-18

Application Fee	\$ <u>150.60</u>
State Levy Fee	\$ <u>3.01</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>178.61</u>



BUILDING PERMIT APPLICATION

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

Application Date: 10/29/18Permit Number: BP-2018-00927GPIN/Tax Map: 7704-64-2393Issued: 11-7-2018

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 <u>499 Bascabel Ferry Rd.</u>	
	Owner <u>Prestan + Susan Montague</u>	Phone # <u>(804) 690-1993</u>
	Address <u>499 Bascabel Ferry Rd.</u>	Email <u>PrestanMontagueLLC@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>SAME ↑</u>	
	Address <u>SAME ↑</u>	Email <u>SAME ↑</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>80' @ ROW</u>	Center Line Setback <u>5</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: <u>Cannot be used as a living area.</u>			
	Planning & Zoning Officer <u>[Signature]</u>		Date <u>11/5/18</u>	

CONTRACTOR INFORMATION	Contractor <u>Prestan Montague LLC</u>		Phone <u>SAME ↑</u>
	Address <u>SAME ↑</u>		Email <u>SAME ↑</u>
	Contractor License Number <u>2705109885A.</u>	Type <u>CLASS A.</u>	Expiration <u>9/30/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>3 Car Detached Garage.</u>					
	Proposed Use <u>Residence</u>		Current Use <u>Residence</u>		Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>X</u>	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>		WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>		# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>
	Finished Sq. Ft. <u>0</u>		Unfinished Sq. Ft. <u>2,216</u>		Total Sq. Ft. <u>2,216</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>473,000</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 [Signature] Date 10/29/18.

Application Fee	\$ <u>340.50</u>
State Levy Fee	\$ <u>6.81</u>
Septic/Well Fee	\$ <u>-</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>-</u>
SWP	\$ <u>-</u>
Total	\$ <u>372.31</u>



BUILDING PERMIT APPLICATION

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

Application Date: 6-1-18
 Permit Number: BP-2018-00441
 GPIN/Tax Map: 60321-57-23581 12-0-0-14-A
 Issued: 6-15-18

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>4482 LAKEVIEW RD. GUM SPRINGS, VA. 23065</u>	
	Owner <u>WILLIAM + JACQUELINE BUCHANAN</u>	Phone # <u>317-726-7434</u>
	Address <u>4482 LAKEVIEW RD. GUM SPRINGS</u>	
APPLICANT INFORMATION	Applicant/Contact <u>DOUG BRANDMAHL</u>	
	Address <u>532 FORDS RD. MANAKIN-SABOT, VA. 23103</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lake Killarney</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>55' From ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Kemp</u> Date <u>6/1/18</u> AI			

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

DESCRIPTION OF WORK	Scope of Work: <u>BUILD SCREENED PORCH ON BACK OF HOUSE (14x14) SLS reverse 11.6.18</u>		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	<input type="checkbox"/> SEWER Public/Private	<input type="checkbox"/> WATER Public/Private	# of Bathrooms
	Finished Sq. Ft.		# of Bedrooms
Unfinished Sq. Ft. <u>196 224 (SLS)</u>		# of floors	
Total Sq. Ft. <u>196 224 (SLS)</u>			

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



BUILDING PERMIT APPLICATION

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

Application Date: 9-21-2018
Permit Number: BP-2018-00800
GPIN/Tax Map: 27-7-3/6718-78-0743
Issued: 11.6.2018

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>5021 River Rd West Goochland VA 23063</u>	
	Owner <u>Trey Allu</u>	Phone #
	Address	

APPLICANT INFORMATION	Applicant/Contact <u>Oakwood Homes/Jennifer Adams</u>		Phone # <u>(804) 718-9135</u>
	Address <u>11160 Washington Hwy Glen Allen VA 23059</u>		Email <u>Jennifer.Adams@oakwoodhomes.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback <u>—</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/10/18</u> A1			

