



# 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: 1-4-19  
 Permit Number: BP-2019-00025  
 GPIN/Tax Map: 6758-69-9534/30-8-024  
 Issued: 1-15-19  
 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>2400 Cheney Creek Rd</u>	
	Owner <u>Stephen Hickey</u>	Phone # <u>804 833 2953</u>
	Address <u>''</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Stephen Hickey</u>		Phone # <u>833-2953</u>
	Address <u>2400 Cheney Creek Rd</u>		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Cheney Creek</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from ROW</u>	Center Line Setback <u>80'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>80'</u>	Side Setback <u>80'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <u>David Floyd</u> Date: <u>1/7/19</u> <span style="float: right;">AZ</span>			

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

DESCRIPTION OF WORK	Scope of Work: <del>lean to off garage</del> <u>existing SFD</u> <u>12x24 carport attached</u> <u>attached to</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. <del>500</del> <u>288</u>	Total Sq. Ft. <del>500</del> <u>288</u>		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>31.94</u>	
Value of Work	<u>500 \$ 4,320.00</u>	State Levy Fee	\$ <u>.63</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  Signature of Applicant: _____ Date: <u>1-4-19</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>57.07</u>



# BUILDING PERMIT APPLICATION

Application Date: 12/10/2018

Permit Number: **BP-2018-01060**

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

Issued: **1-15-19**

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 <b>1800 Wilkes Ridge Circle</b>	
	Owner <b>Notch Hotel, LLC</b>	Phone # <b>804-935-1719</b>
	Address 11541 Nuckols Rd. Suite D / npatel@kaylanhospitality.com --->	

APPLICANT INFORMATION	Applicant/Contact <b>Lonnie Farmer II</b>		Phone # <b>804-938-4982</b>
	Address <b>PO Box 4783 Midlothian, VA 23112 / Lonnie</b>		Email <b>oaklandmasonry.net</b>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <b>West Creek</b>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <b>55' from Prop. Line</b>	Center Line Setback	Rear Setback <b>10'</b>	CUP/Variance/COA
	Side Setback <b>10'</b>	Side Setback <b>10'</b>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <b>[Signature]</b> Date: <b>12/27/18</b>			

CONTRACTOR INFORMATION	Contractor <b>Ivey Mill Masonry Company, LLC</b>		Phone <b>804-892-4137</b>
	Address <b>PO Box 490 Toano, VA 23168/ IMM672</b>		Email <b>@yahoo.com</b>
	Contractor License Number <b>2705135155</b>	Type <b>A</b>	Expiration <b>2020-06-30</b>

DESCRIPTION OF WORK	Scope of Work: Installation of segmental retaining wall <b>for Residence Inn</b>				
	Proposed Use Retainage	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms N/A	# of Bedrooms N/A	# of floors N/A
	Finished Sq. Ft. N/A	Unfinished Sq. Ft. N/A	Total Sq. Ft. 620		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <b>148.87</b>	
Value of Work	<b>\$19,850.00</b>	State Levy Fee	\$ <b>2.98</b>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <b>[Signature]</b> Date: <b>12/10/2018</b>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <b>50.00</b>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <b>201.85</b>

# BUILDING PERMIT APPLICATION

Application Date: 12-13-2018

Permit Number: 2018-01042

GPIN/Tax Map: 7726-87-5960  
48-1-0-36-A

Issued: 1-14-19

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

Department of Building Inspection  
Box 119  
Roanoke, VA 24063  
(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>1647 THREE CROFT RD, RICHMOND VA 23233</u>	
	Owner <u>Pratt Properties INC ET AL</u>	Phone #
	Address <u>2415 Grenoble RD Richmond, VA 23294</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Tony Hill - Rite Lite Signs, Inc</u>	
	Address <u>1000 Biscayne Dr. Concord NC 28027</u>	Phone # <u>704-788-7097</u> Email <u>Thill@ritelitesigns.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 checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date <u>1/11/19</u> <span style="float: right;">AD</span>			

CONTRACTOR INFORMATION	Contractor <u>Rite Lite Signs Inc</u>		Phone <u>704-788-7097</u>
	Address <u>1000 Biscayne Dr Concord NC 28027</u>		
	Contractor License Number <u>2705051391</u>	Type <u>CLASS H - BSC - CBL</u>	Expiration <u>3-31-19</u>

DESCRIPTION OF WORK	Scope of Work: <u>INSTALL BUILDING EXTENSION SIGNS AND DRIVING-RANSE DECORATIVE SIGNS</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.	Total Sq. Ft.		

**Building Only - Excludes All Trades Permits**

Value of Work	<u>\$175,000.00</u>
---------------	---------------------

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

Signature of Applicant: Tony Hill Date 12-13-18

Application Fee	\$
State Levy Fee	\$
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
<b>Total</b>	<b>\$1,388.75</b>



# 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: 12-17-2018  
 Permit Number: BP-2018-01048  
 GPIN/Tax Map: 7126-74-4268 / 59-3-2-88-0  
 Issued: 1-14-19  
 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 2000 WILKES RIDGE DRIVE, HENRICO, VA 23233	
	Owner SHELTERING ARMS CORPORATION	Phone # 804.342.4324
	Address 8254 ATLEE ROAD, MECHANICSVILLE, VA 23116	Email

