



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: 2/21/19

Permit Number: BP-2019-00191

GPIN/Tax Map: 42-1-0-118-A / 6766-37-2198

Issued: 2-26-19

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>1505 POINT MEADOWS COURT, MAIDENS, VA 23102</u>	
	Owner <u>BRIAN WOOD & LAUREN E. BISKIE</u>	Phone # <u>(815) 651-7556</u>
	Address <u>1505 POINT MEADOWS COURT, MAIDENS, VA 23102</u>	Email <u>BRIAN.BISKIE@SUPERRADIATORCOILS.COM</u>
APPLICANT INFORMATION	Applicant/Contact <u>JES CONSTRUCTION, LLC / JENNIFER HAYNES</u>	
	Address <u>2410 SOUTHLAND DRIVE CHESTER, VA 23031</u>	Email <u>JHAYNES@JESWORK.COM</u>

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

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION	Contractor <u>JES CONSTRUCTION, LLC</u>		Phone <u>(804) 495-4646</u>
	Address <u>2410 SOUTHLAND DRIVE CHESTER, VA 23031</u>		Email <u>JHAYNES@JESWORK.COM</u>
	Contractor License Number <u>270-506-8655</u>	Type <u>CLASS A</u>	Expiration <u>4/30/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>INSTALL (4) XL intel jacks</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 \$ 5,929.00

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

Signature of Applicant [Signature] Date 02-21-19

Application Fee	\$ <u>37.60</u>
State Levy Fee	\$ <u>.27</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>38.45</u>



BUILDING PERMIT APPLICATION

Department of Building Inspection
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 TDD 711 VA Relay

Application Date: 2/12/2019
 Permit Number: BP-2019-00163
 GPIN/Tax Map: 62-31-A-17-0/7704-49-6711
 Issued: 2-26-19

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>700 Meadow View Ridge</u>	
	Owner <u>Tera Kouanes</u>	Phone # <u>804 921-5559</u>
	Address <u>700 Meadow View Ridge</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>PLA-Mor Construction</u>		Phone # <u>804 781-0442</u>
	Address <u>P.O. Box 295 Mech. VA 23111</u>		Email <u>MaryAnn.pmc@comcast.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>The Meadows</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	<u>OT Manakin</u>			
	Front Setback <u>55' from Road</u>	Center Line Setback <u>80'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer David Floyd Date 2/20/19 RR

CONTRACTOR INFORMATION	Contractor <u>PLA-Mor Construction</u>		Phone <u>804 781-0442</u>
	Address <u>P.O. Box 295 Mech. VA 23111</u>		
	Contractor License Number <u>2705091041A</u>	Type <u>A</u>	Expiration <u>1/31/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>15'5" x 35' Fiberglass Inground Pool with Automatic Cover - meets ASTM 1346-91 code</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors <u>0</u>
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>546</u>	Total Sq. Ft. <u>546</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>65,256</u>	Application Fee <u>\$305.66</u>
	State Levy Fee <u>\$6.11</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$25-</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
	Total <u>\$336.77</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 M. Clements Date _____

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 566-5815 Fax (804) 566-5651 TDD 711 Va Relay

2-19-19
 Application Accepted: 2-20-19-00161
 Old Map Number: 149-19-0-19-0
 GPIN: 7738-11-3535

Issued 2-26-19

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>7292 Ellingham Ct. Glen Allen 23059</u>		District		
	Owner <u>Jamer/Katharine Christie</u>		Phone # <u>201-401-0780</u>		
	Address <u>7292 Ellingham Ct. Glen Allen 23059</u>				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acres <u>0.18</u>	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parkside Village</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____	
	New Street Address		Zoning District <u>RPUD</u>		
	Front Setback <u>30' from R/W</u>	Center Line Setback _____	Rear Setback <u>50' B/S</u>	C.U. Permit _____	Variance _____
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	C.O.A. _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

Planning & Zoning Officer David Floyd Date 2/21/19

Applicant/Contact: DAN SWORDS Phone 994-3429

Email: DAN@BNWbuilders.com

CONTRACTOR INFORMATION	Contractor <u>BNW Builders</u>	Phone <u>994-3429</u>
	Address <u>8601 Staples Mill Rd. Richmond VA 23228</u>	
	Contractor License Number <u>2705 108 250</u>	Type <u>CLASS A</u>

Description of Work	Scope of Work: <u>To build a screen porch onto existing deck. Add 2 brick piers, landing and stairs.</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>172</u>	Finished Sq. Ft. <u>172</u>	Unfinished Sq. Ft. _____	# of Bedrooms

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

VALUE OF WORK	
Building	<u>12,000</u>
Excludes All Trades Permits	

Application Fee	\$ _____
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ _____
RLD	\$ <u>22.32</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.

David Floyd 2/25/2019



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

Residential Commercial

Application Date: 2-6-19
 Permit Number: BP-2019-00128
 GPIN/Tax Map: 6797-23-2335 / 45-18-0-22
 Issued: 2-26-18
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION	Site Address	<u>1635 FOX DOWNS LANE O.VILLE, VA. 23129</u>	
	Owner	<u>FRANK M. HARTZ, III</u>	Phone # <u>804 363 8431</u>
	Address	<u>1635 FOX DOWNS LANE O.VILLE, VA 23129</u>	Email <u>FMHARTZ@GMAIL.COM</u>
APPLICANT INFORMATION	Applicant/Contact		Phone # <u>804 784 4814</u>
	Address		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>2/8/18</u> A2			

CONTRACTOR INFORMATION	Contractor	Phone
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Greenhouse Construction 16x30' Greenhouse</u>					
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)			
	<u>PRIVATE</u>		<u>NONE</u>			
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors	
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			
	<u>480</u>	<u>480</u>				

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>88.41</u>
Value of Work	<u>\$16,981.43</u>	State Levy Fee	\$ <u>16.77</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>Frank M. Hartz</u> Date: <u>2/6/19</u>		Septic/Wall Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>115.78</u>



BUILDING PERMIT APPLICATION

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

Application Date: 2/22/19

Permit Number: BP-2019-00187

GPIN/Tax Map: 6758-56-0752/30-10-42-A-3

Issued: 2-26-19

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 3205 Little Creek Road, Goochland VA 23063	
	Owner Shawn & Jeannie Llewellyn	Phone # 8043994876
APPLICANT INFORMATION	Address 3205 Little Creek Road, Goochland VA 23063	
	Applicant/Contact Shawn Llewellyn	Email shawnLL@pgui.com
APPLICANT INFORMATION	Address 3205 Little Creek Road, Goochland VA 23063	
	Applicant/Contact Shawn Llewellyn	Phone # 8043994876
APPLICANT INFORMATION	Address 3205 Little Creek Road, Goochland VA 23063	
	Applicant/Contact Shawn Llewellyn	Email shawnLL@pgui.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 self directed / owner		Phone
	Address		Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: remove bearing wall between dining room and breakfast room and install DBL 11 7/8" LVL or if possible 14" LVL				
	Proposed Use residential	Current Use residential	Environmental Impacts (stream crossing, wetlands, amt land disturbed) n/a		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms n/a	# of Bedrooms n/a	# of floors n/a
	n/a	Finished Sq. Ft.	n/a	Unfinished Sq. Ft.	Total Sq. Ft.