CONTRACTOR INFORMATION	Contractor <u>Oakwood Homes</u>		Phone <u>(804) 718-9135</u>
	Address <u>11160 Washington Hwy Glen Allen VA 23059</u>		
	Contractor License Number <u>2705048123</u>	Type <u>CLASS A</u>	Expiration <u>4/30/2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>install & set up modular home.</u>					
	Proposed Use <u>8x26 porch, 2 decks @ 5'x5' each</u>		Current Use			
	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NO, NO, 7000</u>					
	<input checked="" type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms <u>4</u>	# of Bedrooms <u>2</u>	# of floors <u>1</u>	
	Finished Sq. Ft. <u>2254</u>		Unfinished Sq. Ft. <u>258 (porch & decks)</u>		Total Sq. Ft. <u>2512</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>185,000 -</u>	Application Fee <u>\$ 17.69</u>
	State Levy Fee <u>\$</u>
	Septic/Well Fee <u>\$ 40 -</u>
	Zoning Fee <u>\$ 50 -</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
Signature of Applicant <u>Jennifer Adams</u> Date <u>9/17/18</u>	Total <u>\$ 952.19</u>

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



BUILDING PERMIT APPLICATION

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

Application Date: 10/30/2018
 Permit Number: BP-2018-00943
 GPIN/Tax Map: Leno 9-14-6680/30-10-108-0
 Issued: 11.6.2018
 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>2700 Mossmour Drive Goochland, VA 23063</u>	
	Owner <u>Zachary & Susan Salmon</u>	Phone # <u>804-784-3566</u>
	Address <u>2700 Mossmour Drive</u>	Email <u>zzgooch@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Camisha Brown</u>	
	Address <u>2410 Southland Drive Chester VA 23831</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
	Contractor License Number <u>2705064655</u>	Type <u>A</u>	Expiration <u>04/30/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>installing 2215 sq. ft. of CleanSpace and one (1) dehumidifier</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> Public/ <input checked="" type="checkbox"/> Private SEWER	<input type="checkbox"/> Public/ <input checked="" type="checkbox"/> Private WATER	# 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>\$15,717</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 Camisha Brown Date 10/30/2018

Application Fee	<u>\$82.03</u>
State Levy Fee	<u>\$1.65</u>
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	<u>\$84.38</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: 10-25-18
 Permit Number: DP-2018-00908
 GPIN/Tax Map: 0777-08-2709/43-7-0-6-A
 Issued: 11-6-18

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>2308 Fairground Road Maidens VA 23102</u>	Phone # <u>804 556-4362</u>
	Owner <u>Adelle Sampson</u>	Email
	Address <u>2308 Fairground Road Maidens VA 23102</u>	

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>5'</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>10/25/18</u> A2			

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

DESCRIPTION OF WORK	Scope of Work: <u>open Car Port 20 by 20</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>400</u>	Total Sq. Ft. <u>400</u>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>39.00</u>
Value of Work	<u>2,500 \$6,000.00</u>	State Levy Fee	\$ <u>.78</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
Signature of Applicant <u>Adelle Sampson</u> Date <u>10/24/18</u>		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>64.78</u>



BUILDING PERMIT APPLICATION

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

Application Date: 10/30/2018
 Permit Number: BP-2018-00930
 GPIN/Tax Map: 6787-02-6221/441-0-19-D
 Issued: 11-6-18

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>1837 Sheppard Town Road</u>	
	Owner <u>Diane Lloyd</u>	Phone # <u>804-784-5601</u>
	Address <u>1837 Sheppard Town Road Crozier VA 23039</u>	Email <u>Dlloyd@pamunkeylibrary.org</u>

APPLICANT INFORMATION	Applicant/Contact <u>CarriSha Brown</u>		Phone # <u>804-495-4646</u>
	Address <u>2410 Southland Drive Chester VA 23831</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
	Contractor License Number <u>27050648055</u>	Type <u>A</u>	Expiration <u>04/30/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>installing 114 lin. ft. of Waterguard and one (1) Triple Sump</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.		
	Building Only - Excludes All Trades Permits				

Value of Work	<u>\$ 11,738</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 CarriSha Brown Date 10/30/18

Application Fee	\$ <u>64.82</u>
State Levy Fee	\$ <u>1.30</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>66.12</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: 10/30/2018
 Permit Number: DP-2018-00932
 GPIN/Tax Map: 7723-27-0016/67-11-B-2-0
 Issued: 11-6-18
 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>4 Dahlgren Road</u>				
	Owner <u>Tom & Edie Ragan</u>		Phone # <u>804-305-1470</u>		
	Address		Email <u>tom.ragan1217@gmail.com</u>		
APPLICANT INFORMATION	Applicant/Contact <u>Camisha Brown</u>		Phone # <u>804-495-4646</u>		
	Address <u>2410 Southland Drive Chester, VA 23831</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		
	Contractor License Number <u>2705068655</u>	Type <u>A</u>	Expiration <u>04/30/2020</u>		
DESCRIPTION OF WORK	Scope of Work: <u>installing 28 lin. ft. of Water Guard and one (1) Super Sump</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.		