APPLICANT INFORMATION	Applicant/Contact BRACK RETAINING WALLS AND EXCAVATING, LLC-VICKI BARNETT	Phone # 804.798.5097
	Address 10423 DOW GIL ROAD, ASHLAND, VA 23005	Email ADMIN@BRACKWALLS.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Creek Business Park</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>20' from ROW</u>	Center Line Setback <u>45'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer Daniel Floyd Date 12/20/18 ML

CONTRACTOR INFORMATION	Contractor BRACK RETAINING WALLS AND EXCAVATING, LLC	Phone 804.798.5097
	Address 10423 DOW GIL ROAD, ASHLAND, VA 23005	
	Contractor License Number <u>2705131869</u>	Type <u>CONTRACTORS A</u> Expiration <u>11.31.2019</u>

DESCRIPTION OF WORK	Scope of Work: INSTALL RETAINING WALL 586 SQ FT / 70 L FT				
	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>586</u>		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>99.27</u>
Value of Work	\$12,570.00	State Levy Fee \$ <u>1.89</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Vicki Barnett</u> Date <u>DECEMBER 17, 2018</u>		Septic/Well Fee \$
		Zoning Fee \$ <u>50-</u>
		RLD \$
		SWP \$
		Total \$ <u>146.16</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

Application Date: 1/9/2019

Permit Number: BP-2019-00034

GPIN/Tax Map: 7715-59-7798 / 58-51-040

Issued: 1-14-19

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>1137 Getaway Lane, Manakin-Sabot, VA 23103</u>	
	Owner <u>Michael Newberger</u>	Phone # <u>804-364-</u>
APPLICANT INFORMATION	Address <u>1137 Getaway Lane, Manakin-Sabot, VA 23103</u>	
	Applicant/Contact <u>Michael Newberger</u>	Phone # <u>804-687-4381</u>
APPLICANT INFORMATION	Address <u>3126 W. Cary St. #444, Richmond, VA 23221</u>	
		Email <u>mike@outdoordreamsua.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Tuckahoe Creek</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>          </u>	Date Paid <u>          </u>
	Front Setback <u>30' from pavement</u>	Center Line Setback <u>          </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>1/10/19</u> <span style="float: right;">RPUD</span>			

CONTRACTOR INFORMATION	Contractor <u>Outdoor Dream Creations, LLC</u>		Phone <u>804-687-4381</u>
	Address <u>3126 W Cary St, 444, Richmond, VA 23221</u>		
	Contractor License Number <u>2705140888</u>	Type <u>CBC, RBC</u>	Expiration <u>01-31-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>outdoor kitchen and pergola area (<del>13'</del> 13' x 13')</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private	<input type="checkbox"/> WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>169</u>	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>179.46</u>
Value of Work	<u>31,658.71</u>	State Levy Fee	\$ <u>3.09</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ <u>          </u>
		Zoning Fee	\$ <u>          </u>
		RLD	\$ <u>          </u>
		SWP	\$ <u>          </u>
		Total	\$ <u>182.55</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>1/9/19</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: 12/11/18

Permit Number: DP-2018-01047

GPIN/Tax Map: 6757-91-6582 / 42-40-0-12-0

Issued: 1-14-19

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 Swanns Inn 42-40-0-12-0	
	Owner Legacy Homes	Phone # 804-304-7696
	Address 207 Echo Meadow Rd Rockville VA 23146	Email
APPLICANT INFORMATION	Applicant/Contact Travis Cole	Phone # 263-5313 804- <del>670</del>
	Address 6501 Dickens Rd Richmond VA 23230	Email Travis@Carouseldesigns.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Swann's Inn	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 15' from ROW	Center Line Setback 57.5'	Rear Setback 15'	CUP/Variance/COA
	Side Setback 15'	Side Setback 19'	Flood Zone	COA-2019-1
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date 1/10/19 R3			

CONTRACTOR INFORMATION	Contractor Carousel Signs & Designs, Inc.	Phone 804-263-5313
	Address 6501 Dickens Pl., Richmond, VA 23230	Email Travis@Carouseldesigns.com
	Contractor License Number 2705115473	Type Class A

DESCRIPTION OF WORK	Scope of Work: Wood beams, HDU sign, Aluminum box base with applied stone. for Swanns Inn subdivision					
	Proposed Use Single Family Homes	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None			
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" 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	18,000
---------------	--------

Application Fee	\$ 135.00
State Levy Fee	\$ 2.70
Septic/Well Fee	\$
Zoning Fee	\$ 50.00
RLD	\$
SWP	\$
Total	\$ 187.70

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 12/12/18

Invoice 2/11



# BUILDING PERMIT APPLICATION

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

Application Date: 1/7/19  
 Permit Number: BP-2019-00018  
 GPIN/Tax Map: 6843-00-9402-175-0-2-0  
 Issued: 1-10-19  
 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>4760 Old Fredericksburg Road Mineral, VA 23117</u>	
	Owner <u>Mike Woods</u>	Phone # <u>804-200-8242</u>
	Address <u>4760 Old Fredericksburg Road</u>	Email <u>roundfile28@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>JES Construction, LLC / stormm Lambert</u>	
	Address <u>2410 Southland Drive Chester, VA 23831</u>	Email <u>slambert@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>270-506-8655</u>	Type <u>Class A</u>	Expiration <u>4/30/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>10 push piers</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