Building Only - Excludes All Trades Permits		Application Fee	\$ 30.00
Value of Work	\$1,000	State Levy Fee	\$.60
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 30.60
Signature of Applicant: <i>Shawn Llewellyn</i>		Date: 2/22/19	



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-14-19
 Permit Number: DP-2019-00157
 GPIN/Tax Map: 6814-90-0700.5-18-02-0
 Issued: 2-19-19
 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>5365 BROAD STREET ROAD</u>	Phone # <u>804 814 5326</u>
	Owner <u>RON AND LISA BOWERS</u>	Email <u>rsbowers59@gmail.com</u>
	Address <u>5365 BROAD STREET ROAD</u>	

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Royal Oak Estates</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>N/A</u>	Date Paid <u>---</u>
	Front Setback <u>100' from ROW</u>	Center Line Setback <u>125'</u>	Rear Setback <u>55' frontiers</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>2/19/19</u> <u>RR</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>FREE STANDING DECK</u>			
	Proposed Use <u>39' x 16'</u>		Current Use <u>---</u>	
	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>---</u>			
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>---</u>	# of Bedrooms <u>---</u>
	Finished Sq. Ft. <u>---</u>	Unfinished Sq. Ft. <u>624</u>	Total Sq. Ft. <u>624</u>	

Building Only - Excludes All Trades Permits		Application Fee: \$ <u>10.50</u>	
Value of Work <u>\$1,000 DECK</u> <u>13/006</u>		State Levy Fee: \$ <u>1.41</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>Ronald S Bowers</u> Date: <u>---</u>		Septic/Wall Fee: \$ <u>---</u>	
		Zoning Fee: \$ <u>---</u>	
		RLD: \$ <u>---</u>	
		SWP: \$ <u>---</u>	
		Total: \$ <u>12.91</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 FEBRUARY 2019

Permit Number: BP-2019-00144

GPIN/Tax Map: 7705-43-1762/57-32-0-19-0

Issued: 2-15-19

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.

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: 832 DOVER BLUFF PLACE MANAKIN-SABOT 23103

Owner: JOHN A. HUGO III Phone #: 804 338 1472

Address: SAME Email: jhugo@3north.com

APPLICANT INFORMATION

Applicant/Contact: SAME Phone #: _____

Address: _____ Email: _____

TO BE COMPLETED BY ZONING DEPARTMENT

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

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: _____ Date: _____

CONTRACTOR INFORMATION

Contractor: OWNER CONTRACTOR Phone: _____

Address: SAME Email: _____

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK

Scope of Work: INTERIOR RENOVATION: RELOCATING KITCHEN, RELOCATING POWDER ROOM, OPEN INTERIOR WALLS, FINISH ATIC INTO REC. ROOM AND OFFICE, FINISH BONUS ROOM INTO FITNESS ROOM, ELIMINATE POWDER ROOM, ADD 2 BATHROOMS

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. <u>1,000 SF</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>4,000 SF 1,000</u>		

Building Only - Excludes All Trades Permits

Value of Work: \$40,000

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: 2/12/19

Application Fee	\$ <u>192.00</u>
State Levy Fee	\$ <u>3.84</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>195.84</u>



BUILDING PERMIT APPLICATION

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 TDD 711 VA Relay

Application Date: **2/14/19**
 Permit Number: **BP-2019-00153**
 GPIN/Tax Map: **7706-97-2820/46-22-D-D-D**
 Issued: **2-15-2019**

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 1681 Old Orchard Lane	
	Owner Todd & Leslie Willett	Phone #
	Address 1681 Old Orchard Lane Manders Subst VA	Email

APPLICANT INFORMATION	Applicant/Contact David Thurston	
	Address 18493 Hollowing Creek Rd Beaverdam VA 23015	Phone # 804-337-0793
		Email tripletpools@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 55' from ROW	Center Line Setback	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
Planning & Zoning Officer <i>[Signature]</i>		Date 2/14/19		

CONTRACTOR INFORMATION	Contractor Triple T Pools & Masonry LLC		Phone 804-337-0793
	Address 18493 Hollowing Creek Rd Beaverdam VA 23015		Email Tripletpools@gmail.com
	Contractor License Number 2705159715	Type Class B	Expiration 3/31/2020

DESCRIPTION OF WORK	Scope of Work: Concrete swimming pool 18x36 w/ auto cover inground				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> Public/Private	<input type="checkbox"/> Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. 648	Total Sq. Ft. 648		

Building Only - Excludes All Trades Permits

Value of Work \$59,000	Application Fee \$
	State Levy Fee \$ 5.55
	Septic/Welt Fee \$
	Zoning Fee \$ 25-
	RLD \$
	SWP \$
	Total \$ 308.05

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: _____



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: 2/12/2019
 Permit Number: BP-2019-00140
 GPIN/Tax Map: 6785-58 7505/55-10-37-B
 Issued: 2-14-19
 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: 1267 Cardwell Road, Crozier, VA 23039
 Owner: Emily Branch Phone #: 804-432-9331
 Address: 15543 Chesdin Landing Ct, Chesterfield, VA 23838 Email: em.branch1234@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: Mason Hearn Phone #: 804-784-1200
 Address: 286 River Rd West, Manakin Sabot, VA 23103 Email: cmhearn@homemasons.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

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

CONTRACTOR INFORMATION
 Contractor: HomeMasons, Inc Phone: 804-784-1200
 Address: 286 River Rd West, Manakin Sabot, VA 23103 Email: cmhearn@homemasons.com
 Contractor License Number: 2705020224 Type: A Expiration: 3-31-19

DESCRIPTION OF WORK
 Scope of Work: Home renovation - Bedroom, bathroom, kitchen, family room, office, laundry room.

Proposed Use Primary residence	Current Use vacant	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 1	# of Bedrooms 1	# of floors 1
Finished Sq. Ft. 1,152	Unfinished Sq. Ft.	Total Sq. Ft. 1,152		

Building Only - Excludes All Trades Permits

Value of Work	Application Fee
<u>130,000.00 \$73,000.00</u>	599 <u>540.00</u>
	State Levy Fee
	1194 <u>681</u>
	Septic/Well Fee
	\$
	Zoning Fee
	\$
	RLD
	\$
	SWP
	\$
	Total
	608.94 <u>349.31</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: 2/12/19



BUILDING PERMIT APPLICATION

Application Date: 2/12/19
 Permit Number: BP-2019-00135
 GPIN/Tax Map: 6795-03-6633/56-1-0-39-B
 Issued: 2/14/2019
 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: 511 Blue Goose Road, Crozer Va 23039
 Owner: Martha Bowden Phone #: 804-240-8088
 Address: 511 Blue Goose Road, Crozier Va Email:

APPLICANT INFORMATION
 Applicant/Contact: Exquisite Pools Phone #: 804-912-3331
 Address: 17099 Chisholm TEL Rockville Va Email: exquisitepools Inc@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>—</u>	Date Paid: <u>—</u>
Front Setback: <u>55' From ROW</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 REJECTED COMMENTS: —
 Planning & Zoning Officer: Daniel Floyd Date: 2/13/19 A2

CONTRACTOR INFORMATION
 Contractor: Exquisite Pools Phone: 804-749-4400
 Address: 17099 Chisholm TEL Rockville Va 23146 Email: exquisitepools Inc@gmail
 Contractor License Number: 2705152021 Type: Class A Expiration: 10-31-2019

DESCRIPTION OF WORK
 Scope of Work: Inground swimming pool 20x40 fence barrier

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors *
Finished Sq. Ft.: <u>800 sq ft</u>	Unfinished Sq. Ft.	Total Sq. Ft.: <u>800</u>		

Building Only - Excludes All Trades Permits

Value of Work: <u>54,600</u>	Application Fee: <u>\$ 257.70</u>
	State Levy Fee: <u>\$ 5.15</u>
	Septic/Well Fee: <u>\$ —</u>
	Zoning Fee: <u>\$ 25-</u>
	RLD: <u>\$ —</u>
	SWP: <u>\$ —</u>
	Total: <u>\$ 287.85</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: Duff E Young Date: 2-12-2019
Louise Beck