Building Only - Excludes All Trades Permits

Value of Work \$3,593

Application Fee	\$ <u>30.00</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 Camisha Brown Date 10/30/18



BUILDING PERMIT APPLICATION

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

Application Date: 10-15-18

Permit Number: BP-2018-0885

GPIN/Tax Map: 176-08-3963/47-1-0-43-7E

Issued: 11-2-18

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

This application requires two copies of construction drawings and two copies of the 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>25 Briggs Dr</u>	
	Owner <u>Gerald Richardson</u>	Phone # <u>804-784-2700</u>
	Address <u>25 Briggs Dr, Manakin Sabot VA 23103</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Tom Homer Lane Homes + Remod. inc</u>		Phone # <u>804 426-7846</u>
	Address <u>12536 PATTERSON AVE RICHMOND VA 23238</u>		Email <u>TOM@LANEBUILT.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>Lane Homes + Remodeling inc</u>		Phone <u>804-784-0012</u>
	Address <u>12536 PATTERSON AVE. RICHMOND VA 23238</u>		Email <u>TOM@LANEBUILT.COM</u>
	Contractor License Number <u>2701 0291 ZSA</u>	Type <u>A</u>	Expiration <u>1-31-19</u>

DESCRIPTION OF WORK	Scope of Work: <u>ADD 1/2 BATH, (SINK, + TOILET) TO EXISTING SPACE</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> Public/ <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Public/ <input checked="" type="checkbox"/> Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>107.16</u>
Value of Work <u>14,288.00</u>		State Levy Fee \$ <u>2.14</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
Signature of Applicant <u>Thomas G. Homer</u>	Date <u>10-15-18</u>	Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>109.30</u>

Issued 11.2.18



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Office Use Only

Application File Date: <u>11-1-18</u>	Application No.: <u>Ap. 2018-00931</u>	Fee: \$25.00
Zoning Approval: Yes <u>Abauer</u>	No: _____	Date: <u>11-1-2018</u>

Zoning Application Type: Please check appropriate box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Kristopher Seamster
 Address: 3800 Bell Rd
Goochland, Va 23063
 E-mail: 1kooltaco@gmail.com

Telephone: (804) 840-3193
 Cell phone: same
 FAX: _____

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

Telephone: _____
 Cell phone: _____
 FAX: _____

Property Information

Street Address: 3800 Bell Rd, Goochland, Va 23063 Zoning: _____
 GPIN Number: _____ Acreage: _____
 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): 40x50
2. Value of Building: 510,000
3. Written Description of Proposed Physical Improvements:
3 Stall Barn with tack room



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: 10.10.18 Rec 10.19.18
 Permit Number: BP-2018-00893
 GPIN/Tax Map: 6831-33-9863/12-1-0-40-0
 Issued: 11.1.2018

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 <u>4090 Cedar Plains Rd</u>	
	Owner <u>Sandy Hook Va 23153</u>	Phone # <u>804 882-5906</u>
	Address <u>Princelle Robinson</u>	Email

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email <u>prrobinson.60@yahoo.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>Owner</u>		Phone
	Address		Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Demo Single Family Dwelling</u> <u>demo to 623 landfill</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.-</u>
Value of Work	<u>2,000</u>	State Levy Fee	\$ <u>60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>[Signature]</u> Date <u>10.10.18</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>30.60</u>



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

116.82

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	10/24/18
Permit #	BP-2018-00797
GPIN	
Tax Map	

LOCATION

Street Address 225 KINLOCH RD MANAKIN SABOT VA. 23103

PROPERTY OWNERSHIP

Name	WALLS PETER C BERDELL JENNIFER L	Phone	
Mailing Address	290 HAWK WING DR MANAKIN SABOT VA 23103	Email	

