



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: 4-23-19

Permit Number: DP-2019-0395

GPIN/Tax Map: 0771-17-83761 4B-1

Issued: 4-26-19

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>2314 Lanes End Place Maidens, VA 23102</u> | Phone # <u>804-301-5057</u> |
| | Owner <u>Gena Spitzer</u> | Email <u>gaspitzer@gmail.com</u> |
| | Address <u>2314 Lanes End Place Maidens VA 23102</u> | |

| | | |
|-----------------------|---|--|
| APPLICANT INFORMATION | Applicant/Contact <u>Fuller Reeves</u> | Phone # <u>804-840-6396</u> |
| | Address <u>7400 Beautant Springs Drive Suite 333 Richmond VA 23225</u> | Email <u>jreeves@anthonyssylvan.com</u> |

| | | | | |
|--------------------------------------|---|--|---------------------------|-----------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Lanes End</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount — | Date Paid — |
| | Front Setback <u>40' from Row</u> | Center Line Setback <u>65'</u> | Rear Setback <u>5'</u> | CUP/Variance/COA — |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | Flood Zone — | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Floyd</u> Date <u>4/23/19</u> RP | | | |

| | | |
|------------------------|---|--|
| CONTRACTOR INFORMATION | Contractor <u>Anthony f Sylvan Pools</u> | Phone <u>804-840-6396</u> |
| | Address <u>7400 Beautant Springs Drive Suite 333 Richmond VA 23225</u> | Email <u>jreeves@anthonyssylvan.com</u> |
| | Contractor License Number <u>2701011419</u> | Type <u>class A RFG</u> |

| | | | | | |
|---------------------|---|---|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>650 sqft inground gunite swimming pool ELE</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. <u>650</u> | Total Sq. Ft. <u>650</u> | | |

Building Only – Excludes All Trades Permits

| | |
|---------------|-----------------|
| Value of Work | <u>\$48,730</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 4/18/19

| | |
|-----------------|------------------|
| Application Fee | \$ <u>231.28</u> |
| State Levy Fee | \$ <u>7.63</u> |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>260.91</u> |



BUILDING PERMIT APPLICATION

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

Application Fee: 4-22-19
 Permit Number: BP 2019-00387
 GPIN/Tax Map: 7727-49-7314 / 48-1-0-13-K
 Issued: 4-25-19
 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.

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 2326 Commerce Center Dr., Rockville VA 23146 | Phone # 804-640-7949 |
| | Owner ROCKVILLE RV STORAGE, L.C. | Email aduke@dukems.net |
| | Address 3357 MANOR GROVE CIRCLE, GLEN ALLEN, VA 23059 | Phone # 804-640-7949 |
| APPLICANT INFORMATION | Applicant/Contact ANDY DUKE | Email aduke@dukems.net |
| | Address 3357 MANOR GROVE CIRCLE, GLEN ALLEN, VA 23059 | |

| | | | | |
|--------------------------------------|--|---|-------------------------|------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Rockville Commerce Center</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount _____ | Date Paid _____ |
| | Front Setback <u>20' from ROW</u> | Center Line Setback <u>45'</u> | Rear Setback <u>10'</u> | CUP/Variance/COA _____ |
| | Side Setback <u>10'</u> | Side Setback <u>10'</u> | Flood Zone _____ | |

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date 4/23/19 m2

| | | |
|------------------------|---------------------------------|-------------|
| CONTRACTOR INFORMATION | Contractor self | Phone _____ |
| | Address _____ | Email _____ |
| | Contractor License Number _____ | Type _____ |

Scope of Work: erect 2 carports - 28'x46' each - 1288 S.F.
 total S.F. = 2576 S.F.

| | | | | |
|--|--|---|---------------|-------------|
| 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 n/a | # of Bedrooms | # of floors |
| Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. <u>2576</u> | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|-------------|
| Value of Work | \$14,358.00 |
|---------------|-------------|

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 4-22-19

| | |
|-----------------|------------------|
| Application Fee | <u>10.709</u> |
| State Levy Fee | \$ <u>2.15</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>50.00</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>159.84</u> |

BUILDING PERMIT APPLICATION

Application Date: 8/15/18

Permit Number: BP-2018-00655

GPIN/Tax Map: 60777-43-144/43-38-A-14-0

Issued: 9-7-18

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

Department of Building Inspection

19
d, VA 23063

6-5815 Fax (804) 556-5651

1 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>16609 Indy's Run Maidens, VA 23102</u> | |
| | Owner <u>Robert & Leslie Wren</u> | Phone # <u>855-4868</u> |
| APPLICANT INFORMATION | Address <u>Johnson Construction Co Inc.</u> | Email |
| | Applicant/Contact <u>Johnson Construction Co Inc.</u> | Phone # <u>387-3060</u> |
| | Address <u>P.O. Box 205 Rockville VA 23146</u> | Email <u>graysonjohnson.com</u> |

| | | | | |
|--------------------------------------|---|--|---------------------------|-----------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Breeze Hill</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount — | Date Paid — |
| | Front Setback <u>40' from ROW</u> | Center Line Setback <u>65'</u> | Rear Setback <u>5'</u> | CUP/Variance/COA — |
| | Side Setback <u>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>8/16/18</u> RP | | | |

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

| | | | | | |
|---------------------|---|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>change 576 unfinished to finished sq ft for detached garage. Reused 4-15-19 to</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. <u>(576)</u> | Unfinished Sq. Ft. <u>1520-576 (944)</u> | Total Sq. Ft. <u>1520</u> | | |

| | | | |
|--|---|-----------------|------------------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ <u>234.30</u> |
| Value of Work | <u>40,000</u> \$49,400.00 <u>\$68,120.00</u> | State Levy Fee | \$ <u>4.69</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. | | Septic/Well Fee | \$ |
| Signature of Applicant | <u>[Signature]</u> | Zoning Fee | \$ <u>25-</u> |
| Date | <u>8/15/18</u> | RLD | \$ |
| | | SWP | \$ |
| | | Total | \$ <u>263.99</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: 4-17-19

Permit Number: BP-2019-00369

GPIN/Tax Map: 6768-66-7641/31-1-0-22-B

Issued: 4-23-19

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>2311 Roosevelt Rd. Oilville, VA 23129</u> | |
| | Owner | <u>Patricia Sweney</u> | Phone # <u>804-363-9121</u> |
| APPLICANT INFORMATION | Address | <u>P.O. Box 15, Oilville, VA 23129</u> | Email <u>summerwooddogs@hotmail.com</u> |
| | Applicant/Contact | <u>Patricia Sweney</u> | Phone # <u>same as above</u> |
| | Address | <u>P.O. Box 15, Oilville, VA 23129</u> | Email |

| | | | | |
|--------------------------------------|---------------------|---|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer | Amount | Date Paid |
| | <u>None</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | — | — |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | <u>55' from ROW</u> | <u>30'</u> | <u>5'</u> | |
| Side Setback | Side Setback | Flood Zone | | |
| | <u>5'</u> | <u>5'</u> | | |

APPROVED REJECTED COMMENTS: David Floyd Date 4/18/19 A2

Planning & Zoning Officer

| | | | |
|------------------------|--|---------------------------------------|-----------------------|
| CONTRACTOR INFORMATION | Contractor | <u>Owner</u> | Phone |
| | Virginia Carolina Buildings, Inc. | | <u>1-800-893-1242</u> |
| | Address | <u>P.O. Box 291, Amelia, VA 23002</u> | Email |
| | Contractor License Number | Type | Expiration |

