



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: 2/5/19
 Permit Number: BP-2019-00111
 GPIN/Tax Map: 7716-50-0104/58-18-G-5-0
 Issued: 3-6-19

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>1276 Hermitage Rd Manakin-Sabot VA 23103</u>			
	Owner <u>Bill & Trish Cropper</u>		Phone # <u>804-363-4143</u>	
	Address <u>1276 Hermitage Rd Manakin-Sabot VA 23103</u>		Email	
APPLICANT INFORMATION	Applicant/Contact <u>Walsh Builders Inc. / Ronnie Walsh</u>		Phone # <u>804-641-1591</u>	
	Address <u>967 Gleba Landing Rd Center Cross VA 22437</u>		Email <u>Walshbuilders@Verizon.net</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Broad Run</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>30'</u>	Side Setback <u>30'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
Planning & Zoning Officer: <u>Daniel Floyd</u> Date: <u>2/5/19</u> A2				
CONTRACTOR INFORMATION	Contractor <u>Walsh Builders Inc</u>		Phone <u>804-641-1591</u>	
	Address <u>967 Gleba Landing Rd Center Cross VA 22437</u>			
	Contractor License Number <u>2701 034172 A</u>		Type <u>Master</u> Expiration <u>4-30-2019</u>	
DESCRIPTION OF WORK	Scope of Work: <u>Adding Addition on Side of Existing Structure</u> <u>Converting Rear Deck to Covered Porch & Adding Walk Way</u>			
	Proposed Use <u>Dwelling</u>	Current Use <u>Dwelling</u>	Existing Buildings on Property	# of Floors <u>1</u>
	<input type="checkbox"/> Public/ <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Public/ <input checked="" type="checkbox"/> Private	# of Bathrooms <u>1</u>	# of Bedrooms <u>1</u>
	Finished Sq. Ft. <u>690</u>	Unfinished Sq. Ft. <u>360 760</u>	Total Sq. Ft. <u>1050 1,450</u>	
	Building Only - Excludes All Trades Permits			

Value of Work 85,000

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 2/5/19

Application Fee	\$ <u>394.50</u>
State Levy Fee	\$ <u>8.39</u>
Septic/Well Fee	\$ <u>25.00</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>452.89</u>



BUILDING PERMIT APPLICATION

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 TDD 711 VA Relay

Application Date: 2-5-19
 Permit Number: BD-2019-00117
 GPIN/Tax/Map: 7717-60-5348 / 47-28-0-5-0
 Issued: 3-2-19
 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: 2015 Sycamore Creek Dr Manakin-Sabot, Va. 23103
 Owner: Charles & Annabelle Trimmer Phone #: 804-334-2212
 Address: 2015 Sycamore Creek Dr Manakin-Sabot, Va. 23103 Email: Chrtrim60@yahoo.com

APPLICANT INFORMATION
 Applicant/Contact: Charles Trimmer Phone #: 804-334-2212
 Address: 2015 Sycamore Creek Dr, Manakin-Sabot Va. 23103 Email: Chrtrim60@yahoo.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Sycamore Creek</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>75' from R/W</u>	Center Line Setback: <u>100'</u>	Rear Setback: <u>5'</u>	CUP/Variance/COA: _____
Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 2/11/19 RI

CONTRACTOR INFORMATION
 Contractor: Markel's Custom Builders Phone: 804-221-6187
 Address: 5300 Chimney Springs Dr Email: _____
 Contractor License Number: 2701025930 Type: PBC, CBL Expiration: 3-31-19

DESCRIPTION OF WORK
 Scope of Work: Pde Barn / Car Port

Proposed Use: <u>Car Port</u>	Current Use: <u>Yard</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed): <u>None</u>
SEWER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms: <u>N/A</u>
		# of Bedrooms: <u>N/A</u>
		# of floors: <u>1</u>
Finished Sq. Ft.: <u>N/A</u>	Unfinished Sq. Ft.: <u>900 #</u>	Total Sq. Ft.: <u>900 #</u>

Building Only - Excludes All Trades Permits

Value of Work: <u>30k</u>	Application Fee: \$ <u>147.00</u>
	State Levy Fee: \$ <u>2.94</u>
	Septic/Well Fee: \$ _____
	Zoning Fee: \$ <u>25.00</u>
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ <u>174.94</u>

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

Signature of Applicant: Charles Trimmer Date: _____



BUILDING PERMIT APPLICATION

Application Date: 2-27-19Permit Number: BP-2019-00210GPIN/Tax Map: 6718-13-471A / 26-12-0-17-CIssued: 3-6-19This 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>2025 Cartersville Road, Goochland VA 23063</u>				
	Owner <u>Michael Foote</u>		Phone # <u>804 368 9857</u>		
	Address <u>2025 Cartersville Road</u>		Email <u>dgeer02@gmail.com</u>		
APPLICANT INFORMATION	Applicant/Contact <u>Same</u>				
	Address		Email		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Hickory Ridge</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid	
	Front Setback <u>100' from ROW</u>	Center Line Setback <u>125'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA	
	Side Setback <u>25' EASEMENT</u>	Side Setback <u>20'</u>	Flood Zone		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENT: _____				
CONTRACTOR INFORMATION	Contractor <u>None/owner</u>		Phone		
	Address		Email		
	Contractor License Number	Type	Expiration		
DESCRIPTION OF WORK	Scope of Work: <u>NEW Deck 20'x20'</u>				
	Proposed Use <u>Residential</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>		
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>400</u>	Total Sq. Ft. <u>400</u>		

Building Only - Excludes All Trades Permits

Value of Work 2700 \$4,000.00

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

Signature of Applicant [Signature] Date _____

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>.60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>55.60</u>



BUILDING PERMIT APPLICATION

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

Application Date: 2/25/19

Permit Number: BP-2019-00189

GPIN/Tax Map: 6726-36-3008/50-8-0-4-0

Issued: 3.5.2019

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 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>1385 Marlin Rd. Goochland, VA 23063</u>	
	Owner <u>Beet Waite</u>	Phone # <u>804-477-4812</u>
APPLICANT INFORMATION	Address <u>2150 Manakin Rd. Manakin Sabot VA 23103</u>	
	Applicant/Contact <u>Beet Waite</u>	Email <u>LTCconcessions@aol.com</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>2150 manakin Rd. Manakin Sabot, VA 23103</u>	Phone # <u>804-477-4812</u>
	Email <u>LTCconcessions@aol.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' from Row</u>	Center Line Setback <u>100'</u>
	Rear Setback <u>5'</u>	CUP/Variance/GOA <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>2/28/19</u> AI		

CONTRACTOR INFORMATION	Contractor <u>Self Beet Waite / owner</u>		Phone <u>—</u>
	Address <u>same as above</u>		Email <u>—</u>
Contractor License Number <u>—</u>		Type <u>—</u>	Expiration <u>—</u>

DESCRIPTION OF WORK	Scope of Work: <u>30x40 Garage detached with 480 sqft storage above</u>		
	<u>Photo plans - enclosed</u>		
	Proposed Use <u>shop</u>	Current Use <u>—</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>
	<input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>0</u>
Finished Sq. Ft. <u>1200</u>		Unfinished Sq. Ft. <u>1200</u>	# of Bedrooms <u>0</u>
Total Sq. Ft. <u>1200</u>		# of floors <u>1</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>33,000</u> 33,000 51,600.00
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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: Beet Waite Date: 2-18-19