APPLICANT

Name	CHRIS HUMPHREY	Phone	794-4877
Address	724 GROVE RD MIDLOTHIAN, VA. 23114	Email	CHRIS@HUMPHREYELECTRIC.COM

CONTRACTOR

Name	HUMPHREY ELECTRIC CO	Phone	794-4877						
Mailing Address	724 GROVE RD MIDLOTHIAN, VA. 23114	Email	CHRIS@HUMPHREYELECTRIC.COM						
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701017076A	Expiration	5/19	License Type	ELE	Class	A

DESCRIPTION OF WORK

WIRE NEW RESIDENCE			
SET UP FOR FUTURE 22KW GENERATOR WITH 200 AMP AUTOMATIC TRANSFER SWITCH			
# of Bathrooms	Service Size	Power Company	Inquiry #
	400	VA POWER	10248542
Value of Work (required)	20,785.00		

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: Chris Humphrey Date: 10/24/18

Office Use Only

Approval:	<u>F. R. O. R.</u>	Approval date:	<u>11-1-18</u>
Permit Fee:	<u>116.82</u>	Issued date:	<u>11-1-18</u>

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	10-31-18
Permit #	2018-00536
GPIN	
Tax Map	

LOCATION

Street Address: 2503 Turner Rd. Goochland

PROPERTY OWNERSHIP

Name: Beck Hilaire Emil	Phone:
Mailing Address: Goochland VA	Email:

APPLICANT

Name: Jay Cox	Phone: 357-1964
Address: 13346 Farrington Rd Ashland 23005	Email: coxelectric64@gmail

CONTRACTOR

Name: Cox Electric	Phone: 357 1964			
Mailing Address: 13346 Farrington Rd Ashland 23005	Email:			
Gas Certification: YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number: 2705016860	Expiration: 11/30/19	License Type: Etc.	Class: B

DESCRIPTION OF WORK

Wire new residence with attached barn & back up generator 22kw

# of Bathrooms: 2	Service Size: 400 A	Power Company: Dominion	Inquiry #: #10245245
Value of Work (required): \$15,000			

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: Jay Cox Date: 10-31-18

Office Use Only

Approval: Fisher Approval date: 11-1-18

Permit Fee: \$104.04 Issued date: 11-1-18

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

(owner's statement on back)

Eledm - Ave



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: 1-31-18

Permit #: 763

GPIN: 451-013-A

Tax Map: 678687726

LOCATION

Street Address: 1601 Gertha Road, Crozier VA, 23039

PROPERTY OWNERSHIP

Name: John + Gina Coccagna

Phone: 804-432-4324

Mailing Address: 103 Trambrose Road, Richmond VA 23238

Email: jscoccagna@gmail.com

APPLICANT

Name: Same

Address: Same

Phone:

Email:

CONTRACTOR

Name: Same

Mailing Address: Same

Phone:

Email:

Gas Certification: YES NO

State License Number:

Expiration:

License Type:

Class:

DESCRIPTION OF WORK

Wire single family dwellings. Contractor size 20-24 kW

of Bathrooms:

Service Size:

Power Company:

Inquiry #:

Value of Work (required): \$40,000.00

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: John Coccagna Date: 1-21-18

Approval: Fisher Office Use Only

Permit Fee: \$205.00

Approval date: 1-21-18

Issued date: 1-21-18

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

received
10-31-18

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 10-31-18

Permit #: 18-940

GPIN:

Tax Map:

LOCATION

Street Address: 4746 Broad Street Rd

PROPERTY OWNERSHIP

Name: Goochland County
Phone:

Mailing Address: Fire Department Ass.
Email:

APPLICANT

Name: _____ Phone: _____

Address: _____ Email: _____

CONTRACTOR

Name: Three Phase Construction
Phone: Joey.Threephase@gmail.com

Mailing Address: 3196 Community house Rd Columbia VA 23038
Email:

Gas Certification: YES NO

State License Number: 2705-133904
Expiration: _____
License Type: ELE
Class: A

DESCRIPTION OF WORK

Remove Generator Transfer and install 200 Amp disconnect

of Bathrooms: _____ Service Size: 200 Power Company: N/A Inquiry #: _____

Value of Work (required): 2000.00

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: *[Signature]* Date: 10-31-18