Scope of Work: concrete pad & 30x60 metal Garage/storage

| | | | | |
|---|---|---|--------------------|---------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| <u>Garage/storage</u> | <u>∅</u> | <u>∅</u> | # of Bathrooms | # of Bedrooms |
| <input checked="" type="checkbox"/> SEWER | <input type="checkbox"/> WATER | <u>∅</u> | <u>∅</u> | <u>1</u> |
| <input type="checkbox"/> Public/Private | <input type="checkbox"/> Public/Private | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. |
| <u>∅</u> | <u>∅</u> | <u>∅</u> | <u>1800</u> | <u>1800</u> |

Building Only - Excludes All Trades Permits

| | |
|---------------|------------------------|
| Value of Work | <u>24,675 \$58,500</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 Patricia Sweney Date 4-16-19

| | |
|-----------------|------------------|
| Application Fee | \$ <u>275.26</u> |
| State Levy Fee | \$ <u>6.50</u> |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>305.76</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: 4/11/2019

Permit Number: BP-2019-00358

GPIN/Tax Map: 6833-25-6154-9998 / 6-1-0-57-TV

Issued: 4-23-19

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>4440 Old Fredericksburg Rd</u> | Phone # |
| | Owner <u>Manakin Towers LLC TOW 3</u> | |
| | Address <u>8051 Congress Ave, Boca Raton, FL 33487</u> | Email |
| APPLICANT INFORMATION | Applicant/Contact <u>Jacobs Telecommunications - c/o William Jackson for AT&T</u> | Phone # <u>434-465-7760</u> |
| | Address <u>4801 Cox Road, Ste 302, Glen Allen, VA 23060</u> | Email <u>William.Jackson@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>55' from road</u> | Center Line Setback | Rear Setback <u>35'</u> | CUP/Variance/GOA |
| | Side Setback <u>20'</u> | Side Setback <u>20'</u> | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint.</u> | | | |
| Planning & Zoning Officer <u>David Floyd</u> | | Date <u>4/16/19</u> | | AI |

| | | |
|------------------------|--|--|
| CONTRACTOR INFORMATION | Contractor <u>Jacobs Telecommunications</u> | Phone <u>434-465-7760</u> |
| | Address <u>5449 Bells Ferry Rd, Acworth, GA 30102</u> | Email <u>William.Jackson@jacobs.com</u> |
| | Contractor License Number <u>2705066988</u> | Type <u>Class A</u> |

| | | | | |
|---------------------|---|---|--|---------------|
| DESCRIPTION OF WORK | Scope of Work: - Swap (3) antennas and remove (3) TMAs on an existing 192' self-support tower. We will not increase tower height. - Install (3) radios. | | | |
| | Proposed Use Telecom | Current Use Telecom | Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A | |
| | SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms |
| | Finished Sq. Ft. | | Unfinished Sq. Ft. | Total Sq. Ft. |

| | | | |
|---|------------------|-----------------|--------------------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ <u>1,275.00</u> |
| Value of Work | \$ <u>17,000</u> | State Levy Fee | \$ <u>2.55</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>4/11/19</u> | | Septic/Well Fee | \$ |
| | | Zoning Fee | \$ <u>50.00</u> |
| | | RLD | \$ |
| | | SWP | \$ |
| | | Total | \$ <u>180.05</u> |



BUILDING PERMIT APPLICATION

Application Date: 4-15-19
 Permit Number: BP-2019-00562
 GPIN/Tax Map: 705-57-2048/57-10-0-13C
 Issued: 4-22-19

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>1531 WINDSOR WAY, MANAHIN SABOT 23103</u> | |
| | Owner <u>Paul W. Timmreck</u> | Phone # <u>804-784-5935</u> |
| | Address <u>1531 Windsor Way, Manakin Sabot 23103</u> | Email <u>timmreck725@gmail.com</u> |
| APPLICANT INFORMATION | Applicant/Contact <u>Paul W. Timmreck</u> | |
| | Address <u>1531 Windsor Way, Manakin Sabot, 2303</u> | Phone # <u>804-784-5935</u> |

| | | | | |
|--------------------------------------|--|--|----------------------------|---------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Auburn Chase</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount _____ | Date Paid _____ |
| | Front Setback <u>75' min RW</u> | Center Line Setback <u>100'</u> | Rear Setback <u>35'</u> | CUP/Variance/COA _____ |
| | Side Setback <u>20'</u> | Side Setback <u>30'</u> | Flood Zone _____ | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing Footprints</u> | | | |

Planning & Zoning Office: B.H. David Lloyd Date: 4/18/19 A2

| | | | |
|------------------------|--|----------------------------------|------------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>D.R. Schutte - OWNER</u> | | Phone <u>804-543-9239</u> |
| | Address <u>918 South Gaskins Rd. Richmond VA</u> | | Email <u>DRSPRENOVA@aol.com</u> |
| | Contractor License Number <u>Class C 2705093430</u> | Type <u>Class C, HIC, PTC</u> | Expiration _____ |

| | | | | | |
|---------------------|--|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>CONSTRUCT ROOF OVER A PORTION OF AN EXISTING DECK</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |

| | | |
|---|----------------|---------------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee \$ <u>48.00</u> |
| Value of Work | <u>8000.00</u> | State Levy Fee \$ <u>.96</u> |
| | | Septic/Well Fee \$ _____ |
| | | Zoning Fee \$ _____ |
| | | RLD \$ _____ |
| | | SWP \$ _____ |
| | | Total \$ <u>48.96</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: Paul W. Timmreck Date: 4/12/19



BUILDING PERMIT APPLICATION

Department of Building Inspection
 P.O. Box 19
 Goochland, VA 23063
 (804) 556-5815 / fax (804) 556-5651
 TDD 711 VA Relay

Application Date: 4-18-19
 Permit Number: BP-2019-00350
 GPIN/Tax Map: 7716-23-9983 / 58-21-8-2-0
 Issued: 4-22-19

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: 21 Hunting Ridge Road Marazion Sabot VA
 Owner: Dewey & Deborah Daniel
 Address: Same as above
 Phone #: 804-347-3516
 Email: ddaniel337@aol.com

APPLICANT INFORMATION
 Applicant/Contact: Dewey & Deborah Daniel
 Address: Same as above
 Phone #: 804-342-1032
 Email: tanktraders@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

| | | | |
|------------------------------------|--|--------------------------|----------------------------|
| Subdivision: <u>Broad Run</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 REJECTED COMMENTS: —
 Planning & Zoning Officer: David Lloyd Date: 4/17/19 1A2

CONTRACTOR INFORMATION
 Contractor: owner
 Address: Same
 Contractor License Number: — Type: — Expiration: —

SCOPE OF WORK: constructed 75 sq ft deck

DESCRIPTION OF WORK

| | | | | |
|---|---|---|---------------|-------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| <input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |
| | <u>75</u> | <u>75</u> | | |

Building Only - Excludes All Trades Permits

| | |
|--|----------------------------------|
| Value of Work: <u>6000.00</u> | Application Fee: \$ <u>39.00</u> |
| | State Levy Fee: \$ <u>.78</u> |
| | Septic/Well Fee: \$ <u>—</u> |
| | Zoning Fee: \$ <u>25.00</u> |
| | RLD: \$ <u>—</u> |
| | SWP: \$ <u>—</u> |
| Signature of Applicant: <u>David Lloyd</u> | Total: \$ <u>64.78</u> |
| Date: <u>4/11/19</u> | |

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



ZONING COMPLIANCE APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

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

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Office Use Only

| | | |
|--|---------------------------------------|----------------------|
| Application File Date: | Application No.: <u>AP-2019-00365</u> | Fee: \$25.00 |
| Zoning Approval: Yes <input checked="" type="checkbox"/> | No: <u>[Signature]</u> | Date: <u>4/17/19</u> |