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: 2/12/2019

Permit Number: BP-2019-00138

GPIN/Tax Map: 1095-48-5716/56-17-0-4-0

Issued: 2/14/2019

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>1092 DOVER ROAD MANEKIN SABOT, VA 23103</u>	
	Owner <u>GARY ROGLINIU</u>	Phone # <u>804 914-643-3314</u>
	Address <u>1092 DOVER ROAD MANEKIN-SABOT VA 23103</u>	

APPLICANT INFORMATION	Applicant/Contact <u>STARKE CONSTRUCTION</u>		Phone # <u>804-519-6270</u>
	Address <u>1707 SHALLOW WOOD ROAD</u>		Email <u>Jim.Starke@gmari.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback —	Rear Setback <u>35'</u>	CUP/Variance/COA —
	Side Setback <u>30'</u>	Side Setback <u>30'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>2/13/19</u> A2			

CONTRACTOR INFORMATION	Contractor <u>STARKE CONSTRUCTION</u>		Phone <u>804-519-6270</u>
	Address <u>1707 SHALLOW WOOD ROAD MANEKIN-SABOT VA 23103</u>		Email
	Contractor License Number <u>2705038805</u>	Type <u>RBC CBL</u>	Expiration <u>4/30/2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>Attached Pool House Addition</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms <u>N/A</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>1488</u>	Unfinished Sq. Ft. <u>N/A</u>	Total Sq. Ft. <u>1488</u>		

Building Only - Excludes All Trades Permits

Value of Work <u>\$150,000</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: 12 Feb 2018

Application Fee	\$ <u>687</u>
State Levy Fee	\$ <u>13.74</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25</u>
RLD	\$
SWP	\$
Total	\$ <u>725.74</u>

[Handwritten mark]



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: 2/8/19

Permit Number: BP-2019-00131

GPIN/Tax Map: 5892-81-1189 / 19-9-0-8-0

Issued: 2-12-19

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>6200 SPRING MOUNTAIN LANE COLUMBIA, VA 23038</u>			
	Owner <u>WAYNE V & JENNIFER GORRAN HERNDON</u>	Phone # <u>(804) 339-9954</u>		
	Address <u>P.O. BOX 74 HADENSVILLE, VA 23067</u>	Email <u>HERNDONW@HOTMAIL.COM</u>		
APPLICANT INFORMATION	Applicant/Contact <u>JES CONSTRUCTION, LLC / JOHN TURNER</u>		Phone # <u>(804) 495-4646</u>	
	Address <u>2410 SOUTHLAND DRIVE CHESTER, VA 23831</u>		Email <u>JTURNER@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>		
	Contractor License Number <u>2705068655</u>	Type <u>CLASS A</u>	Expiration <u>4-30-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>1,222 SQUARE FEET CRAWLSPACE ENCAPSULATION, (1) JES DEHUMIDIFIER, 365 SQUARE FEET FOAMBOARD INSULATION (THERMACSTAR RIGID INSULATION)</u>					
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)			
	<input type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors	
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			

Building Only - Excludes All Trades Permits

Value of Work	<u>\$9,854.55</u>	Application Fee	\$ _____
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.		State Levy Fee	\$ _____
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ _____

Signature of Applicant John Turner Date 2/8/19



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: 2-6-19
 Permit Number: BP-2019-00129
 GPIN/Tax Map: 7714-16-9755 / 62-20-B-14-0
 Issued: 2-12-19

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 502 Hickory Drive, Manakin Sabot VA 23103	
	Owner Reed Cook	Phone # 804-921-6081
	Address 502 Hickory Drive Manakin Sabot, VA 23103	

APPLICANT INFORMATION	Applicant/Contact South River Custom Homes		Phone # 804-716-4597
	Address 10138-B Hull Street Road, Midlothian VA 23112		Email Alex@southrva.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 South River Custom Homes		Phone 804-716-4597
	Address 10138-B Hull Street Road, Midlothian VA 23112		Email Alex@southrva.com
	Contractor License Number 2705145332	Type Class A RBC	Expiration 3-31-2020

DESCRIPTION OF WORK	Scope of Work: Demolish pre-existing single family dwelling including foundations. <i>delivers to go to SBCOR (R. Esterfield)</i>				
	Proposed Use	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	\$8,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant *[Signature]* Date 2/6/19

Application Fee	\$ <u>48.00</u>
State Levy Fee	\$ <u>.96</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>48.96</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: 2-7-19
 Permit Number: BP-2019-00126
 GPIN/Tax Map: 772605-43281/58-1-0
 Issued: 2-12-19
 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.

78-0

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>1496 Hockett RD Manakin Sabot, VA 23103</u>	
	Owner	<u>Bulldogg LLC</u>	Phone # <u>349-8455</u>
	Address	<u>P.O. Box 192 Manakin Sabot</u>	Email <u>sgaeser@eaglerealtyva.com</u>
APPLICANT INFORMATION	Applicant/Contact	<u>Scott M. Gaeser</u>	Phone # <u>349-8455</u>
	Address	<u>SAME</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	<u>Park View (Palms Place)</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' CL</u>	Rear Setback	<u>25'</u>	CUP/Variance/COA <u>RZ-2018-4</u>	
	Side Setback	<u>10'</u>	Side Setback	<u>25' from Pond/View Ln.</u>	Flood Zone	_____		
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <u>Rear Setback Survey locate</u>					
Planning & Zoning Officer		<u>David Floyd</u>		Date	<u>2/8/19</u>			<u>RN</u>

CONTRACTOR INFORMATION	Contractor	<u>OWNER</u>	Phone	<u>349-8455</u>
	Address		Email	
	Contractor License Number		Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>12x15 Bathroom addition. Front Porch Dormer. INSTALL FINISH BEAM</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
			<u>1.5</u>	<u>3</u>	<u>1</u>
	Finished Sq. Ft.	<u>180</u>	ADD Unfinished Sq. Ft.	<u>200</u>	Total Sq. Ft. <u>180</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>102.00</u>
Value of Work	<u>\$20,000</u>	State Levy Fee	\$ <u>2.04</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>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>129.04</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>2-6-19</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

Residential Commercial

Application Date: 2/6/2019
 Permit Number: BP-2019-00120
 GPIN/Tax Map: 7733-27-5406/6A-15-C-1-0
 Issued: 2-11-19
 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 site plan of the property (if new construction or going outside of existing footprint) showing the dimensions and shape of parcels, all new work and existing structures, and setback distances from the front, sides, and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.

OWNER INFORMATION	Site Address <u>2 Buck Branch^{Dr.} Richmond, VA 23238</u>			
	Owner <u>John McDonald</u>		Phone # <u>804 357-7714</u>	
	Address <u>2 Buck Branch Drive</u>		Email	
APPLICANT INFORMATION	Applicant/Contact <u>PLA-Mor Construction</u>		Phone # <u>804 781-0442</u>	
	Address <u>P.O. Box 295 Mech. VA 23111</u>		Email <u>Maryam.pncpools@gmail.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lower Tuckahoe</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from ROW</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>35' from ROW / Lower Tuckahoe Rd.</u>	Side Setback <u>5'</u>	Flood Zone <u>X</u>	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>2/8/19</u> <u>RI</u>			
CONTRACTOR INFORMATION	Contractor <u>PLA-Mor Construction</u>		Phone <u>804 781-0442</u>	
	Address <u>P.O. Box 295 Mech VA 23111</u>			
	Contractor License Number <u>2705 091041A</u>		Type <u>inground</u> / <u>A</u>	Expiration <u>1/31/2021</u>
DESCRIPTION OF WORK	Scope of Work: <u>15'5" x 40' fiberglass pool with automatic cover - meets ASTM 1346-91 code</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
	_____	<u>620</u>	<u>620</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>74,354</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant J. Clements Date 2/6/2019