Approval: *[Signature]* Office Use Only

Permit Fee: \$ 40.00

Approval date: 11-02-18

Issued date: 11-2-18

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

5-2083



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	11-2-18
Permit #	2112018946
GPIN	7715-25-8999
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: 335 First Elite Lane

PROPERTY OWNERSHIP

Name	Catherine DiGregorio	Phone	804-922-2957
Mailing Address	107 Holly Dr., Manakin Sabot, VA 23103	Email	

APPLICANT

Name	Donna Robinson	Phone	804-231-9684
Address	Davis & Green Electrical	Email	donna@dgelectrical.com

CONTRACTOR

Name	Davis & Green Electrical	Phone	804-231-9684
Mailing Address	P.O. Box 35418, Richmond, VA 23235	Email	donna@dgelectrical.com
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2701026667A
		Expiration	8-31-2019
		License Type	Elect.
		Class	A

DESCRIPTION OF WORK

Furnish & install (1) inlet box, (2) interlock kits & (1) 10' cord for portable generator ^{22kw}

of Bathrooms: _____ Service Size: _____ Power Company: _____ Inquiry #: N/A

Value of Work (required): \$1050.00 Fee: \$30.60

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: Donna Robinson Date: 11-2-2018

Approval: Fisher	Office Use Only	Approval date: 11-5-18
Permit Fee: \$30.60		Issued date: _____

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (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	08-17-18
Permit #	2018-00256
Old Map #	
G-Pin	

LOCATION

Street Address	4868 Kimber Lane	District	
----------------	------------------	----------	--

PROPERTY OWNERSHIP

Name	Wiley	Phone	
Mailing Address	1186 Lickinghole Road, Goochland, Va.		

APPLICANT

Name	E&J Electrical, Inc.	Phone	804-641-7586
E-Mail Address	mrsedej@aol.com		

CONTRACTOR

Name	E&J Electrical, Inc.	Phone	804-641-7586		
Mailing Address	2880 Olde Beech Hollow Road, Charles City, Va. 23030	License Type	Elec./Bldg. Contr.	Class	A
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705062410	Expiration	05/19

DESCRIPTION OF WORK

wire single family dwelling; 30 amp generator plug			
400	Rappahannock	1001876	
# 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 _____

Value of work: \$14000.00

Signature of Applicant Edward S. Dunkum Jr.

Permit fee: \$85.68

Approval Fisher Date 11.6.18

Issue date: 11.6.18



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	11.6.18
Permit #	18-948
Old Map #	
G-Pin	

LOCATION

Street Address 1304 SABOT CREEK COURT	District MANAKIN SABOT
--	---------------------------

PROPERTY OWNERSHIP

Name DAVID J HAJEK	Phone 804-240-1108
Mailing Address 1304 SABOT CREEK COURT MANAKIN SABOT, VA 23103	

APPLICANT

Name MARCIE HAYNIE	Phone 804-276-5580
E-Mail Address jmelectrical@comcast.net	

CONTRACTOR

Name HAYNIE ELECTRICAL SERVICES INC DBA J&M ELECTRICAL SERVICES	Phone 804-276-5580
Mailing Address 400 TURNER ROAD N CHESTERFIELD VA 23225	License Type ELEC
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Class A
State License Number 2705099807A	Expiration 10/31/2019

DESCRIPTION OF WORK

INSTALL (1) 22KW AUTOMATIC STANDBY GENERATOR - ATS IS ALREADY EXISTING WHICH WAS INSTALLED			
BY BUILDER			
# 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 *Marcie Haynie*
 Approval *Fisher*
 Date 11/2/18

Value of work: \$5500.⁰⁰
 Permit fee: \$46.⁶⁷
 issue date: 11.6.18



RESIDENTIAL TRADES PERMIT APPLICATION 12/5

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	11/07/18
Permit #	ELI-2018-10954
GPIN	7708-72-5722
Tax Map	34-2-0-720

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	2613 BRITTLAND DRIVE	District
----------------	-----------------------------	----------

PROPERTY OWNERSHIP

Name	JEROLD & MARY LINDQUIST	Phone	804-749-3290
Mailing Address	2613 BRITTLAND DRIVE MANAKIN-SABOT, VA 23103		