Zoning Application Type: *Please check appropriate box*

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

Application Requirements

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

Applicant/Owner Information

| | |
|---|----------------------------------|
| Name of Property Owner: <u>MICHAEL L. PARRISH</u> | Telephone: <u>(804) 317-0235</u> |
| Address: <u>P.O. BOX 715</u> | Cell phone: " " " |
| <u>GOOCHLAND, VA 23063</u> | FAX: <u>N/A</u> |
| E-mail: <u>MLP SURVEY @ VERIZON.NET</u> | |

| | |
|--------------------------------|-------------------|
| Name of Applicant: <u>SAME</u> | Telephone: _____ |
| Address: _____ | Cell phone: _____ |
| E-mail: _____ | FAX: _____ |

Property Information

| | |
|--|-----------------------|
| Street Address: <u>3801 WHITEHALL ROAD</u> | Zoning: <u>R1</u> |
| GPIN Number: <u>6840-40-1140</u> | Acreage: <u>54.67</u> |
| Existing Use: <u>AGRICULTURE</u> | |
| 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): <u>280</u> | 2. Value of Building: <u>\$ 5,000.00</u> |
| 3. Written Description of Proposed Physical Improvements: | |
| <u>ADDITION TO EXISTING FARM SHED.</u> | |

Revised 4-9-19 to change 704 sqft to finished from unfinished for Living Room

| | |
|---|--|
|  BUILDING PERMIT APPLICATION Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay | Application Date: 5.2.18 |
| | Permit Number: BP-2018-00342 |
| | GPIN/Tax Map: 6823-69-3460/5-14-0-3-0 |
| | Issued: 6.6.18 |
| <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial This application is <u>not</u> authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued. | |

This application requires two copies of construction drawings and two copies of the 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 5045 Ange Rd Louisa, VA 23093 |
| | Owner DWAYNE WARE |
| | Address 5045 Ange Rd |

| | | |
|-----------------------|---|----------------------------|
| APPLICANT INFORMATION | Applicant/Contact George Friend | Phone # 426 8148 |
| | Address 5907 Black | Email |

| | | | | |
|--------------------------------------|---|--|----------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision None | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount — | Date Paid — |
| | Front Setback 55' From ROW | Center Line Setback | Rear Setback 35' | CUP/Variance/COA |
| | Side Setback 20' | Side Setback 20' | Flood Zone X | A1 |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer David Fay Date 5/7/18 | | | |

| | | |
|------------------------|--|------------------------------|
| CONTRACTOR INFORMATION | Contractor JAG Construction (George Friend) | Phone 804-229-4756 |
| | Address 5907 Blackjack Oak Ct Richmond, VA 23231 | |
| | Contractor License Number 2705124561 | Type Bld |

| | | | | |
|---------------------|---|--|--------------------------------|---------------------------|
| DESCRIPTION OF WORK | Scope of Work: Building New Construction house with unfinished second floor | | | |
| | Proposed Use | Current Use | Existing Buildings on Property | # of Floors 2 |
| | <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> SEWER | <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> WATER | # of Bathrooms 3 | # of Bedrooms 4 |
| | Finished Sq. Ft. 1,988 + 704 = 2,692 | Unfinished Sq. Ft. 860 - 704 = 156 | Total Sq. Ft. 2,848 | |

| | | |
|--|----------------------|---|
| Building Only - Excludes All Trades Permits | | Application Fee \$ 150 - State Levy Fee \$ 5.44 Septic/Well Fee \$ 40 - Zoning Fee \$ 50 - RLD \$ _____ SWP \$ _____ Total \$ 837.44 |
| Value of Work | 160,000 | |
| 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 | George Friend | |
| Date | _____ | |



BUILDING PERMIT APPLICATION

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

Application Date: 04/12/2019

Permit Number: BP-2019-00349

GPIN/Tax Map: 6766-18-7881/42-19-0-6-0

Issued: 4-19-19

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 | 2758 River Road West Maidens, Virginia 23102-2610 | | Phone # | 550-8674 |
| | Owner | Virgil Kopf | | Phone # | 804-556-4774 |
| APPLICANT INFORMATION | Address | 2758 River Road West Maidens, Virginia 23102-2610 | | Email | 550-8674 |
| | Applicant/Contact | Virgil Kopf | | Phone # | 804-556-4774 |
| APPLICANT INFORMATION | Address | 2758 River Road West Maidens, Virginia 23102-2610 | | Email | |

| | | | | |
|---|---------------|---|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer | Amount | Date Paid |
| | None | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | 88' from Row | 138' | 25' | |
| Side Setback | Side Setback | Flood Zone | | |
| | 10/26' | 10/25' | | |
| APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Garage cannot project closer than front of house to Rt. 6. | | | | |
| Planning & Zoning Officer: David Lloyd | | Date: 4/17/19 | | R3/A2 |

| | | | | |
|------------------------|---------------------------|-------|------------|-------|
| CONTRACTOR INFORMATION | Contractor | owner | | Phone |
| | Address | | | Email |
| | Contractor License Number | Type | Expiration | |

| | | | | | |
|---------------------|--|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: Building an attached garage | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |
| | | 532 | 532 | | |

| | | | |
|--|-----------|------------------|-----------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ 181.87 |
| Value of Work | 37,750.00 | State Levy Fee | \$ 3.61 |
| 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 | \$ 2500- |
| | | RLD | \$ |
| | | SWP | \$ |
| | | Total | \$ 21051- |
| Signature of Applicant: Virgil Kopf | | Date: 04/12/2019 | |



BUILDING PERMIT APPLICATION

Application Date: 4-11-19
 Permit Number: BP-2019-00344

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

GPIN/Tax Map: 6777-66-5613 / 43-40-C-4-0
 Issued:

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>2114 Jockey Ridge Road, Maidens VA 23102</u> | |
| | Owner | <u>Adam + Janet Jurach</u> | Phone # <u>804-363-1545</u> |
| | Address | <u>2114 Jockey Ridge Road, Maidens, VA 23102</u> | Email <u>Jurach@Comcast.net</u> |
| APPLICANT INFORMATION | Applicant/Contact | <u>Adam Jurach</u> | |
| | Address | <u>Same</u> | Phone # <u>804-363-1545</u> Email <u>Same</u> |

| | | | | |
|--|---------------------|---|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer | Amount | Date Paid |
| | <u>Breeze Hill</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____ | _____ |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | <u>40' from ROW</u> | <u>65'</u> | <u>35'</u> | |
| Side Setback | Side Setback | Flood Zone | | |
| | <u>10'</u> | <u>195'</u> | | |
| APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ | | | | |
| Planning & Zoning Officer: <u>David Floyd</u> | | Date: <u>4/16/19</u> | | <u>RP</u> |

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

| | | | | | |
|---------------------|--|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>58' x 18'</u> <u>Build Attached deck to rear of house</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |
| | | <u>1044</u> | <u>1044</u> | | |

| | | | |
|--|-----------------------------------|-----------------|-----------------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ <u>58.98</u> |
| Value of Work | <u>\$ 10,000</u> <u>10,440.00</u> | State Levy Fee | \$ <u>1.18</u> |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | Septic/Well Fee | \$ _____ |
| | | Zoning Fee | \$ <u>25.00</u> |
| | | RLD | \$ _____ |
| | | SWP | \$ _____ |
| | | Total | \$ <u>85.16</u> |
| Signature of Applicant | <u>John M. J.</u> | Date | <u>3/29/19</u> |