Application Fee	\$ <u>257.00</u> <u>160.50</u>
State Levy Fee	\$ <u>5.15</u> <u>3.21</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>287.15</u> <u>188.71</u>

RI452



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: 2/14/2019
Permit Number: BP-2019-00147
GPIN/Tax Map: 6759-92-0870-9998 / 30-1-0-100-B
Issued: 3/5/19

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 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>2551 Sandy Hook Rd, Goochland, VA 23063</u>	
	Owner <u>American Tower LP</u>	Phone # <u>678-564-3236</u>
	Address <u>PO Box 723597, Atlanta, GA 31139</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>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from Row</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>50'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing Footprint</u> Planning & Zoning Officer: <u>David Boyd</u> Date: <u>2/14/19</u> AA			

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>	Expiration <u>3/31/2020</u>

DESCRIPTION OF WORK	Scope of Work: Install (3) Commscope sector mounts. Re-install (3) existing antennas in position 1 (1 per sector). Re-install (6) TMAs (2 per sector). Install (3) SBNHH-1D65B antennas in position 3 (1 per sector). There will be no new ground disturbance. We will not expand or extend the tower.				
	Proposed Use Telecom	Current Use Telecom	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.		Total Sq. Ft.

Building Only - Excludes All Trades Permits		Application Fee \$ <u>150-</u> State Levy Fee \$ <u>3-</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>50-</u> RLD \$ _____ SWP \$ _____ Total \$ <u>203-</u>
Value of Work	<u>\$20,000</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u> Date <u>2-7-19</u>	

R1817



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: 2/14/2019
Permit Number: BP-2019-00150
GPIN/Tax Map: 7707-88-8568-9999 / 46-1-0-101-0
Issued: 3/5/19
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 575 Church Hill Rd, Manakin Sabot, VA 23103	
	Owner Alvis Properties LLC	Phone #
	Address 1700 Alvis Road, Manakin Sabot, VA 23103	Email

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from Row</u>	Center Line Setback <u>80'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>80'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint</u> Planning & Zoning Officer: <u>David Floyd</u> Date: <u>2/14/19</u> <u>A2-R1A</u>			

CONTRACTOR INFORMATION	Contractor Jacobs Telecommunications		Phone 804-714-6238
	Address 5449 Bells Ferry Rd, Acworth, GA 30102		Email Sharon.Weddle@jacobs.com
	Contractor License Number 2705066988	Type Class A	Expiration 3/31/2020

DESCRIPTION OF WORK	Scope of Work: Swap (6) antennas. Install (3) RRUs.. There will be no new ground disturbance. We will not expand or extend the tower.				
	Proposed Use Telecom	Current Use Telecom	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.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	\$18,000
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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: 2-7-19

Application Fee	\$135-
State Levy Fee	\$2.00
Septic/Well Fee	\$
Zoning Fee	\$50-
RLD	\$
SWP	\$
Total	\$187.00



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: 2/14/2019

Permit Number: BP-2019-00146

GPIN/Tax Map: 5880-30-6084-9999/15-4-0-4-0

Issued: 3/5/19

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>2706 Marle Rd, Columbia, VA 23038</u>	
	Owner HARRIGAN & COMPANY INC	Phone #
	Address <u>5413 PATTERSON AVE, RICHMOND, VA 23226</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Jacobs Telecommunications - c/o Sharon Weddle for AT&T</u>	Phone # 804-714-6238
	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>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' from Row</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*No change to existing footprint.</u>			

Planning & Zoning Officer: David Floyd Date: 2/14/19 A1

CONTRACTOR INFORMATION	Contractor Jacobs Telecommunications		Phone 804-714-6238
	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>	Expiration <u>3/31/2020</u>

DESCRIPTION OF WORK	Scope of Work: - Swap (3) antennas - Remove (3) TMAs All work is on an existing 200' self support tower. We will not expand or increase height of tower.				
	Proposed Use Telecom	Current Use Telecom	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.		Total Sq. Ft.

Building Only - Excludes All Trades Permits		Application Fee \$ <u>121.50</u> State Levy Fee \$ <u>2.55</u> Septic/Well Fee \$ <u>—</u> Zoning Fee \$ <u>50-</u> RLD \$ <u>—</u> SWP \$ <u>—</u> Total \$ <u>180.05</u>
Value of Work	<u>\$17,000</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>Sharon Weddle</u> Date <u>2-11-19</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: **2/14/2019**

Permit Number: **BP-2019-00151**

GPIN/Tax Map: **7704-91-8292-9998/62-1-0-10-TW**

Issued: **3/5/19**

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: **499 ~~Boscobel Ferry Rd~~ Quarry Dr. Manakin Sabot, VA**

Owner: **MANAKIN TOWERS LLC TOW 3** Phone #: **23103**

Address: **8051 CONGRESS AVENUE, BOCA RATON, FL 33487** Email: _____

APPLICANT INFORMATION

Applicant/Contact: **Jacobs Telecommunications - c/o Sharon Weddle for AT&T** Phone #: **804-714-6238**

Address: **4801 Cox Road, Ste 302, Glen Allen, VA 23060** Email: **Sharon.Weddle@jacobs.com**

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: **None** Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: **20' from Row** Center Line Setback: **45'** Rear Setback: **10'** CUP/Variance/COA: _____

Side Setback: **10'** Side Setback: **10'** Flood Zone: _____

APPROVED REJECTED COMMENTS: **No change to existing foot print**

Planning & Zoning Officer: **David Floyd** Date: **2/14/19** Initials: **mfz**

CONTRACTOR INFORMATION

Contractor: **Jacobs Telecommunications** Phone: **804-714-6238**

Address: **5449 Bells Ferry Rd, Acworth, GA 30102** Email: **Sharon.Weddle@jacobs.com**

Contractor License Number: **2705066988** Type: **Class A** Expiration: **3/31/2020**

DESCRIPTION OF WORK

Scope of Work: **Swap (6) antennas, remove (3) antennas. Install 6 RRUs.. There will be no new ground disturbance. We will not expand or extend the tower.**

Proposed Use Telecom	Current Use Telecom	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.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	\$18,000
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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: **2-7-19**

Application Fee	\$ 135-
State Levy Fee	\$ 2.70
Septic/Well Fee	\$
Zoning Fee	\$ 50-
RLD	\$
SWP	\$
Total	\$ 187.70



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: 2-27-19
 Permit Number: 2-20-19
 GPIN/Tax Map: 4767-02-66.66/42-1-0-38-1
 Issued: 3-5-19
 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: 2913 River Road West, Suite G, Goochland, VA 23063

Owner: Phoenix Rehab Phone #: 724-343-4060

Address: 430 Innovation Drive, Blairsville, PA 15717 Email: mjnippes@phoenixrehab.com

APPLICANT INFORMATION

Applicant/Contact: Carousel Signs - James Foley Phone #: 804-640-2716

Address: 6501 Dickens Place, Richmond, VA 23030 Email: jay@carouselsigns.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: Nere Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 55' from Rd Center Line Setback: 30' Rear Setback: 30' CUP/Variance/COA: _____