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

Value of Work: 9500.00

Permit fee: ~~67.32~~ 65.03

Approval Date 11/8/18

Issue date: 11/8/18

11130



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	10.2.18
Permit #	EL1-2018-00955
GPIN	6822-53-0879
Tax Map	11-9-0-A-1

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	3948 HADENSVILLE-FIFE RD	District
----------------	---------------------------------	----------

PROPERTY OWNERSHIP

Name	JOAN DOSS	Phone	8046980868
Mailing Address	P.O. BOX 26		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 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 _____

Value of Work: **9500.00**

Permit fee: ~~67.32~~ **65.03**

Signature of Applicant **[Signature]**

Approval **Fish** Date **11/8/18**

Issue date: **11/8/18**



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	11.07.18
Permit #	ELI-2018-00956
GPIN	7704-86-5816
Tax Map	62-33-0-8-0

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	422 ELM CREEK DRIVE	District
----------------	---------------------	----------

PROPERTY OWNERSHIP

Name	DENNIS MATTOX	Phone	804-784-1291
Mailing Address	422 ELM CREEK DRIVE MANAKIN-SABOT, VA 23103		

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 [Signature]

Value of Work: 9500.00

Permit fee: ~~67.32~~ 65.03

Approval [Signature] Date 11/8/18

Issue date: 11/8/18



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	11/6/2018
Permit #	000000 18.960
GPIN	
Tax Map	

LOCATION

Street Address 317 Piping Rock Rd.

PROPERTY OWNERSHIP

Name	317 Piping Rock Rd.	Phone	804-708-2413
Mailing Address	317 Piping Rock Rd. Manakin Sabot VA 23103	Email	rapidr42@aol.com

APPLICANT

Name	Terry Guthrie	Phone	804-763-6550
Address	12733 Oak Lake Ct. Suite D Midlothian, VA 23112	Email	tguthrie@cws-va.com

CONTRACTOR

Name	Commonwealth Wiring Solutions, Inc.			Phone	
Mailing Address	12733 Oak Lake Ct. Suite D Midlothian, VA 23112			Email	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705128995	9/30/2019	ELE	A

DESCRIPTION OF WORK

Installation of a 200 amp transfer switch and 22KW generator

# of Bathrooms	Service Size	Power Company	Inquiry #
	200		
Value of Work (required)		\$9,750.00	

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: [Signature] Date: 11/6/2018

Approval:	<u>[Signature]</u>	Office Use Only	Approval date:	<u>11.9.18</u>
Permit Fee:	<u>166.17</u>		Issued date:	<u>11.9.18</u>

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

(owner's affidavit on back)

56617



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	11-14-18
Permit #	18-970
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: 505 Meadow View Ln

PROPERTY OWNERSHIP

Name	Jim Hauken	Phone	804-938-1264	
Mailing Address	505 Meadow View Ln Mahanah - Cabot VA 23103		Email	

APPLICANT

Name	Jaran Rannick	Phone	804-748-6728	
Address	8107 Virginia Pine Ct		Email	Jaraha@bradleyhva.com

CONTRACTOR

Name	Bradley Mechanical			Phone	804-748-6728				
Mailing Address	PO BOX 745 Chesterfield VA 23832			Email	Jaraha@bradleyhva.com				
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	270514970	Expiration	4-30-19	License Type	Contractor A	Class	

DESCRIPTION OF WORK

Install new 20 KW 281,000 BTU generator

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$12,300			

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: 11/14/2018

Approval:	<u>[Signature]</u>	Office Use Only	Approval date:	<u>11-14-18</u>
Permit Fee:	<u>177.88</u>		Issued date:	

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date 11-11-18

Permit # 2018-00545

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 2530 Bucknell Lane Maidens, Va.

PROPERTY OWNERSHIP

Name Williamson

Phone

Mailing Address

Email

APPLICANT

Name E&J Electrical, Inc.

Phone 804-641-7586

Address 2880 Olde Beech Hollow Rd, Charles City, VA

Email mrsedej@aol.com

CONTRACTOR

Name E&J Electrical, Inc.