**Building Only - Excludes All Trades Permits**

Value of Work	<u>18,054</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: 12/5/2018

Application Fee	\$ <u>93.25</u>
State Levy Fee	\$ <u>1.86</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>95.11</u>

Install 3/6



# BUILDING PERMIT APPLICATION

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

Application Date: 1/7/19

Permit Number: BP-2019-00015

GPIN/Tax Map: 6759-78-5377 / 21-9-0-450

Issued: 1-10-19

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>2715 Parkhouse Court Sandy Hook, VA 23153</u>	
	Owner <u>Clifford Olsen</u>	Phone # <u>804-690-5386</u>
	Address <u>2715 Parkhouse Court</u>	Email <u>ginnyolsen@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>JES Construction / Storm Lambert</u>	
	Address <u>2410 Southland Drive Chester, VA 23831</u>	Phone # <u>804-495-4646</u> Email <u>Slambert@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>270-506-8655</u>	Type <u>Class A</u>	Expiration <u>4-30-2020</u>

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

**Building Only - Excludes All Trades Permits**

Value of Work	<u>5,956.03</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 12/05/2018

Application Fee	\$ <u>58.80</u>
State Levy Fee	\$ <u>.78</u>
Septic/Well Fee	\$ <u>---</u>
Zoning Fee	\$ <u>---</u>
RLD	\$ <u>---</u>
SWP	\$ <u>---</u>
<b>Total</b>	<b>\$ <u>39.58</u></b>

# BUILDING PERMIT APPLICATION

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

Application Date: 8-20-18  
 Application Accepted: BP-2018-00675  
 GPIN: 6850-04-3472 120-22-015  
 Issued: 1-9-19

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

OWNER INFORMATION	Site Address <u>2818 Timber Trail Drive</u>		District		
	Owner <u>Richard A. Woolard</u>		Phone # <u>804-385-7133</u>		
	Address <u>2818 Timber Trail Drive, Sandy Hook, VA 23153</u>				
	Proposed Use <u>In Law Suite (Addition)</u>	Current Use <u>Residential</u>	Existing Buildings on Property <u>Home</u>		
	Proposed Occupant Load (Commercial) <u>Single Family In Law Suite</u>	Acreage <u>3.0</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Mill Forest II</u>		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District <u>R-R</u>		
	Front Setback <u>55'</u>	Center Line Setback <u>ROW</u>	Rear Setback <u>35</u>	C.U. Permit <u>2018-00009</u>	Variance
	Side Setback <u>15</u>	Side Setback <u>20</u>	C O A		Flood Zone
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: <u>CUP APPROVED 10-2-2018 FOR TWO FAMILY DWELLING</u>

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

Planning & Zoning Officer: Anita Bauer Date: 10-18-2018

Applicant/Contact: Richard A. Woolard - OWNER Phone: 804-385-7133

Email: rick.woolard@dominionenergy.com

CONTRACTOR INFORMATION	Contractor <u>Richard A. Woolard</u>		Phone <u>804-385-7133</u>	
	Address <u>2818 Timber Trail Drive, Sandy Hook, VA 23153</u>			
	Contractor License Number <u>(will sub-contract portions of project)</u>		Type <u>28X40</u>	Expiration

Description of Work	Scope of Work: <u>Build an In-Law suite on existing single family home ~ (28' wide &amp; 40' long). 1 Full bath &amp; 1 1/2 bath downstairs, Second Floor for storage &amp; possible 2nd bedroom. An additional septic field will be installed for this addition</u>				
	SEWER Public/Private	WATER Public/Private	1-Full & 1-1/2 bath		# of Bathrooms
	# of Floors <u>2</u>	Total Sq. Ft. <u>1,120</u>	Finished Sq. Ft. <u>1,120</u>	Unfinished Sq. Ft. <u>1,120</u>	# of Bedrooms <u>1 downstairs (possible 2nd)</u>
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK \$109,200.00

Building 50,000.00 \$61,000.00  
 Excludes All Trades Permits

Application Fee	\$ <u>503.40</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ <u>25.00</u>
State Levy Fee	\$ <u>10.57</u>
RLD	\$ <u>0.00</u>
<b>Total</b>	<b>\$ <u>563.97</u></b>

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



# 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: 27 DEC 18

Permit Number: BP-2018-01070

GPIN/Tax Map: 6978-07-5834/31-16-0-7-0

Issued: 1-7-19

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>2421 MADENS RD, MADENS VA 23102</u>		
	Owner <u>DAVID WEISBROT</u>	Phone # <u>804.887.0222</u>	
	Address <u>SAME</u>	Email	
APPLICANT INFORMATION	Applicant/Contact <u>DOUG WATSON</u>		Phone # <u>434.535.6969</u>
	Address <u>408 GARDNER FARM RD APPOMATTOX VA 24522</u>		Email <u>ARTIFEX.DOUG@GMAIL.COM</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Whitehall</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —
	Front Setback <u>75' FROM ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>
	Side Setback <u>20'</u>	Side Setback <u>24'</u>	Flood Zone —
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>12/28/18</u> <span style="float: right;"><u>A2</u></span>		
CONTRACTOR INFORMATION	Contractor <u>ARTIFEX CONTRACTING, LLC</u>		Phone <u>434.535.6969</u>
	Address <u>408 GARDNER FARM RD. APPOMATTOX VA 24522</u>		
	Contractor License Number <u>2705170494</u>	Type <u>RBC A</u>	Expiration <u>12.31.20</u>
DESCRIPTION OF WORK	Scope of Work: <u>510 SQFT ADDITION</u> <u>1 BED / 1 BATH</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 <u>1</u>
			# of Bedrooms <u>1</u>
Finished Sq. Ft. <u>510</u>		Unfinished Sq. Ft. <u>N/A</u>	Total Sq. Ft. <u>510</u>