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 4-15-19

Permit Number: BP-2019-00366

GPIN/Tax Map: 67-67-4952 / 39-1-084-C

Issued: 4-19-19

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

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

| | | | |
|-----------------------|-------------------|---|----------------------------------|
| OWNER INFORMATION | Site Address | <u>1454 Nancy's Way Goochland Va. 23063</u> | |
| | Owner | <u>William R. GARY JR</u> | Phone # <u>504 640-3633</u> |
| | Address | <u>1454 Nancy's Way Goochland</u> | Email <u>can dr 1111@AOL.com</u> |
| APPLICANT INFORMATION | Applicant/Contact | | |
| | Address | | |

| | | | | |
|--------------------------------------|---|---|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | Side Setback | Side Setback | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Survey locate setbacks.</u> | | | |

Planning & Zoning Officer: David Floyd Date: 4/17/19 A1

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

| | | | | | |
|---------------------|--|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>18x31 accessory structure for storing lawn equipment</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. <u>258</u> | Total Sq. Ft. <u>258</u> | | |

Building Only - Excludes All Trades Permits
 Value of Work \$15,345
\$5,125.00 William R. Gary Jr

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant William R. Gary Jr Date 04-15-2019

| | |
|-----------------|------------------|
| Application Fee | \$ <u>81.05</u> |
| State Levy Fee | \$ <u>1.62</u> |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>107.67</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: 4/16/19

Permit Number: BP-2019-00367

GPIN/Tax Map: 6736-00-7962/51-1-0-80

Issued: 4-19-22

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>1170 Rockcastle Rd Goochland VA 23063</u> | |
| | Owner <u>William H Pruitt JR Family Trust</u> <small>Dated 2006</small> | Phone # <u>(804) 920-8048</u> |
| | Address <u>1170 Rockcastle Rd Goochland VA 23063</u> | Email <u>indlaw@aol.com</u> |
| APPLICANT INFORMATION | Applicant/Contact <u>JEL CONSTRUCTION LLC (Buck Jones)</u> | |
| | Address | Phone # <u>(804) 641-7756</u> Email <u>jelconstructs@gmail.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>15' 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: Planning & Zoning Officer <u>David Floyd</u> Date <u>4/18/19</u> <u>AI</u> | | | |

| | | | |
|------------------------|---|----------------------------|---|
| CONTRACTOR INFORMATION | Contractor <u>JEL Construction LLC</u> | | Phone <u>(804) 641-7756</u> |
| | Address <u>14146 Highlands Ln Bumpass VA 23024</u> | | Email <u>jelconstructs@gmail.com</u> |
| | Contractor License Number <u>2705-110868</u> | Type <u>Class A Bld</u> | Expiration <u>10-31-2020</u> |

| | | | | | |
|---------------------|---|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>14' x 24' Screen Porch using existing Deck</u> <u>with new Landings @ Steps</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. <u>354</u> | Total Sq. Ft. <u>354</u> | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|-----------------|
| Value of Work | <u>\$15,000</u> |
|---------------|-----------------|

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant [Signature] Date 4/16/19

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>79.50</u> |
| State Levy Fee | \$ <u>1.59</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ _____ |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>81.09</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: April 8 2019

Permit Number: **BP-2019-00335**

GPIN/Tax Map: **7733-36-0223 / 67-11-C-8-0**

Issued: **4-18-19**

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

Use for 211-2019-00208 + mech.

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 15 Dahlgren Rd Richmond VA 23238 | | Phone # |
| | Owner Mr & Mrs Partlow | | |
| | Address 15 Dahlgren Rd Richmond VA 23238 | | Email |

| | | | |
|-----------------------|---|--|--|
| APPLICANT INFORMATION | Applicant/Contact Matt Helms | | Phone # 804-690-9605 |
| | Address 2508 Turkey Cr ek Rd Oilville VA 23129 | | Email matthelms@westviewcompanies.com |

| | | | | |
|--------------------------------------|---|--|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input checked="" 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 WestView Companies, Inc | | Phone 804-690-9605 |
| | Address 2508 Turkey Creek Rd Oilville VA 23129 | | Email matthelms@westviewcompanies.com |
| | Contractor License Number 2705117309 | Type Class A - CBC, ISC, LSC, RBC | Expiration 9-30-2019 |

| | | | | | |
|---------------------|--|---|---|--------------------|------------------|
| DESCRIPTION OF WORK | Scope of Work: Rework interiors walls of basement. Modifying steel to accomodate larger span <i>Finish out basement for Rec Room</i> | | | | |
| | Proposed Use Living space | Current Use Living space | Environmental Impacts (stream crossing, wetlands, amt land disturbed) none | | |
| | <input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/> | # of Bathrooms 0 | # of Bedrooms 0 | # of floors 1 |
| | Finished Sq. Ft. 1,400 | Unfinished Sq. Ft. 1,400 | Total Sq. Ft. 1,400 | | |
| | Building Only - Excludes All Trades Permits | | | | |

| | |
|---------------|---------------|
| Value of Work | 15,000 |
|---------------|---------------|

| | |
|-----------------|-----------------|
| Application Fee | \$ 79.50 |
| State Levy Fee | \$ 1.59 |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ _____ |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ 81.09 |

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: **4/8/2019**



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: 4-12-19
4/10/2019
 Permit Number: BP-2019-00361
 GPIN/Tax Map: 6832-90-7726/13-170-50
 Issued: 4-17-19
 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>4151 Broadstreet Road Gum Spring, VA 23065</u> | | |
| | Owner | <u>Lisa Becouvarakis</u> | Phone # | <u>(804) 212-6613</u> |
| APPLICANT INFORMATION | Address | <u>4151 Broadstreet Road</u> | Email | <u>Lbecouvarakis@gmail.com</u> |
| | Applicant/Contact | <u>Leondre Cockburn</u> | Phone # | <u>(804) 495-4646</u> |
| | Address | <u>2410 SOUTHLAND DRIVE Chester VA 23831</u> | Email | <u>Lcockburn@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 DR. CHESTER, VA 23831</u> | | Email | <u>LCOCKBURN@JESWORK.COM</u> |
| | Contractor License Number | Type | Class | Expiration | <u>4/30/20</u> |

| | | | | | |
|---------------------|--|---|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>installation of 751 sqft of CrawlSeal. 342 sqft of CI Maxx and JES Dehumidifier.</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 \$ 7,826.10

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 Leondre Cockburn Date 4/10/2019

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>47.29</u> |
| State Levy Fee | \$ <u>.94</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ _____ |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>48.16</u> |



BUILDING PERMIT APPLICATION

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

Application Date: February 12, 2019

Permit Number: BP-2019-00145

GPIN/Tax Map: 772326-0038 / 66-1-02-0

Issued: 4-15-19

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

Residential Commercial

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

| | | | | |
|-----------------------|-------------------|-------------------------------------|---------|------------------------------------|
| OWNER INFORMATION | Site Address | 12829 River Road Richmond, VA 23238 | Phone # | 804-708-9500 |
| | Owner | Benedictine College Preparatory | | |
| APPLICANT INFORMATION | Address | 12829 River Road Richmond, VA 23238 | Email | jgrapes@benedictinecollegeprep.org |
| | Applicant/Contact | John Locher | Phone # | 804-233-9856 |
| APPLICANT INFORMATION | Address | 710 Perry Street Richmond, VA 23224 | Email | john@taylor-parrish.com |

| | | | | | | | |
|--------------------------------------|--|-----------------------------------|---|--------|--------------|-----------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | None | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | _____ | Date Paid | _____ |
| | Front Setback | 15' from ROW | Center Line Setback | 100' | Rear Setback | 35' | CUP/Variance/COA |
| | Side Setback | 30' | Side Setback | 30' | Flood Zone | _____ | |
| | APPROVED <input checked="" type="checkbox"/> | REJECTED <input type="checkbox"/> | COMMENTS: *Survey locate setbacks | | Date | 2/14/19 | RI-A2 |