Side Setback: 30' from Marsh Dr. Side Setback: 10' Flood Zone: _____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: David Floyd Date: 2/27/19 B1

CONTRACTOR INFORMATION

Contractor: Carousel Signs and Desgins Phone: 804.620.3200

Address: 6501 Dickens Place, Richmond, VA 23230 Email: jay@carouselsigns.com

Contractor License Number: 2705115473 Type: Class A Expiration: 6.30.19

DESCRIPTION OF WORK

Scope of Work: Building Mounted Sign Panel

Sign Proposed Use: _____ N/A Current Use: _____ Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____

SEWER Public/Private WATER Public/Private Bathrooms: N/A # of Bedrooms: _____ # of floors: _____

N/A Finished Sq. Ft. _____ N/A Unfinished Sq. Ft. _____ N/A Total Sq. Ft. _____

Building Only - Excludes All Trades Permits

Value of Work: \$1824

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. 2.20.19

Signature of Applicant: James Foley Date: _____

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>-60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>30.00</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: 2/25/19
 Permit Number: BP-2019-00202
 GPIN/Tax Map: 6840-51-3062 / 20-1-0-83-A
 Issued: 3/4/19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION	Site Address <u>2903 WHITEHALL ROAD SANDY HOOK, VA 23152</u>	
	Owner <u>NICHOLAS E. & KATHLEEN D. TSENGAS</u>	Phone # <u>(804) 677-7926</u>
	Address <u>3283 BAYBERRY LANE</u>	Email <u>KTSENGAS@GMAIL.COM</u>
APPLICANT INFORMATION	Applicant/Contact <u>JES CONSTRUCTION, LLC / CAMISHA BROWN</u>	
	Address <u>2410 SOUTHLAND DRIVE CHESTER, VA 23831</u>	Phone # <u>(804) 495-4646</u> Email <u>CBROWN@JESWORK.COM</u>

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

CONTRACTOR INFORMATION	Contractor <u>JES CONSTRUCTION, LLC</u>		Phone <u>(804) 495-4646</u>
	Address <u>2410 SOUTHLAND DRIVE CHESTER, VA 23831</u>		Email <u>CBROWN@JESWORK.COM</u>
	Contractor License Number <u>270-506-8655</u>	Type <u>CLASS A</u>	Expiration <u>4/30/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>INSTALL (7) INTELLIJACKS</u>					
	Proposed Use		Current Use		Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms		# of Bedrooms	# of floors
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$7,833.2</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 Camisha Brown Date 2/25/2019

Application Fee	\$ <u>45.00</u>
State Levy Fee	\$ <u>90</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>45.90</u>



BUILDING PERMIT APPLICATION

Application Date: 2-6-19

Permit Number: BP-2019-00130

GPIN/Tax Map: 5993-7048371 9-4-0-2-0

Issued: 3-4-19

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 <u>6184 Community House Rd, Columbia, VA 23038</u>	Phone # <u>504-2181380</u>
	Owner <u>Leon Harris</u>	Email <u>10301 Lewistown Rd.</u>
APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount ---	Date Paid ---
	Front Setback <u>75' from Row</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone ---	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <u>* Existing single wide must be removed within 60 days of C.O.</u>	

Planning & Zoning Officer: David Ford Date: 2/11/19

CONTRACTOR INFORMATION	Contractor <u>Self/Owner</u>	Phone <u>504-2181380</u>
	Address <u>10301 Lewistown</u>	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>3rd # Single wide. 12x68. moving it from 6194 community house</u>			
	Proposed Use <u>Set up mobile home</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>house</u>	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1</u>	# of Bedrooms <u>2</u>
	Finished Sq. Ft. <u>816</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>816</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>8000.00</u>	Application Fee \$ <u>48.00</u>
	State Levy Fee \$ <u>.96</u>
	Septic/Well Fee \$ <u>50.00</u>
	Zoning Fee \$ <u>0.00</u>
	RLD \$ <u>0.00</u>
	SWP \$ <u>0.00</u>
	Total \$ <u>98.96</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: Leon Harris Date: 2/6/19



BUILDING PERMIT APPLICATION

Application Date: 2/26/2019

Permit Number: *BP-2019-00204*

GPIN/Tax Map: *7116-95-4610 / 58-46-0-7-0*

Issued: *3-1-19*

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: 1660 CENTERVILLE PARKE LANE

Owner: JESSE & VICKI PICKELS Phone #: 804-347-9996

Address: 1660 CENTERVILLE PARKE LANE, MANAKIN SABOT, VA 23103 Email: JPICKELS@COMCAST.NET

APPLICANT INFORMATION

Applicant/Contact: STEVE MURPHY -ADD A DECK, INC Phone #: 804-285-4239

Address: 6408 MALLORY DRIVE, HENRICO, VA 23226 Email: SMURPHY@ADDADECK.COM

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <i>Parke at Centerville</i>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <i>30' from pavement</i>	Center Line Setback: _____	Rear Setback: <i>50' B/S</i>	CUP/Variance/COA: _____
Side Setback: <i>20' B/S</i>	Side Setback: <i>30' B/S</i>	Flood Zone: <i>C</i>	_____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: *David Floyd* Date: *2/28/19* *RPUB*

CONTRACTOR INFORMATION

Contractor: ADD A DECK, INC Phone: 804-285-4239

Address: 6408 MALLORY DRIVE, HENRICO, VA 23226 Email: ADMIN@ADDADECK.COM

Contractor License Number: 2701-033201A Type: CLASS A Expiration: 11/30/2020

DESCRIPTION OF WORK

Scope of Work: BUILD A ROOF OVER AN EXISTING DECK TO CREATE AN OPEN PORCH

Proposed Use: OPEN PORCH	Current Use: DECK	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft.	Unfinished Sq. Ft. 144	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	\$11,200.00	<i>8865 Per Loretta</i>
Application Fee	\$ 102.40	
State Levy Fee	\$ 7.25	
Septic/Well Fee	\$ _____	
Zoning Fee	\$ 25.00	
RLD	\$ _____	
SWP	\$ _____	
Total	\$ 88.65	

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: *Steve Murphy* Date: 2/26/2019



BUILDING PERMIT APPLICATION

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

Application Date: 9/7/18
 Permit Number: DP-2018-00752
 GPIN/Tax Map: 6767-39-8994/43-1-02-4
 Issued: 3-4-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION	Site Address <u>1920 Hidden Rock Lane Nanders, VA</u>	
	Owner <u>County of Goochland</u>	Phone # <u>(804) 240-1062</u>
APPLICANT INFORMATION	Address <u>1800 Sandy Hook Rd Goochland, VA</u>	Email <u>dstaney@goochlandva.us</u>
	Applicant/Contact <u>Address SAME</u>	Phone #

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 Road</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	—
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint.</u>			

Planning & Zoning Officer: Daniel Lloyd Date: 9/11/18

CONTRACTOR INFORMATION	Contractor <u>Jeff Starke-Woodwright</u> TBD Multiple Donations ONST.	Phone <u>556-6767</u>
	Address <u>3108 Brock Cross Lane</u>	Email
	Contractor License Number <u>2705032394</u>	Type <u>RBC, CBL</u>