Application Fee	\$ <u>346.00</u>
State Levy Fee	\$ <u>6.93</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>378.53</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: 1-18-19 Rec: 2-4-19
 Permit Number: BP-2019-00112
 GPIN/Tax Map: 6947-63-211/45-15-0-5-0
 Issued: 2-11-2019

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 1150 Woodedge Lane, Sibbald VA 23103	
	Owner Scott Pelais Mancin Subot	Phone # (804) 475-4969
APPLICANT INFORMATION	Address 6207 Joseph Way, Glen Allen VA	Email scottpelais@gmail.com
	Applicant/Contact " " 23060	Phone # " "
	Address " "	Email " "

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 55' from ROW	Center Line Setback —	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>Denard Floyd</u> Date: <u>2/5/19</u> A2			

CONTRACTOR INFORMATION	Contractor Scott Pelais - owner		Phone (804) 475-4969
	Address 6207 Joseph Way Glen Allen, VA		Email scottpelais@gmail.com
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Building steel shed on concrete foundations. Detached from house. Size 24 x 25				
	Proposed Use Storage	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	<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. 600	Total Sq. Ft. 600		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>86.24</u> State Levy Fee \$ <u>1.73</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25-</u> RLD \$ _____ SWP \$ _____ Total \$ <u>112.97</u>
Value of Work	\$16,000.00 \$16,500.00	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>Scott Pelais</u> Date <u>1-18-19</u>	



BUILDING PERMIT APPLICATION

Application Date: 2-5-19

Permit Number: BP-2019-00116

GPIN/Tax Map: WNS8-61-1557/42-33-E-12-0

Issued: 2-11-19

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 <u>2505 Crest Hollow Ct Goochland, Va 23063</u>		Phone # <u>8049289686</u>
	Owner <u>Edvard Freeman</u>		Email <u>ted.freeman@gmail.com</u>
	Address <u>2505 Crest Hollow Ct Goochland Va 23063</u>		
APPLICANT INFORMATION	Applicant/Contact <u>Edvard Freeman</u>		Phone # <u>8049289686</u>
	Address <u>2505 Crest Hollow Ct Goochland Va 23063</u>		Email <u>ted.freeman@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Holland Hills</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>40' from R/W</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>2/6/19</u> <u>RI</u>			

CONTRACTOR INFORMATION	Contractor <u>Benny's Contracting Inc</u>		Phone <u>804-683-2461</u>
	Address <u>7041 Robinwood Dr Chesterfield, VA 23832</u>		Email <u>benny@contracting.net</u>
	Contractor License Number <u>2705158238</u>	Type <u>CBCRBC</u>	Expiration <u>08/31/19</u>

Scope of Work: 30x30 Detached garage w/ storage above 180 sq ft w/ attached lean to 300 sq ft

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>900 + 180 + 300 Porch</u>	Total Sq. Ft. <u>900 - 1,380</u>		

Building Only - Excludes All Trades Permits		Value of Work <u>20,000.00</u> \$24,750.00 <u>\$37,950</u>	Application Fee <u>24334</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>CMV</u>	State Levy Fee <u>368</u>
Date <u>2-5-19</u>		Septic/Well Fee \$ <u>—</u>	
		Zoning Fee \$ <u>25-</u>	
		RLD \$ <u>—</u>	
		SWP \$ <u>—</u>	
		Total <u>27202</u>	

Received 1-14-19



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: 1-15-19

Permit Number: BP-2019-00050

GPIN/Tax Map: 7707-48-2086/469-0B-1

Issued: 2-11-19

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: 814 Rockford Rd.

Owner: Fredrick Sanders Phone #: 703 626 1274

Address: 814 Rockford Rd Email: Fredrick@yahoo.com

APPLICANT INFORMATION

Applicant/Contact: David Stone Phone #: 804-477-5663

Address: 1815 B Ruffin Mill Cir Chesterfield VA 23834 Email: richmondremodeling1k@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION

Contractor: Richmond Remodeling 1k Phone: 804 477-5663

Address: 1815 B Ruffin Mill Cir Email: richmondremodeling1k@gmail.com

Contractor License Number: 2705747982 Type: HIC Expiration: 8/17/19

DESCRIPTION OF WORK

Scope of Work: Remodeling 1st floor of home to include ^{adding} bathroom, laundry rm, and kitchen, and ~~constructing~~ relocating a Bathroom

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.		
<u>2600</u>	<u>400</u>	<u>3000</u>		

Building Only - Excludes All Trades Permits

Value of Work: 30,000.00

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

Signature of Applicant: David Stone Date: _____

Application Fee	\$ <u>147.00</u>
State Levy Fee	\$ <u>2.94</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>149.94</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-5-19
 Permit Number: BP-2019-00114
 GPIN/Tax Map: 7707-99-7788/46-21-B-2-0
 Issued: 2-7-2019

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>582 Nelwood Pl. Manakin Sabot, 23103</u>	
	Owner <u>Jim & Jean Fields</u>	Phone # <u>804.929.2143</u>
	Address <u>582 Nelwood Pl.</u>	Email <u>N/A</u>

APPLICANT INFORMATION	Applicant/Contact <u>Hannah / Smallwood Renovations</u>	Phone # <u>804.359.2997</u>
	Address <u>17387 Echo Meadows Rd. 23146</u>	Email <u>hannah@smallwoodrenovations.com</u>

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

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Boyd Date: 2/5/19 A2

CONTRACTOR INFORMATION	Contractor <u>Smallwood Renovations LLC</u>	Phone <u>804.359.2997</u>
	Address <u>17387 Echo Meadows Rd. 23146</u>	
	Contractor License Number <u>2705152796</u>	Type <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Replace existing deck w/ Trex Transcend deck 14x20</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>280</u>	Total Sq. Ft. <u>280</u>		

Building Only - Excludes All Trades Permits

Value of Work <u>25,600.00</u>	Application Fee <u>\$127.20</u>
	State Levy Fee <u>\$2.54</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$25-</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
	Total <u>\$154.74</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: Mary Hannah Flower Date: 2/4/19



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: 2/1/19

Permit Number: BP-2019-00109

GPIN/Tax Map: 7726-08-4918 / 47-1-0-43-P2

Issued: 2-7-19

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.

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>27 Briggs Dr manakin sabot Va 23103</u>	Phone # <u>(804) 339-9022</u>
	Owner <u>Alvent Properties LLC</u>	Email <u>dctjtaylor@outlook.com</u>
	Address <u>27 briggs</u>	
APPLICANT INFORMATION	Applicant/Contact <u>Austin Jordan</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>55' from Prop. Line</u>	Center Line Setback <u>30'</u>	Rear Setback <u>10'</u>	CUP/Variance/COA
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* No change to existing Footprints</u>			
Planning & Zoning Officer <u>David Floyd</u>		Date <u>2/6/19</u>		<u>81</u>

CONTRACTOR INFORMATION	Contractor <u>Crown Enterprises LLC</u>	Phone
	Address <u>8500 glazebrook ave Henrico Va 23228</u>	Email
	Contractor License Number <u>2705-091277</u>	Type <u>HIC / B</u>

DESCRIPTION OF WORK	Scope of Work: <u>Dr. Sarah Wilmer - ROL</u> <u>Remove and replace asphalt shingles - dental office</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	Building Only - Excludes All Trades Permits				

Value of Work	<u>13,850.00</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.	
Signature of Applicant <u>Austin Jordan</u>	Date <u>2/1/19</u>

Application Fee	\$ <u>10387</u>
State Levy Fee	\$ <u>2.06</u>
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ <u>105.95</u>