**Building Only - Excludes All Trades Permits**

Value of Work \$110,000.-

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

Signature of Applicant [Signature] Date \_\_\_\_\_

Application Fee	\$ <u>500.-</u>
State Levy Fee	\$ <u>10.14</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.-</u>
RLD	\$ _____
SWP	\$ _____
<b>Total</b>	\$ <u>542.14</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: 12/28/18  
 Permit Number: BP-2019-00004  
 GPIN/Tax Map: 7705-43-4790/57-32-0-20-0  
 Issued: 1-4-19  
 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>828 DOVER BLUFF PLACE, MANAKIN SABOT 23103</u>	
	Owner <u>Robert K. &amp; Karen E. Holyer</u>	Phone # <u>(804) 359-9370</u>
	Address <u>1218 West Franklin St. Richmond, VA 23220</u>	Email <u>holyer6@aol.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>HomeMasons, Inc. Mason Hearn, Pres.</u>	
	Address <u>286 River Road West/P.O. Box 248 Manakin Sabot VA 23103</u>	Email <u>cmhearn@homemasons.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>HomeMasons, Inc.</u>		Phone <u>(804) 784-1200</u>
	Address <u>286 River Road W./P.O. Box 248 Manakin Sabot VA 23103</u>		
	Contractor License Number <u>2705020224</u>	Type <u>BCP-488A</u>	Expiration <u>3/31/19</u>

DESCRIPTION OF WORK	Scope of Work: <u>Remove all bath finishes and fixtures. Remove non-bearing partitions. Construct new non-structural partition. Bedroom suite is being converted into living room/study. 608 Finished sq ft</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 <u>existing - 1</u>	# of Bedrooms <u>existing - 1</u>	# of floors <u>2 + bsmt</u>	
	Finished Sq. Ft. <u>unchanged</u>		Unfinished Sq. Ft. <u>unchanged</u>		Total Sq. Ft. <u>unchanged</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$10,000.00</u>
---------------	--------------------

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

Signature of Applicant: [Signature] Date: 12/28/18

Application Fee	\$ <u>57.00</u>
State Levy Fee	\$ <u>1.14</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>58.14</u>

Install 3/5

 <p><b>BUILDING PERMIT APPLICATION</b></p> <p>Department of Building Inspection          P.O. Box 119          Goochland, VA 23063          (804) 556-5815 Fax (804) 556-5651          TDD 711 VA Relay</p> <p><input checked="" type="checkbox"/> Residential    <input type="checkbox"/> Commercial</p>	Application Date: <u>1-2-2019</u>
	Permit Number: <u>BP-2019-00001</u>
	GPIN/Tax Map: <u>6801-08-2843/9-8-0-E-0</u>
	Issued: <u>1-4-19</u>
	This application is <u>not</u> authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

This application requires two copies of construction drawings and two copies of the 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>3839 Belzora Lane</u>
	Owner <u>Catherine White</u> Phone # <u>804-387-1951</u>
	Address <u>3839 Belzora Lane</u> <u>Columbia VA 23038</u> Email <u>Catwhite87@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>JES Construction, LLC. / Camisha Brown</u> Phone # <u>804-495-4646</u>
	Address <u>2410 Southland Drive</u> <u>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</u> <u>Chester VA 23831</u> Email <u>cbrown@jeswork.com</u>
	Contractor License Number <u>2705068655</u> Type <u>A</u> Expiration <u>4-30-20</u>

DESCRIPTION OF WORK	Scope of Work: <u>installing 1428 sq. ft. of CleanSpace, one (1) dehumidifier, 164 lin. ft. of Drain Tile and (2) two Smart Sumps</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.		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ _____ State Levy Fee \$ _____ Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>100.11</u>
Value of Work	<u>\$20,450</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>12/26/2018</u>	



# BUILDING PERMIT APPLICATION

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

 Residential

 Commercial

Application Date:

January 3, 2019

Permit Number:

2019-00011

GPIN/Tax Map:

6758-41-3186 / 42-33-E-18-0

Issued:

1-4-19

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		2530 Crest Hollow Ct. Goochland, Va 23063	
	Owner	Steven and Corine Tasker		Phone # 302-528-6712
	Address	2530 Crest Hollow Ct. Goochland, Va 23063		
APPLICANT INFORMATION	Applicant/Contact		Delta Deck Company	
	Address	2538 Fairground Rd. Maidens Va 23102		Phone # 804-241-3920
				Email djqueensberry@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		Delta Deck Company		Phone	804-241-3920
	Address		2538 Fairground Rd. Maidens, Va 23102		djqueensberry@gmail.com	
	Contractor License Number	2705161359	Type Class A	- HIL	Expiration	2-28-19

DESCRIPTION OF WORK	Scope of Work: Convert Existing back porch into a screened porch					
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)			
	<input type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors	
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			