DESCRIPTION OF WORK	Scope of Work: <u>Construction of building cage cover 40' x 80'</u> <u>2 14' x 60' Bathing Cages at Boys Field w/ 14x14 lean-to</u>				
	Proposed Use <u>NONE</u>	Current Use <u>NONE</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>0</u>
	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>3,200</u>	Total Sq. Ft. <u>200</u>		

Building Only - Excludes All Trades Permits

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

Signature of Applicant: [Signature] Date: 9/7/18

Application Fee	\$
State Levy Fee	\$
Septic Well Fee	\$
Zoning Fee	\$
RID	\$
SWP	\$
Total	\$

Handwritten notes: "All work funded", "see well project"



BUILDING PERMIT APPLICATION

Application Date: 3-19-19

Permit Number: BP-2019-00272

GPIN/Tax Map: 6767-13-9163 / 42-22-05-0

Issued: 3-29-19

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: 2938 River Road West, Goochland, VA (D)

Owner: GOOCHLAND COUNTY Phone #: 556-5802

Address: 1800 Sandy Hook Rd. Goochland, VA Email: WTORNEY@GoochlandVA.gov

APPLICANT INFORMATION

Applicant/Contact: JAY ERSHADI Phone #: 794-7910

Address: 14006 Grace Wd Pk. Middleburg, VA 23113 Email: JMERSHADI@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: None Proffer: Yes No Amount: — Date Paid: —

Front Setback: 55' from lot line Center Line Setback: 80' Rear Setback: 10' CUP/Variance/COA: —

Side Setback: 20' from Circle Side Side Setback: 10' Flood Zone: —

APPROVED REJECTED COMMENTS: —

Planning & Zoning Officer: Daniel Floyd Date: 3/22/19 BI

CONTRACTOR INFORMATION

Contractor: CASPIAN CONSTRUCTION LLC Phone: 794-7910

Address: 14006 Grace Wd Pk. Middleburg, VA 23113 Email: JMERSHADI@gmail.com

Contractor License Number: 2705-114244A Type: BLD Expiration: 3-31-21

DESCRIPTION OF WORK

Scope of Work: New addition to existing Goochland Court house for Security Screening.

Proposed Use: Security Screening Current Use: N/A Environmental Impacts (stream crossing, wetlands, amt land disturbed): x x 0.05 Acre

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

Finished Sq. Ft.: 1,030 SF Unfinished Sq. Ft.: — Total Sq. Ft.: 1,030 SF

Building Only - Excludes All Trades Permits

Value of Work: \$ 580,000.

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

Waived County Project

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: 3-18-19

Revised 3-8-19



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: 6-28-18
 Permit Number: BP-2018-00511
 GPIN/Tax Map: 3-2-01-0
 Issued: 7-6-18
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION
 Site Address: 4486 Shannon Hill Rd. Columbia VA 23038
 Owner: Loice Oyieyo
 Phone #: 914-319-2381
 Address: 1 Long Pond Rd. Armonk, NY 10504
 Email:

APPLICANT INFORMATION
 Applicant/Contact: CMH Homes Inc.
 Phone #: Teresa Kite, 540-742-4467
 Address: 12244 Washington Hwy. Ashland VA 23005
 Email: teresakite20@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None
 Proffer: Yes No
 Amount: _____ Date Paid: _____
 Front Setback: 75' from Row
 Center Line Setback: 100' CL
 Rear Setback: 35'
 Side Setback: 20'
 Side Setback: 20'
 Flood Zone: _____
 APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: [Signature] Date: 3/19/19

CONTRACTOR INFORMATION
 Contractor: CMH Homes Inc.
 Phone: 804-798-3206
 Address: Same
 Email: r078@claytonhomes.com
 Contractor License Number: 2705048123
 Type: A
 Expiration: 4-30-19

DESCRIPTION OF WORK
 Scope of Work: 2019A 28'x66'
 Replace S/W (16'x53') with 28'x60' double wide manufactured home in same footprint w/ ex. well & septic & driveway
 Proposed Use: Residence
 Current Use: Residence
 Environmental Impacts (stream crossing, wetlands, amt land disturbed):
 SEWER: Public/Private
 WATER: Public/Private
 # of Bathrooms: 3
 # of Bedrooms: 2
 # of floors: 1
 Finished Sq. Ft.: 1584 1791
 Unfinished Sq. Ft.: 50
 Total Sq. Ft.: 1134 1841

Building Only - Excludes All Trades Permits
 Value of Work: 125,000.00 130,000-
 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: 3-8-19
 Application Fee: \$ 574.00
 State Levy Fee: \$ 11.49
 Septic/Well Fee: \$
 Zoning Fee: \$ 50.00
 RLD: \$
 SWP: \$
 Total: \$ 635.99



BUILDING PERMIT APPLICATION

Application Date: 3/28/2109

Permit Number: BP-2019-00294

GPIN/Tax Map: 6767-12-0681 / 42-1-0-104-0

Issued: 3-29-19

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 2938 River Road West, Goochland, VA 23063		Phone # 556-5855
	Owner Goochland County		Email
	Address 1800 Sandy Hook road		
APPLICANT INFORMATION	Applicant/Contact Jay Ershadi 804-794-7910		Phone # 804-794-7910
	Address 14006 Grace Wood Place, Midlothian, VA 23113		Email jmershadi@gmail.com

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

CONTRACTOR INFORMATION	Contractor Caspian Construction LLC		Phone 804-794-7910
	Address 14006 Grace Wood Place, Midlothian, VA 23113		Email jmershadi@gmail.com
	Contractor License Number 2705-114244A	Type BLD	Expiration 3/31/2021

DESCRIPTION OF WORK	Scope of Work: Demo existing monument foundation, remove two large trees, demo existing sidewalk, excavate for new location of monument and build new foundation for relocating the existing monument. <i>Debris to East end landfill 1820 Darbytown Rd Richmond VA</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. 1,000	Unfinished Sq. Ft.	Total Sq. Ft. 1,000		
	Building Only - Excludes All Trades Permits				

Value of Work	\$20,000.00
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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 J Ershadi Date 3/28/2109

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

Handwritten: Fees waived



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:

Permit Number:

BP-2019-00288

GPM/Tax Map:

7705-96-0039/ 57-10-0-1-0

Issued:

3.28.2019

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.