 <p>BUILDING PERMIT APPLICATION</p> <p>Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay</p> <p><input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial</p>	Application Date: <u>1-21-19</u>
	Permit Number: <u>BP-2019-0094</u>
	GPIN/Tax Map: <u>7725-37-7775-9998 / 58-1-0-109-TA</u>
	Issued: <u>2-6-2019</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>12804 Luckabole Creek Parkway</u> <u>4211 Hockette Route, Manakin-Sabot, VA 23103</u>	Phone #: <u>800-487-7483</u>
	Owner: <u>National Communications Towers</u>	Email:
	Address: <u>8051 Congress Ave, Boca Raton, FL 33487</u>	

APPLICANT INFORMATION	Applicant/Contact: <u>Jacobs Telecommunications - c/o Sharon Weddle for AT&T</u>	Phone #: <u>804-714-6238</u>
	Address: <u>4801 Cox Road, Ste 302, Glen Allen, VA 23060</u>	Email: <u>Sharon.Weddle@jacobs.com</u>

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: _____	Rear Setback: <u>10'</u>	CUP/Variance/COA: _____
	Side Setback: <u>10'</u>	Side Setback: _____	Flood Zone: _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____	Planning & Zoning Officer: <u>[Signature]</u> Date: <u>2/1/19</u> M.I.		

CONTRACTOR INFORMATION	Contractor: <u>Jacobs Telecommunications</u>	Phone: <u>804-714-6238</u>
	Address: <u>5449 Bells Ferry Rd, Acworth, GA 30102</u>	Email: <u>Sharon.Weddle@jacobs.com</u>
	Contractor License Number: <u>2705066988</u>	Type: <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: - Remove (3) antennas - Swap (3) antennas - Install (3) remote radio heads. All work is on an existing 200' self support tower. We will not expand or increase height of tower.				
	Proposed Use: <u>Telecom</u>	Current Use: <u>Telecom</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed): <u>N/A</u>		
	SEWER: <u>N/A</u> <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER: <u>N/A</u> <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms: <u>N/A</u>	# of Bedrooms: <u>N/A</u>	# of floors: <u>N/A</u>
	Finished Sq. Ft.: <u>N/A</u>	Unfinished Sq. Ft.: <u>N/A</u>	Total Sq. Ft.: <u>Existing 200' tower</u>		

Building Only - Excludes All Trades Permits Value of Work: <u>\$17,000</u>		Application Fee: \$ <u>127.50</u> State Levy Fee: \$ <u>2.25</u> Septic/Well Fee: \$ _____ Zoning Fee: \$ <u>50.00</u> RLD: \$ _____ SWP: \$ _____ Total: \$ <u>180.05</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>1-21-19</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: 01/02/2019 Rec: 2-1-19
 Permit Number: BP-2019-00099
 GPIN/Tax Map: 6795-48-5716/57-17-0-4-0
 Issued: 2-5-2019
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION
 Site Address: 1090 Dover Road, Manakin-Sabot, VA 23103
 Owner: Gary & Angela Rogliano Phone #: 914-643-3314
 Address: 1090 Dover Rd, Manakin-Sabot, VA 23103 Email: grogliano@nrillc.com

APPLICANT INFORMATION
 Applicant/Contact: Ultimate Pools Phone #: 804-749-4706
 Address: 2175 Lanier Lane, Rockville, VA 23146 Email: travis@ultimatepools.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>55' from Row</i>	Center Line Setback: _____	Rear Setback: <i>5'</i>	CUP/Variance/COA: _____
Side Setback: <i>5'</i>	Side Setback: _____	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: *[Signature]* Date: 2/4/19 *A2*

CONTRACTOR INFORMATION
 Contractor: Ultimate Pools Phone: 804-749-4706
 Address: 2175 Lanier Lane, Rockville, VA 23146 ← mail permit
 Contractor License Number: 2705026339 Type: Class "A", CBC, RBC, RFC Expiration: 02/28/2019

DESCRIPTION OF WORK
 Scope of Work: In-Ground Pool 12' x 40' Rectangle

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
SEWER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
Finished Sq. Ft.	Unfinished Sq. Ft. <i>480</i>	Total Sq. Ft. <i>480</i>	

Building Only - Excludes All Trades Permits

Value of Work	30,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: 1/2/19

Application Fee	\$ <i>147-</i>
State Levy Fee	\$ <i>294</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <i>25-</i>
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>104.94</i>



BUILDING PERMIT APPLICATION

Application Date: 2-1-19

Permit Number: BP-2019-0095

GPIN/Tax Map: 7104-86-3625 / 62-33-0-7-C

Issued: 2-5-2019

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>615 Elm Creek Circle Manakin Sabot, VA 23103</u>	
	Owner <u>William C. Dennis, Jr.</u>	Phone # <u>804-690-4737</u>
	Address <u>615 Elm Creek Circle Manakin Sabot, VA 23103</u>	Email <u>DDBDmax@aol.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>SAME AS ABOVE</u>	
	Address <u>SAME AS ABOVE</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Cedar Grove</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>30' from Pavement</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Varlance/GOA _____
	Side Setback <u>15' from Pavement / Elm Creek Dr.</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
Planning & Zoning Officer <u>David Floyd</u>		Date <u>2/1/19</u>		<u>RPUD</u>

CONTRACTOR INFORMATION	Contractor <u>William C. Dennis, Jr. owner</u>		Phone _____
	Address <u>SAME AS ABOVE</u>		Email _____
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: <u>24x30 Detached GARAGE</u>				
	Proposed Use <u>Storage/Personal</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>720 sqft</u>	Total Sq. Ft. <u>720 SQ FT.</u>		

Building Only - Excludes All Trades Permits

Value of Work ~~\$15,000~~ \$19,800.00

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

Signature of Applicant William C. Dennis Date 1/31/19

Application Fee	\$ <u>101.10</u>
State Levy Fee	\$ <u>2.02</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>128.12</u>

Issued 1-22-2019
BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317
LOT 1-1 READERS BRANCH

Application Date: 12-27-18
 Permit Number: BP-2018-01069
 Old Map Number: S8-S3-0-1-0
 GPIN: 7726-0A-8541

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>12167 READERS POINTE DRIVE Manakin Sabot, VA</u>		District <u>Manakin Sabot, VA</u>
	Owner <u>EAGLE CONSTRUCTION OF VA., LLC</u>		Phone # <u>804-741-4663 23103</u>
	Address <u>2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060</u>		
	Proposed Use	Current Use	Existing Buildings on Property
Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Readers Branch</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: <u>\$12,592.00</u>	Date Paid: <u>Dec</u>	
	New Street Address		Zoning District <u>RPUD</u>		
	Front Setback <u>30' from Prop. Line</u>	Center Line Setback	Rear Setback <u>25'</u>	C.U. Permit	Variance
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Census Tract <u>51075400100</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Cash Proffer due before C.O.</u> <u>* Survey locate setbacks.</u>				

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

Planning & Zoning Officer: David Floyd Date: 1/2/19

Applicant/Contact: BERTON JAMES Phone: (804)217-6910
 Email: bjames@eagleofva.com

CONTRACTOR INFORMATION	Contractor <u>EAGLE CONSTRUCTION OF VA., LLC</u>		Phone <u>(804)741-4663</u>
	Address <u>2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060</u>		
	Contractor License Number <u>2705096467A</u>	Type <u>CLASS A</u>	Expiration <u>6-30-2019</u>

Description of Work	Scope of Work: <u>NEW DWELLING WITH ATTACHED GARAGE</u> <u>REvised 2-1-19 increase finished sq footage</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors <u>1</u>	Total Sq. Ft. <u>3100 3326</u>	Finished Sq. Ft. <u>2754 2881</u>	Unfinished Sq. Ft. <u>445</u>	# of Bedrooms <u>3</u>

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

VALUE OF WORK <u>\$</u>		Application Fee <u>\$1016.57</u>
Building	<u>\$223,237.50</u>	Septic/Well Fee <u>\$</u>
	<u>232,762.50</u>	State Levy Fee <u>\$20.33</u>
	<u>Excludes All Trades Permits</u>	Zoning Fee <u>\$50-</u>
		Total <u>\$1086.90</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: James

rev fee:
\$ 43.72

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

Application Date: 1-10-19 R1954
 Application Accepted: 572019-0004A
 Old Map Number: 64-12-6-6-0
 GPIN: 7723-58-5917/64-12-6-6

ISSUED 2-4-19

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.