Building Only - Excludes All Trades Permits		Application Fee \$ <u>70.50</u> State Levy Fee \$ <u>1.41</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>71.91</u>
Value of Work	13,000	
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	Jan. 3, 2019	



# 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: December 18, 2018

Permit Number: **BP-2018-01049**

GPIN/Tax Map: **7723-26-0038 / 66-1-0-20**

Issued: **1-3-19**

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 12829 River Road Richmond, VA 23238	
	Owner Benedictine College Preparatory	Phone # 804-708-9500
	Address 12829 River Road Richmond, VA 23238	Email jgrapes@benedictinecollegeprep.org

APPLICANT INFORMATION	Applicant/Contact John Locher		Phone # 804-233-9856
	Address 710 Perry Street Richmond, VA 23224		Email john@taylor-parrish.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>75' From RW</i>	Center Line Setback <i>100'</i>	Rear Setback <i>5'</i>	CUP/Variance/COA —
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David Floyd</i> Date: <i>12/21/18</i> <i>R1/A2</i>			

CONTRACTOR INFORMATION	Contractor Taylor & Parrish		Phone 804-233-9866
	Address 710 Perry Street Richmond, VA 23224		Email john@taylor-parrish.com
	Contractor License Number 2701004518	Type Class A	Expiration 9/30/20

DESCRIPTION OF WORK	Scope of Work: Office trailer and Conference trailer for gym at Benedictine				
	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 \$ <i>160.00</i>	
Value of Work	<i>8,000</i>	State Levy Fee \$ <i>1.20</i>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ —	
		Zoning Fee \$ <i>100.00</i>	
		RLD \$ —	
		SWP \$ —	
		Total \$ <i>161.20</i>	
Signature of Applicant: <i>[Signature]</i>		Date: 12/18/18	



# 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: 12/5/18

Permit Number: **BP-2018-01029**

GPIN/Tax Map: 6788-91-2017 / 145-1-01-E1

Issued: 1-3-19

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 1420 Broadstreet Road		Phone #		
	Owner H & B Associates, INC				
	Address 624 W Southside Plaza Drive		Email		
APPLICANT INFORMATION	Applicant/Contact Tabitha Gaulding		Phone # (434)584-9402		
	Address 196 Theater Road South Hill, VA 23950		Email tabitha-tis@outlook.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 Total Image Solutions		Phone (434)447-3347		
	Address 196 Theater Road South Hill, VA 23950		tabitha-tis@outlook.com		
	Contractor License Number 2705141592	Type C	Expiration 6-30-19		
DESCRIPTION OF WORK	Scope of Work: Install new sign to existing free standing sign. Install new canopy signs.				
	Proposed Use gas station	Current Use gas station	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 \$ 20.00		
Value of Work 2,500			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. Signature of Applicant <u>J. Gaulding</u> Date 12/5/18			Septic/Well Fee \$		
			Zoning Fee \$ 5000		
			RLD \$		
			SWP \$		
			Total \$ 80.60		



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date 1-23-2019

Permit # *112019-0003*

GPIN 6726-03-4292

Tax Map 50-9-0-8-0

## LOCATION

Street Address 1106 Castle View Drive

## PROPERTY OWNERSHIP

Name Joseph M Ayres Jr	Phone 804-543-8729
Mailing Address 1106 Castle View Dr., Goochland VA 23063	Email jmaj94@hughes.net

## APPLICANT

Name Joseph M ayres Jr	Phone 804-543-8729
Address 1106 Castle View Dr., Goochland VA 23063	Email jmaj94@hughes.net

## CONTRACTOR

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

## DESCRIPTION OF WORK

Add 38 KW Generator

# of Bathrooms 3	Service Size 400	Power Company Dominion	Inquiry #
Value of Work (required) 4,000			

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: *J. M. Ayres Jr* Date: 1-23-2019

Approval: <i>F. J. Spiller</i>	Office Use Only	Approval date: <i>1-31-19</i>
Permit Fee: <i>\$39.78</i>		Issued date: <i>1-31-19</i>

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

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	1-28-19
Permit #	BP-2018-0024
G-Pin	

## LOCATION

Street Address	1280 Hermitage Rd	District	
----------------	-------------------	----------	--

## PROPERTY OWNERSHIP

Name	Doug Elliott	Phone	
Mailing Address	10905 Ashmont Court		23060

## APPLICANT

Name	Joseph Schiess	Phone	540 379 6060
E-Mail Address	selec21@aol		

## CONTRACTOR

Name	J. Schiess Elec	Phone	784 6774
Mailing Address	P.O. Box 231	E-mail address:	selec21@aol
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705046710
		Expiration	10/31/2020
		License Type:	elec
		Class:	B

## DESCRIPTION OF WORK

New Residential + hook up 20kW			
400 amp service generator and ATS			
# of Baths	Service Size	Power Company	Inquiry #
6	400A	VA Power	10258422

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

(Notary)

My commission expires \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Value of Work: 30,000

Permit fee: \$159.12

Approval Fisher Date 1-28-19

Issue date: 1-28-19



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 1-22-19

Permit #: 19-92

GPIN:

Tax Map:

## LOCATION

Street Address: 8 Dunaway Dr. Richmond 23258

## PROPERTY OWNERSHIP

Name: Elizabeth Monroe Phone:

Mailing Address: 8 Dunaway Dr. Richmond VA 23258 Email:

## APPLICANT

Name: John Jenkins Phone: 804-221-3001

Address: 25258 Email: jjenkinsvei@comcast.net

## CONTRACTOR

Name: Universal Electrical Inc. Phone: 804.671.7650

Mailing Address: 244 Arcade St. Richmond VA 23225 Email:

Gas Certification: YES  NO

State License Number: 2705023591 Expiration: 3.31.20 License Type: A Class: EIC

## DESCRIPTION OF WORK

Install Briggs and Stratton 20KW generator and 200 amp transfer switch

# of Bathrooms: Service Size: 400 Power Company: Inquiry #:

Value of Work (required): 10,500.00

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: 1/29/19

Approval: Fisher Office Use Only Approval date: 1-31-19

Permit Fee: 69.62 Issued date: 1-31-19

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	1-2-19
Permit #	0112019-0010
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	2686 Kingsmere Dr.	District	
----------------	--------------------	----------	--

### PROPERTY OWNERSHIP

Name	Bill Gardner	Phone	804-556-3666
Mailing Address	2686 Kingsmere Dr.		

### APPLICANT

Name	MW BUTLER ELECTRICAL, LLC.	Phone	804-746-2240
E-Mail Address	Chesney@mwbutterelectrical.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@MWBLTERELECTRICAL.COM		
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705110673 A
		Expiration	1/31/2020
		License Type	ELECTRIC
		Class	A

### DESCRIPTION OF WORK

Wire 2kw 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 \_\_\_\_\_, Virginia on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the city or county of \_\_\_\_\_ undersigned notary.

\_\_\_\_\_(Notary)

My commission expires \_\_\_\_\_

Signature of Applicant MW Butler

Value of Work: \$1 2,450

Permit fee: \$ 32.67

Approval Fisher Date 1-2-19

Issue date: 1-2-19



# RESIDENTIAL TRADES PERMIT APPLICATION

S-2233

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	1-22-19
Permit #	2112019-00015
GPIN	
Tax Map	

## LOCATION

Street Address: 2600 Parkinsville Rd, Maidens, VA 23102

## PROPERTY OWNERSHIP

Name	Strother Scott	Phone	804-405-5999	
Mailing Address	1010 St. Andrews Ln, RVA 23226		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, RVA 23235			Email	donna@dgelectrical.com	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class	
		2701 026667A	8/31/2019	ELE	A	

## DESCRIPTION OF WORK

Upgrade service to 200 amp, wire for 15 kw heat unit, install receptacle + interlock kit for portable generator

# of Bathrooms	Service Size	Power Company	Inquiry #
		Rappahannock	1097861
Value of Work (required)	\$ 3000.00	Fee	35.19

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: 1-22-19

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>1-23-19</u>
Permit Fee:	<u>\$ 35.19</u>		Issued date:	

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

(owner's statement on back)

112



# 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	12.11.18
Permit #	18-1050
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	624 CEDAR RUN RD	District	
----------------	------------------	----------	--

### PROPERTY OWNERSHIP

Name	WENDELL HOLLIER	Phone	804-240-1334
Mailing Address	624 CEDAR RUN RD 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 type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2019	License Type:	CONTRACTOR Class: A

### DESCRIPTION OF WORK

INSTALL 22 KW GENERATOR, 200 AMP ATS, SURGE			
(PARTIAL TRANSFER)			
# of Baths	Service Size	Power Company	Inquiry #
	400	DOM	

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

I, \_\_\_\_\_ of (address) \_\_\_\_\_ affirm that I am the owner of a certain tract or parcel of land located at \_\_\_\_\_ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1-1111 of the Code of Virginia.

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

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

Signature of Applicant: [Signature] Value of Work: 9500.00

Approval: [Signature] Date: 1-8-19 Permit fee: 67.32 65.03

Issue date: 1-8-19



# 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 1/2/19

Permit #

GPIN

Tax Map

2112019-0013

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

Please call or visit our website to calculate fee

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

## LOCATION

Street Address 1670 Old Orchard Lane

## PROPERTY OWNERSHIP

Name Richard Williford

Phone (804) 359-1217

Mailing Address 1670 Old Orchard Ln; Manakin-Sabot VA

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

NO

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)

\$10,085.00

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: 1/2/19

Approval:

Office Use Only

Approval date:

Permit Fee

\$67.71

Issued date:

1-4-19

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Please call or visit our website to calculate fee

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

Date	1.24.19
Permit #	2018-00944
GPIN	6767-44-8845
Tax Map	43-41-0-4-0

## LOCATION

Street Address 2524 Bucknell Lane, Maidens, VA 23102

## PROPERTY OWNERSHIP

Name	Updike Enterprises LLC	Phone	
Mailing Address	595 Grandview Drive, Troutville, 24175	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705062410
		Expiration	05/19
		License Type	Elec/Bld
		Class	A

## DESCRIPTION OF WORK

wire single family dwelling w/attached garage; 20KW Generac generator

# of Bathrooms	Service Size	Power Company	Inquiry #
4.5	200	Dominion	10267023
Value of Work (required)	15000.00		

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: Edw SDryg Date: 1.24.19

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>1-29-19</u>
Permit Fee:	<u>90.27</u>		Issued date:	<u>1-29-19</u>

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	1-29-19
Permit #	19-00086
GPIN	
Tax Map	