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

Scope of Work: New Gymnasium Gymnasium for Benedictine

4-15-19
Issued foundation + footing only

| | | | | |
|---|---|---|---------------|-------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| <input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |
| 55,000 | | 55,000 | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|--------------|
| Value of Work | 9,834,000.00 |
|---------------|--------------|

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: 2/12/19

| | |
|-----------------|--------------|
| Application Fee | \$ 73,765.00 |
| State Levy Fee | \$ 1,475.10 |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ 100.00 |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ 75,330.10 |



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: 3/5/19

Permit Number: BP-2019-00229

GPIN/Tax Map: 7727-58-5677/48-15-0-3-0

Issued: 4-12-19

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

Residential Commercial

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

Site Address: 2305 Commerce Center Drive, Suite E

Owner: Rock Center, LLC Phone #: (804) 378-4400

Address: 14413 Justice Rd., Midlothian, VA 23113 Email: tromeo@superiorcontract.com

Applicant/Contact: Superior Contracting Company, Tom Romeo Phone #: (804) 378-4400

Address: 14413 Justice Rd. Midlothian, VA 23113 Email: tromeo@superiorcontract.com

Subdivision: Rockville Commerce Center Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 20' front lawn Center Line Setback: 45' Rear Setback: 10' CUP/Variance/COA: _____

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

APPROVED REJECTED COMMENTS: *No changes to existing Footprint.
 Planning & Zoning Officer: David Floyd Date: 3/7/19 MZ

Contractor: Superior Contracting Company Phone: (804) 378-4400

Address: 14413 Justice Rd. Midlothian, VA 23113 Email: tromeo@superiorcontract.com

Contractor License Number: 2705 021439 A Type: BLD Expiration: 5/31/20

Scope of Work: Interior tenant fit out work for Galaxy All stars including lights, HVAC, and construction of 1 office and 2 restrooms

Proposed Use: A-3 Current Use: B/S-1 Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____

SEWER Public/Private WATER Public/Private # of Bathrooms: 2 # of Bedrooms: _____ # of floors: _____

Finished Sq. Ft.: 275 Unfinished Sq. Ft.: 4,845 Total Sq. Ft.: 5,120

Building Only - Excludes All Trades Permits
 Value of Work: \$29,650

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: Thomas J. Roman Date: 3/5/19

| | |
|-----------------|------------------|
| Application Fee | \$ <u>222.37</u> |
| State Levy Fee | \$ <u>4.45</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>100.00</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>326.82</u> |



BUILDING PERMIT APPLICATION

Application Date: 4/5/19
 Permit Number: BP-2019-00337
 GPIN/Tax Map: 6787 38 4868 / 44-1601
 Issued: 4-10-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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>1581 Horsepen Hills Rd</u> | |
| | Owner <u>Elena Patarinski</u> | Phone # <u>(540) 290-9627</u> |
| | Address <u>1581 Hills Rd. Maidens VA 23102</u> | Email <u>Patarieg@gmail.com</u> |
| APPLICANT INFORMATION | Applicant/Contact <u>Leonore Cockburn</u> | |
| | Address <u>2410 SOUTHLAND DR. CHESTER VA 23831</u> | Phone # <u>(804) 495-4646</u> Email <u>LCOCKBURN@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 DR. CHESTER VA 23831</u> | | <u>(804) 796-9023</u> |
| | Contractor License Number <u>2705068655</u> | Type <u>Class A</u> | Expiration <u>4/30/20</u> |

| | | | | |
|---------------------|--|---|---|---------------|
| DESCRIPTION OF WORK | Scope of Work: <u>Installing 2,072 sq-ft of CrawlSeal along with JES Dehumidifier</u> | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | <input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms |
| | Finished Sq. Ft. | | Unfinished Sq. Ft. | Total Sq. Ft. |

Building Only - Excludes All Trades Permits

| | |
|---------------|--------------------|
| Value of Work | <u>\$14,337.67</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 Leonore Cockburn Date 4/5/19

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>76.52</u> |
| State Levy Fee | \$ <u>1.53</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ _____ |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>78.05</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: 4/8/2019

Permit Number: BP-2019-00327

GPIN/Tax Map: 7715-59-7994 / 58-51-0-5-0

Issued: 4-10-19

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

Residential Commercial

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

| | | |
|-------------------|--|---------|
| OWNER INFORMATION | Site Address <u>1138 GATEWAY LANE, LOT 5</u> | Phone # |
| | Owner <u>Scott & Jennifer Vanderbeck</u> | |
| | Address <u>5817 Ketterley Row, Glen Allen 23059</u> | Email |

| | | |
|-----------------------|--|--------------------------------|
| APPLICANT INFORMATION | Applicant/Contact <u>Farrar Pace</u> | Phone # <u>804-767-0775</u> |
| | Address <u>8711 West Broad St., Richmond, VA. 23294</u> | Email <u>fpace@jopa.com</u> |

| | | | | |
|--------------------------------------|--|--|---------------------------|---------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Truckee Creek</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount _____ | Date Paid _____ |
| | Front Setback <u>30' from pavement</u> | Center Line Setback _____ | Rear Setback <u>5'</u> | CUP/Variance/COA _____ |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | Flood Zone <u>X</u> | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>4/8/19</u> <u>RPW</u> | | | |

| | | |
|------------------------|---|--------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>JoPa Company</u> | Phone <u>798-6882</u> |
| | Address <u>8711 West Broad Street</u> | Email <u>fpace@jopa.com</u> |
| | Contractor License Number <u>2701005553</u> | Type <u>Class A</u> |

| | | | | | |
|---------------------|---|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>gunnite</u> INGROUND POOL & SPA W automatic cover <u>20x40</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>800</u> | Total Sq. Ft. <u>800</u> | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|----------------|
| Value of Work | <u>120,000</u> |
|---------------|----------------|

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

Signature of Applicant [Signature] Date 4/8/2019

| | |
|-----------------|-------------------------|
| Application Fee | \$ <u>522.00</u> |
| State Levy Fee | \$ <u>11.04</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>588.04</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: 4.8.19
 Permit Number: BP-2019-00329
 GPIN/Tax Map: 43-23-0-13-0/0006-59-124E
 Issued: 4-10-19

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

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 2046 Covington Rd, Crozier, VA 23039 | | Phone # |
| | Owner Sally Sutherland | | |
| | Address 2046 Covington Rd, Crozier, VA 23039 | | Email |
| APPLICANT INFORMATION | Applicant/Contact Leigh Gordon | | Phone # 804.972.3877 |
| | Address 2945 River Road West, Goochland, VA 23063 | | Email gordonbrothersconstruction@yahoo.com |

| | | | | |
|--------------------------------------|--------------------------------|--|---------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision Covington Sec 2 | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount — | Date Paid — |
| | Front Setback 55' From Road | Center Line Setback | Rear Setback 35' | CUP/Variance/COA |
| | Side Setback 20' | Side Setback 20' | Flood Zone | — |

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: David Floyd Date: 4/9/19 42

| | | | |
|------------------------|--|-----------------|---|
| CONTRACTOR INFORMATION | Contractor Gordon Brothers Construction, LLC | | Phone 804.556.8180 |
| | Address 2945 River Road West, Goochland, VA 23063 | | Email gordonbrothersconstruction@yahoo.com |
| | Contractor License Number 2705144137 | Type class A | Expiration 12-31-19 |

| | | | | | |
|---------------------|---|--|---|--------------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: Build garage onto existing home. Garage will be 896 sq. ft. with 2nd floor living office space - 392 sq. ft. w/ bathroom - (toilet & shower) | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> | # of Bathrooms 1 | # of Bedrooms 0 | # of floors |
| | Finished Sq. Ft. 392 | Unfinished Sq. Ft. 896 | Total Sq. Ft. 1288 | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|---------------|
| Value of Work | \$ 100,000.00 |
|---------------|---------------|