OWNER INFORMATION	218 Site Address <u>218 Pagebrook Dr., Richmond VA 23238</u>	District			
	Owner <u>Crown Castle</u>	Phone #			
	Address <u>10980 Grantchester Way Suite 300, Columbia MD 21044</u>				
	Proposed Use <u>Telecom</u>	Current Use <u>Telecom</u>			
	Proposed Occupant Load (Commercial)	Existing Buildings on Property <u>146' Monopole</u>			
	Acreeage <u>.5</u>	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u> </u>	Date Paid: <u> </u>	
	New Street Address		Zoning District <u>R1</u>		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	C O A	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change in footprint. Site is @ 218 Pagebrook. 7723-49-6699</u>				

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.
 Planning & Zoning Officer: David Boyd Date: 1/15/19

Applicant/Contact: AT&T c/o Carrie Fazzolari (Crown) Phone: 443-223-7483
 Email: Carrie.fazzolari@crowncastle.com

CONTRACTOR INFORMATION	Contractor <u>Crown Castle USA</u>	Phone <u>443-223-7483</u>
	Address <u>10980 Grantchester Way, Suite 300, Columbia MD 21044</u>	
	Contractor License Number <u>2705065997</u>	Type <u>A</u>

Description of Work	Scope of Work: <u>Remove (9) antennas & (3) TMAs; install (3) antennas, relocate (3) Tower Mounted Amplifiers.</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK		Application Fee \$ <u>78.75</u> Zoning Fee \$ <u>50.00</u> Septic/Well Fee \$ <u> </u> State Levy Fee \$ <u>1.58</u> RLD \$ <u>130.33</u>
Building	<u>10,500</u>	
<i>Excludes All Trades Permits</i>		
<u>Total \$130.33</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]

Received 1-10-19
1/8/19

BUILDING PERMIT APPLICATION

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

Application Date: 1/8/19

Application Accepted: *[Signature]*

Old Map Number: 2-1-0-1-0

GPIN: 6814-57-2495-9998

Issued: 2-4-19

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.

OWNER INFORMATION	Site Address 5620 Three Chopt Rd. Louisa VA 23093		District	
	Owner Crown Communications Inc.		Phone # 443-223-7483	
	Address 10980 Grantchester Way Suite 300, Columbia, MD 21044			
	Proposed Use Telecom	Current Use Telecom	Existing Buildings on Property 205' Self Support Tower	
	Proposed Occupant Load (Commercial) Existing	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: —	Date Paid: —
	New Street Address		Zoning District A1	
	Front Setback 15' from Row	Center Line Setback 10' CL	Rear Setback 35'	C.U. Permit CA-1999-9
	Side Setback 20'	Side Setback 20'	COA	Flood Zone
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>	

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: *Daniel Floyd* Date: **1/16/19**

Applicant Contact: **Carrie Fazzolari obo AT&T** Phone: **443-223-7483**

Email: **carrie.fazzolari@crowncastle.com**

CONTRACTOR INFORMATION	Contractor Crown Castle USA		Phone 443-223-7483	
	Address 10980 Grantchester Way Suite 300, Columbia MD 21044			
	Contractor License Number 2705065997	Type A	Expiration 11-30-19	

Description of Work:
Remove (3) Tower Mounted Amplifiers, Remove (6) panel antennas, replace w/ (3) Panel antennas.

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

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

VALUE OF WORK		<i>Total</i> \$126.50	Application Fee	\$ 75-
Building	\$10,000		Zoning Fee	\$ 50-
<i>Excludes All Trades Permits</i>			Septic/Well Fee	\$
			State Levy Fee	\$ 1.50
			Net Total	\$ 126.50

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

Signature of Applicant: *[Signature]* 1/8/19



BUILDING PERMIT APPLICATION

Application Date: 1/25/19

Permit Number: *BP-2019-00085*

GPIN/Tax Map: *6850-11-5407 / 20-19-0-7-0*

Issued: *2-4-19*

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.

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 2901 stone creek dr.	
	Owner Mr. & Mrs. Duvaul	Phone #
	Address 2901 stone creek dr.	Email

APPLICANT INFORMATION	Applicant/Contact Bryan Roberts / Aquatic Concepts	Phone # 804-363-2379
	Address P.O. Box 367 oilville Va. 23129	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mill Forest I</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>55' from ROW</i>	Center Line Setback <i>80'</i>	Rear Setback <i>5'</i>	CUP/Variance/COA —
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone <i>C</i>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Floyd</i> Date <i>1/30/19</i> <i>RR</i>			

CONTRACTOR INFORMATION	Contractor Aquatic Concepts	Phone 804-363-2379
	Address p.o. box 367 oilville Va. 23129	bryan@archconllc.com
	Contractor License Number 2705129869	Type class A / pol

DESCRIPTION OF WORK	Scope of Work: install inground fiberglass pool with concrete apron <i>w/ fence</i> <i>carrier</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. 672	Total Sq. Ft. 672		

Building Only – Excludes All Trades Permits		Application Fee	\$ <i>192.00</i>
Value of Work	40,000.00	State Levy Fee	\$ <i>3.84</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	\$
		RLD	\$
		SWP	\$
		Total	\$ <i>22084</i>
Signature of Applicant	<i>[Signature]</i>	Date	<i>1/25/19</i>



BUILDING PERMIT APPLICATION

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

Application Date: 1-31-19
 Permit Number: BP-2019-00096
 GPIN/Tax Map: 7723 77-0392
 Issued: 2-4-19
 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: 50 EAST SQUARE LANE
 Owner: RON AND JEAN WILKINS Phone #: 804-784-5015
 Address: 50 EAST SQUARE LANE Email: _____

APPLICANT INFORMATION

Applicant/Contact: THOMAS SEABORN Phone #: 804-784-7000
 Address: 3125 ROCK CRESS LAKE Email: _____

TO BE COMPLETED BY ZONING DEPARTMENT

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

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

CONTRACTOR INFORMATION

Contractor: THOMAS CO SEABORN AND SONS Phone: 804-784-7000
 Address: 3125 ROCK CRESS LAKE Email: _____
 Contractor License Number: 2705 1291531 Type: CLASS A BUILDER Expiration: 3-2019

DESCRIPTION OF WORK

Scope of Work: interior BATH RENOVATE change out of tub

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft. <u>156</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	<u>2500.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 1-31-2019

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



BUILDING PERMIT APPLICATION

Application Date: **12.26.2018**

Permit Number: **BP-2018-01061**

GPIN/Tax Map: **7727-47-6594/48-1-0-17-0**

Issued: **1-31-19**

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: **2040 Ashland Rd Rockville, VA 23146**

Owner: **Lee James Edward** Phone #: **NA**

Address: **2461 Sandy Hook Rd. Goochland VA 23063** Email: **NA**

APPLICANT INFORMATION
Applicant/Contact: **David Beniamino (Agent for Verizon Wireless)** Phone #: **540-878-3570**