Phone 804-641-7586

Mailing Address 2880 Olde Beech Hollow Rd, Charles City

Email mrsedej@aol.com

Gas Certification

YES

NO

State License Number

2705062410

Expiration

05/19

License Type

Elec/Bld

Class

A

DESCRIPTION OF WORK

wire single family dwelling w/20kw generator

of Bathrooms

3.5

Service Size

200

Power Company

Dominion

Inquiry #

10241435

Value of Work (required)

12000.00

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:

Date: 11-11-18

Approval:

Office Use Only

Approval date:

11-19-18

Permit Fee:

76.50

Issued date:

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	11-19-18
Permit #	18-984
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	1406 Mellick ridge CT.	District	
----------------	------------------------	----------	--

PROPERTY OWNERSHIP

Name	Chris Snyder	Phone	804-513-2032
Mailing Address	1406 Mellick ridge CT.		

APPLICANT

Name	MW BUTLER ELECTRICAL, LLC.	Phone	804-746-2240
E-Mail Address	Chesney @ mwButlerElectrical.com		

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 type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705110673 A
Expiration	01/31/2018		License Type: ELECTRIC Class: A

DESCRIPTION OF WORK

wire 22 kw generator w/ 200A 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 _____

Signature of Applicant [Signature]

Approval [Signature] Date 11/16/18

Value of Work: \$ 2450
Permit fee: 32.67
Issue date: 11-19-18



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	11/26/18
Permit #	18-980
GPIN	
Tax Map	

LOCATION

Street Address	1966 MAWENS RD.
----------------	-----------------

PROPERTY OWNERSHIP

Name	LOIS ELLIOT	Phone	
Mailing Address	1966 MAWENS RD, MAWENS VA 23102	Email	

APPLICANT

Name	RIC SEABORN	Phone	804 389-4242
Address	P.O. Box 147 ROCKVILLE VA 23146	Email	RICSEABORN@MANAWEN ELECTRICAL.NET

CONTRACTOR

Name	MANAWEN ELECTRICAL CONTRACTORS			Phone	
Mailing Address	same			Email	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705018630	12/31/2018	ELE	B

DESCRIPTION OF WORK

INSTALL 20 KW GENERATOR AND 200 AMP ATS SERVICE PANE.			
# of Bathrooms	Service Size	Power Company	Inquiry #
	200A	DOMINION	
Value of Work (required)	\$8800		

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

Signature of Applicant: RIC SEABORN Date: 11/26/18

Office Use Only

Approval:	<u>FISHER</u>	Approval date:	<u>11-26-18</u>
Permit Fee:	<u>61.81</u>	Issued date:	<u>11-26-18</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 Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	11.2.18
Permit #	212018-993
GPIN	6779-83-7779
Tax Map	32-1-0-70

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	2709 PERKINSVILLE ROAD	District
----------------	-------------------------------	----------

PROPERTY OWNERSHIP

Name	BETTY FOSTER	Phone	804-556-5563
Mailing Address	2709 PERKINSVILLE ROAD MAIDENS, VA 23102		

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			
<i>REC-Under.</i>			
# of Baths	Service Size	Power Company	Inquiry #
	400A	REC	CUSTOMER CALL-IN

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

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

(Signature)

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

(Notary) My commission expires _____

Signature of Applicant	<i>[Signature]</i>	Value of Work:	9500.00
Approval	<i>Fisher</i>	Permit fee:	67.32 65.03
Date	11-26-18	Issue date:	11-26-18



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

5894

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	11.13.18
Permit #	18-1006
GPIN	
Tax Map	

LOCATION

Street Address	1986 Lands End Dr
----------------	-------------------

PROPERTY OWNERSHIP

Name	Mike Reinholtz	Phone	540.309.4788	
Mailing Address	1987 Lands End Dr; Maidens VA 23102		Email	

APPLICANT

Name	Teddi Bartlett	Phone	804.231.9684	
Address	PO Box 35418; RVA 23235		Email	teddi@dgelectrical.com

CONTRACTOR

Name	Davis & Green			Phone	804.231.9684				
Mailing Address	PO Box 35418; RVA 23235			Email	teddi@dgelectrical.com				
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701 026667	Expiration	8/31/19	License Type	ELE	Class	A

DESCRIPTION OF WORK

Provide and install 22kW generator			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	\$8,700.00	601.35	

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: 11.13.18

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>11.28.18</u>
Permit Fee:	<u>601.35</u>		Issued date:	<u>11.28.18</u>

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

(owner's statement on back)