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: Leigh Gordon Date: 4/9/19

| | |
|-----------------|-----------|
| Application Fee | \$ 462.00 |
| State Levy Fee | \$ 9.24 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ 25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 496.24 |

Issued 4-9-19

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

Application Date: 3/26/2019
 Application Accepted: BP-2019-00323
 Old Map Number: 42-37-1-58-0
 GPIN: 6757-68-4573

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

| | | | | |
|---|---|---|--------------------------------|--|
| OWNER INFORMATION | Site Address 3263 Bayberry Ln. Goochland VA. 23063 | | District | |
| | Owner Chapman, Braden | | Phone # 804-502-6008 | |
| | Address 3263 Bayberry Ln. Goochland VA. 23063 | | | |
| | Proposed Use Residential Single Family Dwelling | Current Use Residential Single Family Dwelling | Existing Buildings on Property | |
| Proposed Occupant Load (Commercial) | Acreage | Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Subdivision | Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount: | Date Paid: | |
| New Street Address | | Zoning District | | |
| Front Setback | Center Line Setback | Rear Setback | C.U. Permit | |
| Side Setback | Side Setback | C O A | Flood Zone | |
| APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: | | | | |

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Jon Kirchner Phone (540) 949-6553
 Email: permitting@sigorasolar.com

| | | |
|------------------------|---|-----------------------|
| CONTRACTOR INFORMATION | Contractor Sigora Solar LLC | Phone (540) 949-6553 |
| | Address 1222 Harris Street; Charlottesville, VA 22903 | |
| | Contractor License Number 2705141338 | Type AES ELE |
| | | Expiration 07-31-2020 |

| | | | | |
|---------------------|---|-------------------------|------------------|--------------------|
| Description of Work | Scope of Work: Installation of a flush roof mounted Solar PV System. System Size: 12.09 kWp DC | | | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | |
| | # of Floors | Total Sq. Ft. | Finished Sq. Ft. | Unfinished Sq. Ft. |
| | | | | # of Bedrooms |

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

| | |
|-----------------------------|------------|
| VALUE OF WORK | |
| Building | \$5,037.00 |
| Excludes All Trades Permits | |

| | |
|-----------------|--------------|
| Application Fee | \$ 34.89 |
| Zoning Fee | \$ |
| Septic/Well Fee | \$ |
| State Levy Fee | \$.70 |
| RLD | \$ |
| Total | 35.59 |

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]



BUILDING PERMIT APPLICATION

Application Date: 4-8-19

Permit Number: BP-2019-00325

GPIN/Tax Map: 7724-90-7109 / 64-28-D-2-0

Issued: 4-9-19

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

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 174 Greyash Drive | Phone # 447-1707 |
| | Owner Catherine Smigelski | Email |
| | Address 174 Grayash Drive | |

| | | |
|-----------------------|--|--|
| APPLICANT INFORMATION | Applicant/Contact Catherine Smigelski | Phone # 447-1707 |
| | Address 174 Grayash Drive | Email Catherine Smigelski @ Comcast |

| | | | | |
|--------------------------------------|--|--|-------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision West Oak | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid Net |
| | Front Setback 30' From Property | Center Line Setback | Rear Setback 20' B/S | CUP/Variance/COA |
| | Side Setback 20' B/S | Side Setback 20' B/S | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: | | |
| | Planning & Zoning Officer David Floyd | Date 4/8/19 | RPUD | |

| | | |
|------------------------|-----------------------------------|--|
| CONTRACTOR INFORMATION | Contractor Catherine Smigelski | Phone 447-1707 |
| | Address 174 Grayash Drive | Email Catherine Smigelski @ Comcast |
| | Contractor License Number | Type |

| | | | | | |
|---------------------|---|---|---|---------------------|-------------------|
| DESCRIPTION OF WORK | Scope of Work: construct an 18 x 18 wooden deck with single step. | | | | |
| | Proposed Use deck | Current Use yard | Environmental Impacts (stream crossing, wetlands, amt land disturbed) None | | |
| | SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms 00 | # of Bedrooms 00 | # of floors 00 |
| | Finished Sq. Ft. 00 | Unfinished Sq. Ft. 324 | Total Sq. Ft. 324 | | |

| | | | |
|--|-------------------|-----------------|----------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ 30.00 |
| Value of Work | \$2000 \$3,240.00 | State Levy Fee | \$ 60.- |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: C Smigelski Date: 4/3/19 | | Septic/Well Fee | \$ |
| | | Zoning Fee | \$ 25.00 |
| | | RLD | \$ |
| | | SWP | \$ |
| | | Total | \$ 35.60 |



BUILDING PERMIT APPLICATION

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

Application Date: 4-3-19

Permit Number: BP-2019-00311

GPIN/Tax Map: #7-5-~~0-3-0~~ / 6843-10-4228

Issued: 4-9-19

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



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>4800 Old Fredericksburg Rd. Mineral Va. 23117</u> | Phone # <u>804-366-8598</u> |
| | Owner <u>Emily Ellis</u> | Email <u>FFSP1@gmail.com</u> |
| APPLICANT INFORMATION | Address <u>4800 Old Fredericksburg Rd.</u> | Phone # <u>804-640-3427</u> |
| | Applicant/Contact <u>Emily Ellis / point of contact Wesley Ellis</u> | Email <u>Same as above</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>15' from road</u> | Center Line Setback <u>100'</u> | Rear Setback <u>5'</u> | CUP/Variance/COA — |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | Flood Zone <u>S</u> | — |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>4/4/19</u> A1 | | | |

| | | |
|------------------------|--|---------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>Emily Ellis</u> | Phone <u>804-366-8598</u> |
| | Address <u>4800 Old Fredericksburg Rd</u> | Email <u>ffsp1@gmail.com</u> |
| | Contractor License Number | Type Expiration |

| | | | | |
|---------------------|---|---|---|-----------------------------|
| DESCRIPTION OF WORK | Scope of Work: <u>add onto existing shop</u> <u>48' X 16' addition to existing shop / 480 sq ft finished w/ 288 sq ft (com)</u> | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms <u>2</u> | # of Bedrooms <u>2</u> |
| | # of floors <u>1</u> | Finished Sq. Ft. <u>480</u> | Unfinished Sq. Ft. <u>288</u> | Total Sq. Ft. <u>768</u> |

| | | |
|--|---------------------|----------------------------------|
| Building Only - Excludes All Trades Permits. | | Application Fee \$ <u>166.44</u> |
| Value of Work <u>\$12000.00 \$34,320.00</u> | | State Levy Fee \$ <u>3.33</u> |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | Septic/Well Fee \$ |
| Signature of Applicant <u>Emily Ellis</u> | Date <u>3-28-19</u> | Zoning Fee \$ <u>25.00</u> |
| | | RLD \$ |
| | | SWP \$ |
| | | Total \$ <u>194.77</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: April 2 2019