 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>1691</u>	
	#1619 <u>Devon Way Manakin Sabot 23103</u>	
	Owner <u>Van Manen</u>	Phone # <u>804-306-2666</u>
	Address <u>1619 Devon Way</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>John Miller</u>		Phone # <u>804-640-8443</u>
	Address <u>1235 Dover Creek Ln</u>	Email <u>Jmiller@millmarconstruction.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>Millmar Const.</u>		Phone <u>804-640-8443</u>
	Address <u>P.O. Box 313 Manakin Sabot</u>		Email <u>Jmiller@millmarconstruction.com</u>
	Contractor License Number <u>2705 053462</u>	Type <u>A</u>	Expiration <u>12/19</u>

DESCRIPTION OF WORK	Scope of Work: <u>Remodel kitchen, sunroom & master bath</u> <u>no load bearing walls effected by remodel</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	<u>84,900</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 Miller Date 3/27/19

Application Fee	\$ <u>394.05</u>
State Levy Fee	\$ <u>7.88</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>401.93</u>



BUILDING PERMIT APPLICATION

Application Date: 3/12/19

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

Permit Number: DP-2019-00275
GPIN/Tax Map: 0767-41-3435/43-1-0-32-0
Issued: 3-26-19

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 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 2473 Old Courthouse Rd. Maidens, VA 23102				
	Owner Susan Ling-Modrak		Phone # 804-299-3296		
	Address (same as above)		Email linglingsusan@yahoo.com		
APPLICANT INFORMATION	Applicant/Contact Pam Scarletelli		Phone # 804-299-3296 x-207		
	Address 11044 Richardson Rd., Ste A29 Ashland, VA 23005		Email permitting@pegalte.com		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —	
	Front Setback <i>75' from R/W</i>	Center Line Setback <i>100' CL</i>	Rear Setback <i>5'</i>	CUP/Variance/COA	
	Side Setback <i>35' from R/W</i>	Side Setback <i>5'</i>	Flood Zone	—	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	Planning & Zoning Officer <i>David Lloyd</i> Date <i>3/25/19</i> IA2				
CONTRACTOR INFORMATION	Contractor PEG Alternative Energy, Inc.		Phone 804-299-3296		
	Address 11044 Richardson Rd., Ste. A29 Ashland, VA 23005		Email permitting@pegalte.com		
	Contractor License Number 2705159755	Type AES, ELE	Expiration 4/30/19		
DESCRIPTION OF WORK	Scope of Work: Ground mount solar panel installation to be grid-tied, with battery back-up				
	Proposed Use Residential solar system	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 \$18,000	Application Fee <i>93.00</i>		State Levy Fee <i>186</i>		
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Pam Scarletelli</u> Date <u>3/10/19</u>		Septic/Well Fee \$		Zoning Fee <i>2500</i>	
		RLD \$		SWP \$	
		Total <i>\$119.86</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: 3.11.2019

Permit Number: BP-2019-00240

GPIN/Tax Map: 4U-1-0-2-A 17707-09-9839

Issued: 3.26.19

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>994 Seay Rd Manakin Sabbot VA 23103</u>	
	Owner <u>Carolyn & Lester Fleming</u>	Phone # <u>(804) 798-9135</u>
	Address <u>994 Seay Rd Manakin Sabbot</u>	Email <u>N/A</u>
APPLICANT INFORMATION	Applicant/Contact <u>Oakwood Homes</u>	
	Address <u>11100 Washington Hwy Glen Allen VA 23059</u>	Phone # <u>(804) 798-9135</u> Email <u>Jennifer.Adams@oakwoodh.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>100' CROW</u>	Center Line Setback	Rear Setback <u>35</u>	CUP/Variance/COA <u>A-2</u>
	Side Setback <u>20</u>	Side Setback <u>20</u>	Flood Zone	<u>Existing double wide must be removed.</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	Planning & Zoning Officer: <u>Andrea Barner</u> Date: _____			

CONTRACTOR INFORMATION	Contractor <u>Oakwood Homes</u>		Phone <u>(804) 798-9135</u>
	Address <u>11100 Washington Hwy Glen Allen VA 23059</u>		
	Contractor License Number <u>2705048123</u>	Type <u>CLASS A</u>	Expiration <u>4/30/19</u>

DESCRIPTION OF WORK	Scope of Work: <u>Set up & install double wide home. (replacement home)</u> <u>4/18/2019 SN-32338</u>			
	Proposed Use <u>Existing</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>3500 sq ft</u>	
	<input type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms <u>2</u>	# of Bedrooms <u>4</u>
	Finished Sq. Ft. <u>1791</u>	Unfinished Sq. Ft. <u>(3-5x5) 75</u>	Total Sq. Ft. <u>1866</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>557.96</u>
Value of Work	<u>121,325 121,325 -</u>	State Levy Fee	\$ <u>11.10</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>50-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>619.12</u>
Signature of Applicant: <u>[Signature]</u> Date: <u>2/28/19</u>			

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Preferred Title Settlement Serv. Telephone: (804) 741-2500

Mailing Address: 1100 Welborne Drive, Suite 104 Henrico, VA 23229

OWNER'S STATEMENT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel

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

Owner's Signature *N/A*

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 _____ *N/A*

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD *8* CODE EDITION _____

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL _____ DATE _____

Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: March 13 2019
 Permit Number: BP-2019-00268
 GPIN/Tax Map: 7715-14-4948 / 58-49-9-19-0
 Issued: 3-25-19

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>900 Kinkon Pant Road</u>	
	Owner <u>Julia Chu</u>	Phone #
	Address	Email

APPLICANT INFORMATION	Applicant/Contact <u>Darlene Maycar</u>		Phone # <u>804-282-5071</u>
	Address		Email <u>stone masonry@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Kinkon</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' from Pavement</u>	Center Line Setback <u>55'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: David Floyd Date: 3/20/19 RPUD

CONTRACTOR INFORMATION	Contractor <u>Stone Masonry</u>		Phone <u>804-282-5071</u>
	Address <u>6400 Mallory Dr. Richmond VA 23000</u>		Email <u>stonemasonry@gmail.com</u>
	Contractor License Number <u>27052060658</u>	Type	Expiration <u>7/31/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>Approx 145 ft long retaining wall at the back of the property. Height to vary 3-6 ft</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>145</u>	Total Sq. Ft. <u>145</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$23,000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: Louis Beck Date: 3/21/19

Application Fee	\$ <u>124.50</u>
State Levy Fee	\$ <u>2.49</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>80.00</u>
RLD	\$
SWP	\$
Total	\$ <u>176.99</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: 03/01/19

Permit Number: BP-2019-00224

GPIN/Tax Map: 6785-45-9507 155-1-0-97-0

Issued: 3-25-19

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>954-973 Issequena Lane, Crozier, VA 23039</u>	
	Owner <u>Aqua Virginia, Inc.</u>	Phone # <u>(877) 987-2782</u>
	Address <u>2414 Granite Ridge Road, Rockville, VA 23146</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Mark C. Zimmerman, Project Manager, FCE</u>		Phone # <u>(434) 244-0250, Ext. 41412</u>
	Address <u>158 Industrial Way, Suite 203, Troy, VA 22974</u>		Email <u>MZimmerman@FCE-Digs.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 _____	Center Line Setback _____	Rear Setback _____	CUP/Variance/COA _____
	Side Setback _____	Side Setback _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>New equip. cannot encroach closer to Ln. old equip. to be replaced.</u> Date <u>3/5/19</u> Planning & Zoning Officer <u>David Floyd</u>			

CONTRACTOR INFORMATION	Contractor <u>Fielder's Choice Enterprises, Inc.</u>		Phone <u>(434) 244-0250, Ext. 41412</u>
	Address <u>158 Industrial Way, Suite 203, Troy, VA 22974</u>		Email <u>MZimmerman@FCE-Digs.com</u>
	Contractor License Number <u>2705062623</u>	Type <u>Construction</u>	Expiration <u>06/30/19</u>