## LOCATION

Street Address  
2314 Jackson Shop Rd, Goochland, VA 23063

## PROPERTY OWNERSHIP

Name	Frank Duck	Phone	
Mailing Address	2314 Jackson Shop Rd	Email	

## APPLICANT

Name	Lipscomb Electric + Contracting, LLC	Phone	804 347 8880
Address	206 Timber Creek Farm Dr Farmville, VA 23901	Email	rk@lipscomb@live.com

## CONTRACTOR

Name	Lipscomb Electric + Contracting, LLC			Phone	804-347-8880				
Mailing Address	206 Timber Creek Farm Dr, Farmville, VA 23901			Email	rk@lipscomb@live.com				
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705116236	Expiration	9/30/19	License Type	BLD, ELE	Class	A

## DESCRIPTION OF WORK

install new 22kw generator and 400 amp service upgrade

# of Bathrooms	Service Size	Power Company	Inquiry #
	400	DOM	0267193
Value of Work (required) \$11,500.00			

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: 1/22/19

### Office Use Only

Approval:	Fisher	Approval date:	1-29-19
Permit Fee:	79.21	Issued date:	1-29-19

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

(owner's statement on back)

44170 - 305 6503

1131



# 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	12.31.18
Permit #	112019-00074
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	11 PARTRIDGE HILL RD	District	
----------------	----------------------	----------	--

### PROPERTY OWNERSHIP

Name	ROBERT POUNDERS	Phone	804-338-1342
Mailing Address	11 PARTRIDGE HILL RICHMOND, VA 23238		

### APPLICANT

Name	WOODFIN HEATING	Phone	804-764-4533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

### CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N HAMILTON ST RICHMOND VA 23230	Email address:	VPITTMAN@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/30/19	License Type:	CONTRACTOR
Class		Class	11/2019 A

### DESCRIPTION OF WORK

INSTALL 22 KW GENERATOR, 200 AMP ATS (2), TRENCH			
# of Baths	Service Size	Power Company	Inquiry #
	400	DOM	

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

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

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

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

Signature of Applicant: [Signature] Value of Work: 9500.00

Approval: [Signature] Permit fee: 67.32 65.03

Date: 1-23-19 Issue date: 1-23-19



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 1/23/19

Permit #

GPIN

Tax Map

## LOCATION

Street Address: 2231 PARKERS HILL DRIVE

## PROPERTY OWNERSHIP

Name: GEORGE SEELEY Phone: 804 556-0123

Mailing Address: 2231 PARKERS HILL DR. MATHEWS 23102 Email:

## APPLICANT

Name: RIC SEABORN Phone: 804 388-4242

Address: Email:

## CONTRACTOR

Name: MANAKIN ELECTRICAL CONTRACTORS Phone:

Mailing Address: P.O. Box 147 ROCKVILLE VA 23146 Email:

Gas Certification: YES  NO  State License Number: 270501863 Expiration: 12/31/2020 License Type: ELS Class: B

## DESCRIPTION OF WORK

INSTALL 20 KW GENERATOR AND 200A AUTOMATIC TRANSFER SWITCH.

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

Value of Work (required): 9200-

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: 01/23/19

Approval: Fisher Office Use Only Approval date: 1-23-19

Permit Fee: \$ 63.65 Issued date: 1-23-19

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	1/22/19
Permit #	ELI-2019-00062
GPIN	6815-02-3473
Tax Map	1-6-0-6-0

## LOCATION

Street Address 5612 WHITESELL ROAD / LOUISA, VA 23093

## PROPERTY OWNERSHIP

Name	SUZANNA KANSER	Phone	540-223-7802
Mailing Address	5612 WHITESELL ROAD / LOUISA, VA 23093	Email	N/A

## APPLICANT

Name	DEVON SCHARVER	Phone	804-325-1842 EXT. 103
Address	13507 E BOUNDARY ROAD SUITE E / MIDLOTHIAN, VA 23112	Email	DEVON.SCHARVER@ONEHOURAIR.COM

## CONTRACTOR

Name	STAR SERVCO	Phone	804-325-1842				
Mailing Address	13507 E BOUNDARY ROAD SUITE E / MIDLOTHIAN, VA 23112	Email	DEVON.SCHARVER@ONEHOURAIR.COM				
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705-108254	Expiration	06/30/2020	License Type	Class
							A

## DESCRIPTION OF WORK

REPLACE EXISTING 16KW GENERATOR

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) 11,950			

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: Devon Scharver Date: 1-16-19

### Office Use Only

Approval: Fisher Approval date: 1/22/19

Permit Fee: 76.27 Issued date: 1/22/19

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

**received**  
1-15-19

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 1-8-19

Permit #: 19-00057

GPIN

Tax Map

## LOCATION

Street Address: 714 Milstead Ln

## PROPERTY OWNERSHIP

Name: Blue Hill Trust Phone: 804-513-0471

Mailing Address: 714 Milstead Ln Manakin Sabot VA Email:

## APPLICANT

Name: Richard Medeiros Phone: 434-975-3275

Address: 2293 Seminole Ln Charlottesville, VA 22901 Email: richieneverdark@gmail.com

## CONTRACTOR

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

Mailing Address: 2293 Seminole Ln Charlottesville, VA 22901 Email: richieneverdark@gmail.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2710025076	8/30/20	Contractors	A