Permit Number: BP-2019-00208

GPIN/Tax Map: 0850-55-4361/2-14-0-2-0

Issued: 4-9-19

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

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>3114 Peters Way</u> | |
| | Owner | <u>Kurt Gergle</u> | Phone # |
| APPLICANT INFORMATION | Address | <u>3114 Peters Way</u> | |
| | Applicant/Contact | <u>Rob Pettis</u> | Phone # <u>(804) 909-2151</u> |
| | Address | <u>215 Holly Hill DR.</u> | |
| | | | Email <u>aaaremodelingrob@gmail.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/GOA |
| | Side Setback | Side Setback | 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>4/3/19</u> | | |

| | | | | |
|------------------------|---------------------------|------------------------------------|------------------|-----------------------------|
| CONTRACTOR INFORMATION | Contractor | <u>Linwood "Woody" Pettis inc.</u> | | Phone <u>(804) 909-2151</u> |
| | Address | <u>215 Holly Hill DR.</u> | | Email |
| | Contractor License Number | Type | CLASS <u>(B)</u> | Expiration <u>2019</u> |

| | | | | | |
|---------------------|--|---|---|--------------------------|------------------------|
| DESCRIPTION OF WORK | Scope of Work: <u>Existing footprint of deck to screen porch. Add Roof Shed <u>Boog</u></u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> | # of Bathrooms <u>(3)</u> | # of Bedrooms <u>(3)</u> | # of floors <u>(1)</u> |
| | Finished Sq. Ft. | Unfinished Sq. Ft. <u>24x12' (288)</u> | Total Sq. Ft. <u>288</u> | | |

Building Only - Excludes All Trades Permits

| | |
|---|---------------------------------|
| Value of Work <u>\$8900</u> | Application Fee \$ <u>53.05</u> |
| | State Levy Fee \$ <u>7.04</u> |
| | Septic/Well Fee \$ |
| | Zoning Fee \$ |
| | RLD \$ |
| | SWP \$ |
| Signature of Applicant <u>[Signature]</u> | Total \$ <u>5309</u> |
| Date <u>4/2/19</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: April 1, 2019

Permit Number: *BP-2019-00299*

GPIN/Tax Map: *6757-97-2705/42-1-0-64-A*

Issued: *4-8-19*

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 3140 W. River Road | Phone # (804) 356-0235 |
| | Owner Goochland County | Email jcoats@glnd.k12.va.us |
| APPLICANT INFORMATION | Address PO Box 10, Goochland, VA 23063-0010 | Phone # (804) 798-7663 |
| | Applicant/Contact J. King DeShazo, III, Inc./Nicholle Anderson | Email nanderson@deshazorroofing.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 _____ | Center Line Setback _____ | Rear Setback _____ | CUP/Variance/COA _____ |
| | Side Setback _____ | Side Setback _____ | Flood Zone _____ | |

APPROVED REJECTED COMMENTS: *No change in footprint.*

Planning & Zoning Officer: *David Floyd* Date: *4/5/19* *RB*

| | | |
|------------------------|---|--------------------------------------|
| CONTRACTOR INFORMATION | Contractor J. King DeShazo, III, Inc. | Phone (804) 798-7663 |
| | Address 10009 Whitesel Road, Ashland, VA 23005 | Email rsnider@deshazorroofing.com |
| | Contractor License Number 2701 019429 | Type A |

Scope of Work: *Reroofing of school Roof.*

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

Building Only - Excludes All Trades Permits

| | |
|---------------|----------|
| Value of Work | 87830.00 |
|---------------|----------|

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: *Nicholle Anderson* Date: *04/01/2019*

| | |
|-----------------|------------------|
| Application Fee | \$ <i>658.73</i> |
| State Levy Fee | \$ <i>13.17</i> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ _____ |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <i>671.90</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: 2/4/19
Permit Number: 2019-00105
GPIN/Tax Map: 7733-58-5827/64-1-0-802
Issued: 4-8-19

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: 12266 RIVER ROAD, RICHMOND, VA 23229 23238
Owner: JAMES & BROOKE IRELAND Phone #: 804-513-0036
Address: 903 BALDWIN ROAD, RICHMOND, VA 23229 Email: BMI.IRELAND29@GMAIL.COM

APPLICANT INFORMATION
Applicant/Contact: JAMES & BROOKE IRELAND Phone #: 804-513-0036
Address: 903 BALDWIN RD., RICHMOND, VA 23229 Email: BMI.IRELAND29@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' Rear Setback: 35' CUP/Variance/COA: —
Side Setback: 15'/30' Side Setback: 15'/30' Flood Zone: —

APPROVED REJECTED COMMENTS: —
Planning & Zoning Officer: David Floyd Date: 2/5/19 RI

CONTRACTOR INFORMATION
Contractor: CB Chandler Construction Phone: 804 344-8085
Address: 8405 Glazebrook Ave. Rich. VA 23228
Contractor License Number: 2705154000 Type: RBL, CBL-ELC Expiration: 6-30-2020

DESCRIPTION OF WORK
Scope of Work: Renovation of Existing Structure, Expansion of Master Bedroom, Adding Second Story, in Prec. ROOF, 16' x 100' Kitchen and Baths
Proposed Use: Primary Residence Current Use: Empty Environmental Impacts (stream crossing, wetlands, amt land disturbed): NONE
SEWER: Public/Private WATER: Public/Private # of Bathrooms: 4.5 # of Bedrooms: 4 # of floors: 2
Finished Sq. Ft.: 5500 / 1250 Unfinished Sq. Ft.: 280 Total Sq. Ft.: 5780 1530

Building Only - Excludes All Trades Permits
Value of Work: \$100,000

Application Fee: \$ 462.00
State Levy Fee: \$ 29.24
Septic/Well Fee: \$ —
Zoning Fee: \$ 25.00
RLD: \$ —
SWP: \$ —
Total: \$ 496.24

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: 2/4/19



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 4-3-19
 Permit Number: DP-2019-00307
 GPIN/Tax Map: 6767-02-6525 / 42-1-0-42-C
 Issued: 4-8-19
 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>2941 River Rd W. Goochland Va 23063</u> | Phone # <u>357-7042</u> |
| | Owner <u>Mike Havens</u> | Email |
| | Address <u>Same</u> | |
| APPLICANT INFORMATION | Applicant/Contact <u>Austin Jordan</u> | Phone # <u>804 363-0357</u> |
| | Address <u>12179 S. Anna dr. Rockville Va 23146</u> | 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 <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer _____ Date _____ | | | |

| | | |
|------------------------|---|---|
| CONTRACTOR INFORMATION | Contractor <u>Crown Enterprises</u> | Phone <u>(804) 708-1234</u> |
| | Address <u>8500 glazebrook ave Rich Va 23228</u> | Email <u>info@Crownroofingva.com</u> |
| | Contractor License Number <u>2705-091277</u> | Type |

| | | | | | |
|---------------------|---|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>remove and replace asphalt shingles on "goochland professional building" for office space</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|---------------|
| Value of Work | <u>12,150</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 4/3/19

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>97.13</u> |
| State Levy Fee | \$ <u>1.82</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ _____ |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>92.95</u> |



BUILDING PERMIT APPLICATION

Application Date: 8-20-18
 Permit Number: BP-2018-0067A
 GPIN/Tax Map: 6767 60 8870 (PT)
 Issued: 4.5.2019
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