DESCRIPTION OF WORK	Scope of Work: Precast building: \$25,000; Building slab on grade: \$8,500; Generator pad: \$1,500; Water tank footings: \$3,500; Pad, CMU's, and roof for protecting pipe between pump station and atmospheric tank: \$6,000; Propane-tank pad: \$1,000; Total: \$45,500 ~ \$50,000.				
	Proposed Use <u>New pump house</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>Approximately 3,200 SF of land disturbance</u>		
	<input 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>192 SF</u>	Unfinished Sq. Ft. <u>0 SF</u>	Total Sq. Ft. <u>192 SF</u>		

Building Only - Excludes All Trades Permits															
Value of Work <u>\$50,000</u>															
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.															
Signature of Applicant <u>[Signature]</u>	Date <u>03/01/19</u>														
<table border="1"> <tr><td>Application Fee</td><td>\$ _____</td></tr> <tr><td>State Levy Fee</td><td>\$ _____</td></tr> <tr><td>Septic/Well Fee</td><td>\$ _____</td></tr> <tr><td>Zoning Fee</td><td>\$ <u>0</u></td></tr> <tr><td>RLD</td><td>\$ _____</td></tr> <tr><td>SWP</td><td>\$ _____</td></tr> <tr><td>Total</td><td>\$ _____</td></tr> </table>		Application Fee	\$ _____	State Levy Fee	\$ _____	Septic/Well Fee	\$ _____	Zoning Fee	\$ <u>0</u>	RLD	\$ _____	SWP	\$ _____	Total	\$ _____
Application Fee	\$ _____														
State Levy Fee	\$ _____														
Septic/Well Fee	\$ _____														
Zoning Fee	\$ <u>0</u>														
RLD	\$ _____														
SWP	\$ _____														
Total	\$ _____														

Rec: 3/13/19



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: 3/7/19

Permit Number: BP-2019-00260

GPIN/Tax Map: 48-14-0-6-0/7928-2294

Issued: 3-22-19

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>2382 Lanier Rd. Rockville Va. 23146</u>		
	Owner	<u>Stephen H Smith</u>	Phone #	<u>804-512-1299</u>
APPLICANT INFORMATION	Address	<u>Stephens auto 8@gmail.com</u>		
	Applicant/Contact	<u>Stephen H Smith</u>	Phone #	<u>804-512-1299</u>
	Address			
			Email	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	<u>Lanier Industrial Park</u>	Proffer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	—	Date Paid	—
	Front Setback	<u>20' front Row</u>	Center Line Setback	<u>50'</u>	Rear Setback	<u>5'</u>	CUP/Variance/COA	
	Side Setback	<u>5'</u>	Side Setback	<u>5'</u>	Flood Zone	—		
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>	COMMENTS:		Date <u>3/18/19</u>		
Planning & Zoning Officer		<u>Dennis Floyd</u>						<u>ma</u>

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

DESCRIPTION OF WORK	Scope of Work: <u>on existing concrete pool Carolina Carport</u>			
	<u>Enclosed Pre Fab Metal Building</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<u>Repair Equipment</u>		# of Bathrooms	# of Bedrooms
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of floors	
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	<u>468</u>	<u>468</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 9000.00</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: _____

Application Fee	\$ <u>68.85</u>
State Levy Fee	\$ <u>1.35</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>100.00</u>
RLD	\$
SWP	\$
Total	\$ <u>168.85</u>

Issued 3-21-19



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

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

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

TAX MAP# 31-1-52 CASH

Office Use Only		
Application File Date: 3-15-19	Application No.: AP-2019-00373	Fee: \$25.00
Zoning Approval: Yes <i>David Ford</i>	No:	Date: 3-20-19

Zoning Application Type: Please check appropriate box

- Residential Accessory Structure - 256 sq. feet or less - structures over 256 sq. feet require a building permit
- Farm Use Structure - Attached Farm Use Affidavit shall be completed and signed by property owner

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: GEORGE OARY + H54B ESTES Telephone: 804-240-2015
 Address: 2735 MAIDENS RD Cell phone: _____
GOOCHLAND VA FAX: _____
 E-mail: ESTES GC @ GMAIL COM

Name of Applicant: CARY ESTES Telephone: _____
 Address: 2735 MAIDENS RD Cell phone: _____
GOOCHLAND VA FAX: _____
 E-mail: ESTES GC @ GMAIL COM

Property Information

Street Address: 2515 BROAD STAD Zoning: A2
 GPIN Number: 6769-96-1201 Acreage: 6 ACRES
 Existing Use: FARM LAND
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 480
2. Value of Building: \$1900
3. Written Description of Proposed Physical Improvements:
CONSTRUCTION OF A 20'X24' POLE SHED STORAGE AREA. 480 SQ FT.
EQUIPMENT STORAGE



ZONING COMPLIANCE APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Permit Issued
3-20-19

Office Use Only

Application File Date: <u>3-19-19</u>	Application No.: <u>AP-2019-00270</u>	Fee: \$25.00
Zoning Approval: Yes <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Date: <u>3/20/19</u>

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

when permit is ready please notify: Pierce Brinkley (804) 363-5995 pbrink34@gmail.com

Name of Property Owner: Spring Valley Farm, LLC Telephone: _____
Address: 207 old oak Rd. Cell phone: _____
Henrico VA 23229 FAX: _____
E-mail: _____

Name of Applicant: Ann M. Samford Telephone: _____
Address: 207 old oak Rd Cell phone: (804) 314-7292
Henrico VA 23229 FAX: _____
E-mail: _____

Property Information

Street Address: 1455 Amber Lake Rd Zoning: A-2
GPIN Number: 6786-86-6223 Acreage: 77.66
Existing Use: Agricultural
Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 60
2. Value of Building: \$5,000
3. Written Description of Proposed Physical Improvements:
construct 60 s.f. irrigation pump house with electricity
from Dominion Power meter attached to pump house



BUILDING PERMIT APPLICATION

Application Date: 3/8/19
 Permit Number: BP-2019-00265
 GPIN/Tax Map: 7115-74-4948/58-49-9-19-0
 Issued: 3-20-19
 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 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: **900 KINLOCH LANE, MANAKIN-SABOT, VA 23103**
 Owner: **JULIA CHU** ^{point}
 Phone #: **917-587-9222**
 Address: **900 KINLOCH LANE, MANAKIN-SABOT, VA 23103**
 Email: **JFC.MYC@YAHOO.COM**

APPLICANT INFORMATION
 Applicant/Contact: **TRAVIS JOWERS**
 Phone #: **804-749-4706**
 Address: **2175 LANIER LANE, ROCKVILLE, VA 23146**
 Email: **TRAVIS@ULTIMATEPOOLS.COM**

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision <u>Kinloch</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
Front Setback <u>30' from pavement</u>	Center Line Setback —	Rear Setback <u>50' from water</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: 3/19/19 RPUD

CONTRACTOR INFORMATION
 Contractor: **ULTIMATE POOLS**
 Phone: **804-749-4706**
 Address: **2175 LANIER LANE, ROCKVILLE, VA 23146**
 Contractor License Number: **2705026339** Type: **CLASS A / CBC RBC RFC** Expiration: **2/28/2021**