Address: **4435 Waterfront Dr. Ste 100 Glen Allen, VA 23060** Email: **dbeniamino@nbcllc.com**

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: **None** Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: **100' from ROW** Center Line Setback: **125'** Rear Setback: **5'** CUP/Variance/COA: _____

Side Setback: **5'** Side Setback: **5'** Flood Zone: _____

APPROVED REJECTED COMMENTS: ***No change to existing Footprint.**
Planning & Zoning Officer: **[Signature]** Date: **12/28/18** **A2**

CONTRACTOR INFORMATION
Contractor: **Mountain Valley Tower Service** Phone: **540-886-6679**

Address: **2014 N. Augusta St. Staunton VA 24401**

Contractor License Number: **2705070588** Type: **A** Expiration: **9-30-20**

DESCRIPTION OF WORK
Scope of Work: **Collection installation of antennas and associated equipment at a existing telecommunication facility.**

Proposed Use: **Telecommunication** Current Use: **Telecommunication** Environmental Impacts (stream crossing, wetlands, amt land disturbed): **NA**

SEWER: Public/Private WATER: Public/Private # of Bathrooms: **NA** # of Bedrooms: **NA** # of floors: **NA**

Finished Sq. Ft.: **NA** Unfinished Sq. Ft.: **NA** Total Sq. Ft.: **NA**

Building Only - Excludes All Trades Permits

Value of Work: **91,000.00**

Application Fee: **\$682.50**
State Levy Fee: **\$13.65**
Septic/Well Fee: **\$**
Zoning Fee: **200-**
RLD: **\$**
SWP: **\$**
Total: **\$896.15**

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: **12/13/18**



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 01/07/19
 Permit Number: BP-2019-00028
 GPIN/Tax Map: 1724-13-8451 / Tax 63-41-01-0
 Issued: 2-28-2019
 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 200, Creekmore Place 1-C		Phone # 804-747-1943
	Owner LeGault Homes LLC		Email
	Address PO Box 5575 Glen Allen VA 23058		
APPLICANT INFORMATION	Applicant/Contact LeGault Homes LLC		Phone #
	Address PO Box 5575 Glen Allen VA 23058		Email Casey@LeGaultHomes.com
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Creekmore Place	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —
	Front Setback 40' from ROW	Center Line Setback	Rear Setback 25'
	Side Setback (Left) 10' / 25'	Side Setback (Right) 35'	Flood Zone
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Survey locate side setbacks. Planning & Zoning Officer: David Floyd Date: 1/14/19		
CONTRACTOR INFORMATION	Contractor LeGault Homes LLC		Phone 804-747-1943
	Address PO Box 5575 Glen Allen VA 23058		
	Contractor License Number 2705133306	Type A	Expiration
DESCRIPTION OF WORK	Scope of Work: Attached single family home		
	Proposed Use ASFD	Current Use vacant lot	Environmental Impacts (stream crossing, wetlands, amt land disturbed) 1.26904 (total of all 3 units)
	<input checked="" type="checkbox"/> SEWER <input type="checkbox"/> Public/Private	<input checked="" type="checkbox"/> WATER <input type="checkbox"/> Public/Private	# of Bathrooms 3
			# of Bedrooms 3
Finished Sq. Ft. 1950 6018		Unfinished Sq. Ft. 522 1437	Total Sq. Ft. 7455 2472 LOT

Building Only - Excludes All Trades Permits

Value of Work	\$1,400,000 (total all 3 units)
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: Casey Agew Date: 1/7/19
 for LeGault Homes

Application Fee	\$3600 -
State Levy Fee	\$72 -
Septic/Well Fee	\$ -
Zoning Fee	\$100 -
RLD	\$100 -
SWP	\$200 -
Total	\$4072 -

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Banker's Title Telephone: _____

Mailing Address: 9011 Ardourum Pkwy #110 Richmond VA

OWNER'S STATEMENT

I Pat LeGault of (address) PO Box 5575 Glen Allen VA 23058 affirm that I am the owner of a certain tract of parcel

of land located at (apin) 1724-13-8451 and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54.1-1111 of the Code of Virginia.

[Signature] Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job	\$0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per portion of \$ 1000 above \$ 4000 Add 2% State Levy to fee
Commercial fee is based on the building value of the job	\$0 to \$ 4000 of value... \$ 30.00 + \$ 7.50 per portion of \$ 1000 above \$ 4000 Add 2% State Levy to fee
Other Fees that may be applicable	RLD \$100.00 for Residential disturbing over 10,000 square feet Stormwater \$200 for Residential in certain subdivisions Septic & well processing \$40.80 for Commercial & Residential Septic only processing \$25.50 for Commercial & Residential Zoning Commercial \$100.00 Zoning Residential SFD \$50.00 Zoning all other structures \$ 25.00

OFFICE USE ONLY

USE B-5 # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD _____ CODE EDITION 2012

FIRE SPRINKLER N FIRE ALARM N smoke detectors MODIFICATION _____

APPROVAL [Signature] DATE 2/21/2019
Code Official



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	2/28/19
Permit #	ELI-2019-00212
Old Map #	57-39-0-6-0
G-Pin	7706-81-0278

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	District
1626 Sabot Creek Drive Manakin Sabot, VA 23103	

PROPERTY OWNERSHIP

Name	Phone
David A Reed AND Kelli J Reed	804-467-9774
Mailing Address	
SAME	

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL (1) 22KW AUTOMATIC STANDBY GENERATOR W/2 ATS SWITCHES			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

_____(Notary) My commission expires _____

Signature of Applicant [Signature] Date 2/21/19 Value of work: 9400.00
Approval [Signature] Permit fee: \$64.57

Approval date 2/28/19
Issued date 2/28/19



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

Date	2/20/19
Permit #	EL1-2019-00900
GPIN	7715-58-3532
Tax Map	58-41-6-29-0

LOCATION

Street Address: 624 Longfield Rd.

PROPERTY OWNERSHIP

Name	Ward Waltman	Phone	804-708-0376
Mailing Address	624 Longfield Rd.	Email	N/A

APPLICANT

Name	MW Butler Electrical, LLC	Phone	804-746-2240
Address	8420 meadowbridge Rd. Mech VA. 23116	Email	Chesney@mwbutterelectrical.com

CONTRACTOR

Name	MW Butler Electrical, LLC	Phone	804-746-2240						
Mailing Address	SAME	Email	SAME						
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705110673	Expiration	1-31-20	License Type	Electrical	Class	A

DESCRIPTION OF WORK

Wire 22kW Generator w/ 200 AMP ATS

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	\$ 2,450		

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: 2/20/19

Approval:	Office Use Only	Approval date: 2/27/19
Permit Fee: 3267		Issued date: 2/27/19

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: 2/18/19

Permit #: ELI-2019-00196

GPIN: 775-69-6073

Tax Map: 58-39-4-8-0

LOCATION

Street Address: 320 BroadField Lane

PROPERTY OWNERSHIP

Name: Richard Alston Phone: _____

Mailing Address: 320 BroadField Lane 23103 Email: _____

APPLICANT

Name: Joseph S. Schiess Phone: 540 379-6060

Address: P.O. Box 231 Manakin Sabot, VA Email: seled1@aol

CONTRACTOR

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

Mailing Address: P.O. Box 231 Manakin Sabot, VA Email: seled2@aol

Gas Certification: YES NO

State License Number: 2705046710 Expiration: 10/31/2020 License Type: Elec Class: B