## DESCRIPTION OF WORK

Wiring 20 kw automatic generator with automate Transfer Switch with Load Share Modules

# of Bathrooms	Service Size	Power Company	Inquiry #
	200	Dominion	

Value of Work (required): 11800

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: Richard Medeiros Date: 1-19-19

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>1-16-19</u>
Permit Fee: <u>30.60</u>		Issued date: _____

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	1-14-18
Permit #	19-43
Old Map #	
G-Pin	6850-54-2123

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	2976 STONE CREEK DRIVE	District	Sandy Hook
----------------	------------------------	----------	------------

## PROPERTY OWNERSHIP

Name	MICHELLE L SHIFFLETT	Phone	804-901-1631
Mailing Address	SAME AS JOB LOCATION		

## 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	Class	A
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705099807A	Expiration	10/31/2019		

## DESCRIPTION OF WORK

INSTALL (1) 22KW AUTOMATIC STANDBY GENERATOR - WITH 200A ATS SWITCH			
# of Baths	Service Size	Power Company	Inquiry #

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

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

\_\_\_\_\_(Owner)

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

\_\_\_\_\_(Notary)

My commission expires \_\_\_\_\_

Signature of Applicant *Marcie Haynie*  
Approval *Fisher* Date 1-14-18

Value of work: \$8900.00  
Permit fee: \$62.27  
issue date: 1-14-18



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Please call or visit our website to calculate fee

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

Date	1-10-19
Permit #	211-2019-00024
GPIN	
Tax Map	

## LOCATION

Street Address 4243 Whitehall RD, Sandyhook, VA 23152

## PROPERTY OWNERSHIP

Name	Mary Hicks	Phone	804-339-3089
Mailing Address	4243 Whitehall RD, Sandyhook, VA 23152	Email	

## APPLICANT

Name	Willie Christmas	Phone	434-589-4870
Address	357 Rollins Lane, Louisa, VA 23093	Email	christmaslcs@aol.com

## CONTRACTOR

Name	LCS Electrical - Willie Christmas	Phone	434-589-4870						
Mailing Address	357 Rollins Lane, Louisa, VA 23093	Email	christmaslcs@aol.com						
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2710024130	Expiration	9-30-19	License Type	B	Class	PLBELEC

## DESCRIPTION OF WORK

install 22 kw generator  
transfer/ disconnect switch and re-work breaker box for sub panel

# of Bathrooms	Service Size	Power Company	Inquiry #
	200 Amp	Dominion Energy	
Value of Work (required)	\$800 / \$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: Willie Christmas Date: 1/5/2019

### Office Use Only

Approval: Fisher Approval date: 1-10-19  
Permit Fee: \$30.60 Issued date: \_\_\_\_\_

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



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 1-9-18

Permit #: 182018-0018

GPIN

Tax Map

## LOCATION

Street Address: 3599 HADENSVILLE FIFE RD GOOCHLAND VA 23063

## PROPERTY OWNERSHIP

Name: GAIL SMITH Phone: 804 457 4434

Mailing Address: 3599 HADENSVILLE FIFE RD GOOCHLAND VA Email:

## APPLICANT

Name: GAIL SMITH Phone: 804 457-4434

Address: 3599 HADENSVILLE FIFE RD GOOCHLAND VA Email:

## CONTRACTOR

Name: OWEN Phone:

Mailing Address: Email:

Gas Certification: YES  NO  State License Number: Expiration: License Type: Class:

## DESCRIPTION OF WORK

22 wt generator

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

Value of Work (required): \$700.00

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: Gail Smith Date: 1-9-19

Approval: Fisher Office Use Only Approval date: 1-9-19

Permit Fee: \$30.00 Issued date: 1-9-19

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

44170-305 65.03

117

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	12/31/18
Permit #	18.30
GPIN	
Tax Map	

### LOCATION

Street Address	843 PRESTBURG LANE	District	
----------------	--------------------	----------	--

### PROPERTY OWNERSHIP

Name	SHANNON COOK	Phone	804-317-0455
Mailing Address	843 PRESTBURG LANE 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 (2), LOAD			
MANAGE HVAC EQUIPMENT			
# of Baths	Service Size	Power Company	Inquiry #
	400	Dom	

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

I \_\_\_\_\_ of (address) \_\_\_\_\_ affirm that I am the owner of a certain tract or parcel of land located at \_\_\_\_\_

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

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

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

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

Signature of Applicant [Signature]

Approval Fisher Date 1-8-19

Value of Work: 9500.00

Permit fee: ~~67.32~~ 65.03

Issue date: 1-8-19

112



# 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	12.11.18
Permit #	18-1050
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	624 CEDAR RUN RD	District	
----------------	------------------	----------	--

### PROPERTY OWNERSHIP

Name	WENDELL HOLLIER	Phone	804-240-1334
Mailing Address	624 CEDAR RUN RD 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 type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2019	License Type:	CONTRACTOR Class: A

### DESCRIPTION OF WORK

INSTALL 22 KW GENERATOR, 200 AMP ATS, SURGE			
(PARTIAL TRANSFER)			
# of Baths	Service Size	Power Company	Inquiry #
	400	DOM	

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

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

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

Signature of Applicant [Signature] Value of Work: 9500.00  
Approval [Signature] Date 1-8-19 Permit fee: 67.32 65.03  
Issue date: 1-8-19