DESCRIPTION OF WORK
 Scope of Work: **INGROUND SWIMMING POOL 16' X 32' RECTANGLE WITH AUTO COVER AND SPA 5' X 8'6"**

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. <u>512</u>	Unfinished Sq. Ft. <u>512</u>	Total Sq. Ft. 512	

Building Only - Excludes All Trades Permits

Value of Work	33,000.00
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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: TJ Date: 3/8/19

Application Fee	\$ <u>160.50</u>
State Levy Fee	\$ <u>3.21</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25-</u>
RLD	\$
SWP	\$
Total	\$ <u>188.71</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: 3/11/19
 Permit Number: BP-2019-00257
 GPIN/Tax Map: 6776-86-2975/44-15-1-13-0
 Issued: 3-20-19

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>1985 COVINGTON ROAD, CROZIER VA 23039</u>	Phone # <u>804-690-0741</u>
	Owner <u>DELORES CHEWNING</u>	Email <u>easterjeffery@yahoo.com</u>
	Address <u>1985 COVINGTON RD CROZIER 23039</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Robert S. Cosby II</u>	Phone # <u>804 338-7353</u>
	Address <u>7011 CHANDLER DRIVE, HENRICO, VA 23229</u>	Email <u>rconstruction10@ver.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Covington</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>55' from Row</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>3/15/19</u> <u>A2</u>			

CONTRACTOR INFORMATION	Contractor <u>R-C Construction, Inc.</u>	Phone <u>804 338 7353</u>
	Address <u>7011 Chandler Dr. Henrico, VA 23229</u>	Email <u>rconstruction10@ver.com</u>
	Contractor License Number <u>2705021538</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>24x30 DETACHED RESIDENTIAL GARAGE</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>1</u>
	Finished Sq. Ft.		Unfinished Sq. Ft. <u>720</u>	Total Sq. Ft. <u>720</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>162.76</u>
Value of Work <u>\$33,500.-</u>		State Levy Fee \$ <u>3.25</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ <u>—</u>
Signature of Applicant <u>Robert S. Cosby II</u>	Date <u>3/11/19</u>	Zoning Fee \$ <u>25.00</u>
<u>President R-C Construction, Inc.</u>		RLD \$ <u>—</u>
		SWP \$ <u>—</u>
		Total \$ <u>191.01</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: 3-19-19.
 Permit Number: BP-2019-00267
 GPIN/Tax Map: 7704-94-3675/62-40-0-31-0
 Issued: 3-20-19

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.

Site Address: 52 Manakin Parke Dr. MANAKIN - SA BOT VA 23103

Owner: PATSY TUDOR Phone #: 804 357 5490

Address: 52 MANAKIN PARKE DR. Email:

Applicant/Contact: ANTONIO DE MELO Phone #: 804 218 3777

Address: 8204 REINLAND DR. HENRICO V.A. Email: XEXARIC@GMAIL.COM

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: GERSON SERPA - DREAM HOME REPAIR & IMPROVEMENT Phone: _____

Address: 3084 HANDESVILLE FIFE DR. GOOCHLAND, VA

Contractor License Number: 2705146961 Type: CLASS A Expiration: 03-31-2020

Scope of Work: REPLACE DECK 10x16 (USE EXACT SPACE AS THE OLD DECK, AS IS IN THE PICTURE)

<input type="checkbox"/> Proposed Use	<input type="checkbox"/> Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft.	Unfinished Sq. Ft. 256	Total Sq. Ft. 256		

Building Only - Excludes All Trades Permits

Value of Work	11,500.00
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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: _____ Date: 03.19.19

Application Fee	\$ 63.75
State Levy Fee	\$ 1.28
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ 65.03



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: 3-13-2019

Permit Number: BP-2019-00258

GPIN/Tax Map: 6831-53-2264 / 12-1-0-70-0

Issued: 3-19-19

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.

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: Ethel W. Clarke

Owner: 4014 Cedar Plains Rd. Phone #: 804-839-4114

Address: Sandy Hook, Va. 23153 Email: 804-839-4114

APPLICANT INFORMATION

Applicant/Contact: Owner Phone #: _____

Address: 4014 Cedar Plains Rd. Sandy Hook, Va 23153 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 Phone: _____

Address: _____ Email: _____

Contractor License Number _____ Type _____ Expiration _____

DESCRIPTION OF WORK

Scope of Work: Replace existing sun room 14'x14' - SAME FOOTPRINT

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. <u>196</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>196</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$4,500.00</u> <u>70,780</u>	Application Fee	\$ <u>60.51</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.		State Levy Fee	\$ <u>1.21</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant <u>Ethel W. Clarke</u>	Date <u>3/13/19</u>	Total	\$ <u>61.72</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: 3-19-19
 Permit Number: BP-2019-00266
 GPIN/Tax Map: 7715-31-1004 / 63-1-0-5-0
 Issued: 3-20-19
 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: 223 Clarke Rd. Manakin-Sabot, Va 23103
 Owner: Tanya + George Powers Phone #: (804) 397-9433
 Address: 223 Clarke Rd. Manakin-Sabot, Va 23103 Email: tanya_powers@hotmail.com

APPLICANT INFORMATION
 Applicant/Contact: Sermat Construction Ricky Rowe Phone #: 804-512-6032
 Address: 2419 Westwood Ave. Richmond, Va 23230 Email: rrowe@sermat.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: Sermat Construction Phone: 804-264-4800
 Address: 2419 Westwood Ave. Richmond, Va 23230 Email: rrowe@sermat.com
 Contractor License Number: 2701025440 Type: Class A Expiration: 10/31/19

DESCRIPTION OF WORK
 Scope of Work: repairing fire damage to the home. Interior gut, reframing 1 exterior wall, replacing trusses.

Proposed Use <u>Residential</u>	Current Use <u>residential</u>	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 <u>2</u>	# of Bedrooms <u>4</u>	# of floors <u>1</u>
Finished Sq. Ft. <u>1900</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>1900</u>		

Building Only - Excludes All Trades Permits
 Value of Work: \$123,500.00
\$70,000.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: [Signature] Date: 3-19-2019

Application Fee \$
 State Levy Fee \$
 Septic/Wall Fee \$
 Permit Fee \$
 RLD \$
 SWP \$
 Total \$
Fee Waived due to Fire Damage



BUILDING PERMIT APPLICATION

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

Application Date: 3/14/19
 Permit Number: BP-2019-00255
 GPIN/Tax Map: 6777-04-4202/43-33-0-14-0
 Issued: 3-19-19
 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.