DESCRIPTION OF WORK

22 KW Generator with

2 - 200 AMP Transfer-switches NA

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

Value of Work (required): 10,500⁰⁰

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: 2/18/19

Approval: Office Use Only Approval date: 2/22/19

Permit Fee: \$69.61 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

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: 2/18/19

Permit #: ELI-2019-00185

GPIN: 7715-67-8167

Tax Map: 58-39-4-7-0

LOCATION

Street Address: 319 BroadField Lane L

PROPERTY OWNERSHIP

Name: Daran & Wendy Glenn

Phone: _____

Mailing Address: 319 BroadField Lane 23103

Email: _____

APPLICANT

Name: Joseph S. Schiess

Phone: 540 379 6060

Address: P.O. Box 231 Manakin Sabot VA

Email: selec21@aol

CONTRACTOR

Name: J. S. Schiess Elec

Phone: 804 784 6774

Mailing Address: P.O. Box 231 Manakin Sabot VA

Email: selec21@aol

Gas Certification: YES NO

State License Number: 2705046710

Expiration: 10/31/2020

License Type: Elec

Class: B

DESCRIPTION OF WORK

22 KW Generator with 2 - 200A Transfer Switches

of Bathrooms: _____ Service Size: 400A Power Company: _____ Inquiry #: N/A

Value of Work (required): 10,500

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: 2/18/19

Approval:

Office Use Only

Approval date: 2/22/19

Permit Fee: \$69.61

Issued date: 2/22/19

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	2/20/19
Permit #	ELI-2019-000170
GPIN	7715-46-4442
Tax Map	58-48-8-55-0

LOCATION

Street Address 854 MEREWOOD CT.

PROPERTY OWNERSHIP

Name	<u>KIMBER POTTY</u>	Phone	
Mailing Address	<u>854 MEREWOOD CT MANAKIN SAEBOT VA 23103</u>	Email	

APPLICANT

Name	<u>RIC SEABORN</u>	Phone	<u>804 389-4242</u>
Address	<u>PO Box 147 ROCKVILLE VA 23146</u>	Email	

CONTRACTOR

Name	<u>MANAKIN ELECTRICAL CONTRACTORS</u>			Phone	
Mailing Address	<u>same</u>			Email	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705018630</u>	<u>12/31/20</u>	<u>ELE</u>	<u>B</u>

DESCRIPTION OF WORK

INSTALL 20 KW GENERATOR AND 2 - ZODA AUTOMATIC TRANSFER SWITCHES

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	<u>\$10,000</u>		

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

Signature of Applicant: Ric Seaborn Date: 02/20/19

Approval:	<u>File</u>	Office Use Only	Approval date:	<u>2/20/19</u>
Permit Fee:	<u>6732</u>		Issued date:	<u>2/20/19</u>

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

2/21

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	12.12.18
Permit #	211-2019-84
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	37 HUNTING RIDGE RD	District	
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PROPERTY OWNERSHIP

Name	ROBERT BURTON	Phone	804-784-3231
Mailing Address	37 HUNTING RIDGE 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 checked="" 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 (2)			
# of Baths	Service Size	Power Company	Inquiry #
	400A	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 Fisher Date 2-19-19 Permit fee: ~~67.32~~ 65.03
Issue date: 2-19-19



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	2-4-19
Permit #	ELI-2019-00143
Old Map #	31-1-0-21-A
G-Pin	6768-56-4971

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	2835 POORHOUSE ROAD 23063	District
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PROPERTY OWNERSHIP

Name	CHRISTINE KENWORTHY	Phone	516-279-7928
Mailing Address	2835 POORHOUSE ROAD 23063		

APPLICANT

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

CONTRACTOR

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

8/31/20

DESCRIPTION OF WORK

INSTALL 16KW GENERATOR AND 16 CIRCUIT SWITCH			
for future gas			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Signature of Applicant
Approval Fisher Date 2/13/19

Value of work: \$8900.00
Permit fee: 62.27
Issue date: 2/13/19



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

Date 2/12/19

Permit # 19-134

GPIN

Tax Map

LOCATION

Street Address 1410 Mellick Ridge Ct.

PROPERTY OWNERSHIP

Name <u>Mike McGhee</u>	Phone <u>804-241-8235</u>
Mailing Address <u>1410 Mellick Ridge Ct.</u>	Email <u>N/A</u>

APPLICANT

Name <u>Chesney Butler</u>	Phone <u>804-746-2240</u>
Address <u>8420 Meadowbridge Rd. (Suite G)</u>	Email <u>Chesney@mwbutter.com</u>

CONTRACTOR

Name <u>MW Butler Electrical LLC</u>	Phone <u>804-746-2240</u>			
Mailing Address <u>8420 Meadowbridge Rd. 23116 (Suite 9)</u>	Email <u>SAME</u>			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <u>2705110673</u>	Expiration <u>1-31-20</u>	License Type <u>Electrical</u>	Class <u>A</u>

DESCRIPTION OF WORK

Wire 22kw generator w/ 2-200A ATS

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required) \$2,450

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: 2/6/19

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>2/12/19</u>
Permit Fee: <u>32.67</u>		Issued date: <u>2/12/19</u>

Please call or visit our website to calculate fee: 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

Date	2-6-19
Permit #	19-133
GPIN	
Tax Map	

LOCATION

Street Address: 862 Water Bridge Rd

PROPERTY OWNERSHIP

Name	Steve Apollonio	Phone	
Mailing Address	862 Water Bridge Rd	Email	

APPLICANT

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

CONTRACTOR

Name		Phone			
Mailing Address		Email			
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705128995	9-30-19	ELE	A

DESCRIPTION OF WORK

Installation of a 22kw Generator

Transfer switches are existing

# of Bathrooms	Service Size	Power Company	Inquiry #
	400 A		
Value of Work (required) \$7,500.00			

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: 2-6-19

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>2-12-19</u>
Permit Fee:	<u>55.85</u>		Issued date:	<u>2-12-19</u>

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

(owner's affidavit on back)

\$ 55.85



RESIDENTIAL TRADES PERMIT APPLICATION

2114

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	12.12.18
Permit #	21109-88
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	420 ELM CREEK DR	District	
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PROPERTY OWNERSHIP

Name	CHES & DEBORAH GOLDSTON	Phone	575-635-0242
Mailing Address	420 ELM CREEK DR 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	11/2019	License Type:	CONTRACTOR Class: A

DESCRIPTION OF WORK

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

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

2-12-19

Issue date:

2-12-19



RESIDENTIAL TRADES PERMIT APPLICATION

6916

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	2/5/19
Permit #	2-112019-121
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 1396 Gray Fox Road

PROPERTY OWNERSHIP

Name	Charles Gill	Phone	804.307.4349	
Mailing Address	1396 Gray Fox Rd; Manakin-Sabot VA 23103		Email	

APPLICANT

Name	Teddi Bartlett	Phone	804.231.9684
Address		Email	teddi@dgelectrical.com

CONTRACTOR

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

DESCRIPTION OF WORK

Provide and install 22kW generator *changeout*

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	\$8,900.00	Fee	62.27

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

Signature of Applicant: *T Bartlett* Date: 2/5/19

Approval:	<u><i>Fisher</i></u>	Office Use Only	Approval date:	<u><i>2-7-19</i></u>
Permit Fee:	<u><i>\$62.27</i></u>		Issued date:	<u><i>2-7-19</i></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

217

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	12.12.18
Permit #	19.83
GPIN	
Tax Map	

LOCATION

Street Address	5040 ANGE RD	District	
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PROPERTY OWNERSHIP

Name	MARY JAYNE BRANZELLE	Phone	804-457-4230
Mailing Address	5040 ANGE RD LOUISA, VA 23093		

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	11/2019	License Type:	CONTRACTOR Class: A

DESCRIPTION OF WORK

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

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 2-5-19

Value of Work: 9500.00
Permit fee: 67.32 65.03
Issue date: 2-5-19