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>1836 Blackwood Dr. Maidens, VA.</u>	
	Owner <u>Robbie Bridges</u>	Phone # <u>804-240-7113</u>
	Address <u>1836 Blackwood Dr. Maidens, VA.</u>	Email <u>reb7113@comcast.net.</u>
APPLICANT INFORMATION	Applicant/Contact <u>Deck Creations</u>	Phone # <u>804-437-0094</u>
	Address <u>14,241 MIDLOTHIAN TRK. STE. 241, MIDLOTHIAN VA. 23113</u>	Email <u>don@deckcreations.com.</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Longwood</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' from Row</u>	Center Line Setback <u>80'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA —
	Side Setback <u>15' / 35'</u>	Side Setback <u>15' / 35'</u>	Flood Zone —	—
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>3/15/19</u> RR			

CONTRACTOR INFORMATION	Contractor <u>Deck Creations</u>	Phone <u>804-320-2212</u>
	Address <u>14,241 MIDLOTHIAN TRK. MIDLOTHIAN VA. 23113</u>	Email <u>don@deckcreations.com.</u>
	Contractor License Number <u>2705120631</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>NEW DECK - 20'x25'</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<input type="checkbox"/> SEWER Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> WATER Public <input checked="" type="checkbox"/> Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>552</u>	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work <u>\$23,000</u>	Application Fee \$ <u>115.50</u>
	State Levy Fee \$ <u>2.31</u>
	Septic/Well Fee \$ <u>—</u>
	Zoning Fee \$ <u>25.00</u>
	RLD \$ <u>—</u>
	SWP \$ <u>—</u>
	Total \$ <u>142.81</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 3/14/19



BUILDING PERMIT APPLICATION

Application Date: 3-11-2019
 Permit Number: BP-2019-00239
 GPIN/Tax Map: 3-1-0-4-A/6803-22-8933
 Issued: 3-18-19

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

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>4489 Shannon Hill Road</u>	
	Owner <u>DARRELL BOWMAN</u>	Phone # <u>804 399 5218</u>
	Address <u>10310 Bowman Ct Goochland 23059</u>	Email <u>Darrell.Bowman@verizon.net</u>
APPLICANT INFORMATION	Applicant/Contact <u>DARRELL BOWMAN</u>	
	Address	Phone # <u>804 399 5218</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>100' CE ROW</u>	Center Line Setback	Rear Setback <u>5</u>	CUP/Variance/COA <u>A-1</u>
	Side Setback <u>5</u>	Side Setback <u>5</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: ABARNES Date: 3-14-2019

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

DESCRIPTION OF WORK	Scope of Work: <u>Detached 24x24 Garage with 12x12 shed</u> <i>unfinished walls for storage lean too</i>					
	Proposed Use <u>Garage</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>			
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>2</u>	
	Finished Sq. Ft.		Unfinished Sq. Ft. <u>960</u>		Total Sq. Ft. <u>960</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>*15,000</u>	<u>26,400.00</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: 3/29/19

Application Fee	\$ <u>130.80</u>
State Levy Fee	\$ <u>2.62</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>158.42</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: 3/11/19
 Permit Number: BP-2019-00243
 GPIN/Tax Map: 11-1-0-11-0/6821-2900
 Issued: 3-15-19

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

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

OWNER INFORMATION	Site Address <u>3682 Pryor Rd, Goochland VA 23063</u>	Phone # <u>540-479-7100</u>
	Owner <u>Derek G. Price</u>	Email
	Address <u>490 Nannie Burton Rd Louisa VA 23093</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Clayton Homes of Fredericksburg</u>	Phone # <u>Call Jen 802-473-2250</u>
	Address <u>8433 Jefferson Davis Hwy F'burg VA 22407</u>	Email <u>jenparker70@aol.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>Burruss Powerwashing & Excavation, LLC</u>	Phone <u>434-607-1446</u>
	Address <u>1857 Evergreen Rd Louisa VA 23093</u>	Email _____
	Contractor License Number <u>2705136384</u>	Type <u>H/H</u>

DESCRIPTION OF WORK	Scope of Work: <u>demo existing SFR - 1 story</u> <u>debris to: Vander Linde Recycling 73 Hunters Branch Rd Tray VA 22974</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. <u>900</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>34.50</u>
Value of Work <u>5,000</u>		State Levy Fee \$ <u>.69</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: _____ Date: <u>3/11/19</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>35.19</u>



Residential
COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 3-22-19

Permit #: ELI-2019-278

GPIN: 8707-71-7115

Tax Map: 46-16-0-C-0

LOCATION

Street Address: 540 Three Chopt Rd. 23103

PROPERTY OWNERSHIP

Name: Lawrence Liestfeld Phone: 690-2070

Mailing Address: 540 Three Chopt Rd Email:

APPLICANT

Name: Dedicated Electrical Inc Phone: 804-387-2631

Address: 3187 Haddonsville Fife Rd Goochland VA 23063 Email:

CONTRACTOR

Name: Dedicated Electrical Inc Phone: 804-387-2631

Mailing Address: 3187 Haddonsville Fife Rd Goochland VA 23063 Email:

Gas Certification: YES NO

State License Number: 2705121452 Expiration: 3-31-20 License Type: ELE Class: A

DESCRIPTION OF WORK

Install 36 Kw Generator, Rework Service Equipment

Replace Service Conductors

of Bathrooms: Service Size: 400A Power Company: Dominion Inquiry #: 10282047

Value of Work (required): 6000.00

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

Signature of Applicant: Jeff C. Maults Date: 3-22-19

Approval: Fisher Office Use Only Approval date: 3/27/19

Permit Fee: 48.96 Issued date: 3/27/19

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: 3-13-19

Permit # G1151-2019 00215
~~11-2019-00240~~

GPIN 6767-33-8688

Tax Map 43-37-B-23-D

LOCATION

Street Address 2511 Langdale Terrace Maidens Va.

PROPERTY OWNERSHIP

Name Curt and Erin Kruschwich Phone 804-239-2782

Mailing Address 2511 Langdale Terrace Maidens Va. 23102 Email curtsgbc@gmail.com

APPLICANT

Name Jeffrey Parrish Phone 804 641 5252

Address 2556 Gayton Centre Dr. Henrico Va. 23238 Email jeff@elsrichmond.com

CONTRACTOR

Name Electrical and Lighting Solutions Inc. Phone 804 254-9400

Mailing Address P.O. Box 70432 Richmond Va 23225 Email jeff@elsrichmond.com

Gas Certification YES NO

State License Number 2705086991 Expiration 7/31/2020 License Type ELG, RLD Class A

DESCRIPTION OF WORK

install transfer switch to existing 15kw generator.

of Bathrooms _____ Service Size 200A Power Company Dominion Inquiry # _____

Value of Work (required) \$2000.00

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

Signature of Applicant: [Signature] Date: 3/13/19

Approval: [Signature] Office Use Only Approval date: 3/13/19

Permit Fee: 3427- Issued date: 3/13/19

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

TYPE	
<input checked="" type="checkbox"/>	Electrical
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	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	3-12-19
Permit #	EL1-2019-00245
Map #	58-38-5-34-0

LOCATION

Street Address	506 Hunt Field Rd	District
----------------	-------------------	----------

PROPERTY OWNERSHIP

Name	Richard Steiner	Phone	784-9877
Mailing Address	506 Hunt Field Rd		

CONTRACTOR

Company Name	Master Electrical Services	Phone	804-231-1973
Mailing Address	1735 Arlington Rd Richmond, Va 23230	License Type	A
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	
		Expiration	22 3-31-20

DESCRIPTION OF WORK

Install 20kw generator with a 200 Amp ATS			
# of baths	Service size	Power Company	Inquiry #

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

I _____ OF (ADDRESS) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA. _____ (OWNER)

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

Signature of Applicant		Cost of Job	7,000
Approval		Permit Fee	\$ 53.55
Date	3-12-19	Issue Date	3-12-19