Residential Commercial

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

| | | | |
|-----------------------|--|--|------------------------------|
| OWNER INFORMATION | Site Address 1723 Maidens Rd, Maidens, VA BSA Camp T Brady Saunders | | Phone # 804-512-7194 |
| | Owner Boy Scouts of America, Heart of Virginia Council Owner's Agent: Michael Lynch | | Email mgtblynch@gmail.com |
| | Address 4015 Fitzhugh Ave, Richmond, VA 23230 | | Phone # 804-467-7968 |
| APPLICANT INFORMATION | Applicant/Contact DeHoff & Done / Jeff DeHoff | | Email jdehoff72@gmail.com |
| | Address 14302 Country Walk Ct, Midlothian, VA 23112 | | |

| | | | | |
|--------------------------------------|--|--|---------------------------|-----------------------|
| 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' front law</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>8/22/18</u> <u>A2</u> | | | |

| | | |
|------------------------|--|-------------------------|
| CONTRACTOR INFORMATION | Contractor <u>Norman Company, Inc</u> | Phone — |
| | Address <u>9464 Chamblertown Rd mech., VA 23116</u> | Email — |
| | Contractor License Number <u>2705049320</u> | Type <u>CBE, RBC</u> |

| | | | | | |
|---------------------|---|---|--|---------------------------|------------------------|
| DESCRIPTION OF WORK | Scope of Work: CONSTRUCTION OF NEW 3,680 GSF PAVILION CONSISTING OF 1,120 GSF ENCLOSED SPACE AND 2,560 GSF OPEN SHELTER AREA UNDER A SINGLE ROOF. ENCLOSED SPACE INCLUDES EVENT REGISTRATION OFFICE, STORAGE, WARMING KITCHEN AND TOILETS. FACILITY WILL SUPPORT SCOUTING ACTIVITIES INCLUDING TRAINING AND MEETINGS. | | | | |
| | Proposed Use Educational | Current Use Educational | Environmental Impacts (stream crossing, wetlands, amt land disturbed) 0.7 Acre Land Disturbance. No stream crossings or wetlands. | | |
| | <input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/> | <input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/> | # of Bathrooms Two (2) | # of Bedrooms None (0) | # of floors One (1) |
| | Finished Sq. Ft. 1,120 GSF | Unfinished Sq. Ft. 2,560 GSF | Total Sq. Ft. 3,680 GSF | | |

| | | |
|--|--|--|
| Building Only - Excludes All Trades Permits | | Application Fee \$ <u>2,613.60</u> State Levy Fee \$ <u>5327</u> Septic/Well Fee \$ <u>25.50</u> Zoning Fee \$ <u>100.00</u> RLD \$ SWP \$ Total \$ <u>32,791.37</u> |
| Value of Work | \$348,480 | |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | |
| Signature of Applicant | <u>[Signature]</u> Date <u>8/15/18</u> | |
| | | |



BUILDING PERMIT APPLICATION

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

Application Date: 3-28-19

Permit Number: BP2019-00292

GPIN/Tax Map: 6795-03-6633 / 56-1-0-59-B

Issued: 4-1-19

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.

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>511 Blue Goose Rd Crozier VA 23039</u> | Phone # <u>804 240-8088</u> |
| | Owner <u>Marshall : Martha Bowden</u> | Email <u>mbowdenfame@gmail.com</u> |
| | Address <u>511 Blue Goose Rd Crozier VA 23039</u> | Phone # |

| | | |
|-----------------------|-------------------|---------|
| APPLICANT INFORMATION | Applicant/Contact | Email |
| | Address | 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 front</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>David Floyd</u> | Date: <u>3/29/19</u> | |

| | | |
|------------------------|------------------------------------|-------|
| CONTRACTOR INFORMATION | Contractor <u>Same as Owner</u> | Phone |
| | Address | Email |
| | Contractor License Number | Type |

| | | | | | |
|---------------------|--|--|---|-----------------------------|-------------------------|
| DESCRIPTION OF WORK | Scope of Work: <u>13x15' open air pavilion</u> | | | | |
| | Proposed Use <u>Residential</u> | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/> | # of Bathrooms <u>0</u> | # of Bedrooms <u>n/a</u> | # of floors <u>1</u> |
| | Finished Sq. Ft. | Unfinished Sq. Ft. <u>195</u> | Total Sq. Ft. <u>195 102.00</u> | | |
| | Building Only - Excludes All Trades Permits | | | | |

| |
|-----------------------------------|
| Value of Work <u>20,000.00</u> |
|-----------------------------------|

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant Marshall Date 3/20/19

| | |
|-----------------|---------------|
| Application Fee | |
| State Levy/Fee | <u>2.00</u> |
| Septic/Well Fee | |
| Zoning Fee | <u>25.00</u> |
| RLD | |
| SWP | |
| Total | <u>129.04</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: 3-27-19

Permit Number: BP-2019-00289

GPIN/Tax Map: 6823-41-9556/5-32-0-3-0

Issued: 4-1-19

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.

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>4608 Gilgabell Ln.</u> | |
| | Owner <u>Ryan East</u> | Phone # <u>804-305-3403</u> |
| | Address <u>4608 Gilgabell Ln.</u> | Email <u>Ryaneast@icloud.com</u> |

| | | |
|-----------------------|---------------------------------------|-------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact <u>Ryan East</u> | |
| | Address <u>4608 Gilgabell Ln.</u> | Email <u>Ryaneast@icloud.com</u> |

| | | | | |
|--------------------------------------|--------------------------------------|--|---------------------------|-----------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>DeClau</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount — | Date Paid — |
| | Front Setback <u>55' from ROW</u> | Center Line Setback — | Rear Setback <u>5'</u> | CUP/Variance/COA — |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | Flood Zone — | |

APPROVED REJECTED COMMENTS: AI

Planning & Zoning Officer: David Floyd Date: 3/28/19

| | | | |
|------------------------|-------------------------------------|------|-------------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>Owner</u> | | Phone <u>804-305-3403</u> |
| | Address <u>4608 Gilgabel Ln.</u> | | Email <u>Ryaneast@icloud.com</u> |
| | Contractor License Number | Type | Expiration |

| | | | | | |
|---------------------|---|---|---|-----------------------------|-------------------------|
| DESCRIPTION OF WORK | Scope of Work: <u>24' x 24' single level garage on slab</u> | | | | |
| | Proposed Use | Current Use <u>N/A</u> | Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>6,000 SF.</u> | | |
| | SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms <u>0</u> | # of Bedrooms <u>0</u> | # of floors <u>1</u> |
| | Finished Sq. Ft. | | Unfinished Sq. Ft. <u>576</u> | Total Sq. Ft. <u>576</u> | |

Building Only - Excludes All Trades Permits

| | |
|---------------|-----------------|
| Value of Work | <u>\$19,300</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: Ryan East Date: 3/27/19

| | |
|-----------------|------------------|
| Application Fee | \$ <u>99.85</u> |
| State Levy Fee | \$ <u>1.98</u> |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>125.83</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: 3/22/19Permit Number: BP-2019-00298GPIN/Tax Map: 7704-10-1859Issued: 4-2-19

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 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 13274 Kellington Lane, Richmond, VA 23238 | |
| | Owner Stephen & Victoria Chen | Phone # 804-651-7369 |
| APPLICANT INFORMATION | Address 13274 Kellington Lane, Richmond, VA 23238 | Email smchen@comcast.net |
| | 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>Rivergate</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback <u>40' from Row</u> | Center Line Setback <u>65'</u> | Rear Setback <u>5'</u> | CUP/Variance/COA |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: | Planning & Zoning Officer: <u>[Signature]</u> Date: <u>4/1/19</u> | | |

| | | |
|------------------------|---|---|
| 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 02/28/2021 |

| | | | | |
|---------------------|--|--|--------------------------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: In-Ground Pool 18' x 40' Rectangle with Auto Cover | | | |
| | Proposed Use | Current Use | Existing Buildings on Property | |
| | SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms | # of Floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. <u>720</u> | Total Sq. Ft. <u>720</u> | |

| | | |
|--|--------------------|----------------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee \$ <u>147.00</u> |
| Value of Work | 30,000.00 | State Levy Fee \$ <u>294</u> |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | Septic/Well Fee \$ |
| | | Zoning Fee \$ <u>25.00</u> |
| | | RLD \$ |
| | | SWP \$ |
| | | Total \$ <u>5174.94</u> |
| Signature of Applicant | <u>[Signature]</u> | Date <u>3/22/19</u> |



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 03/05/19

Permit Number: BP-2019-00259

GPIN/Tax Map: Tax Map #64-25-1-18-A / 7724-69-5362

Issued: 4-2-19

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.

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: 840 Broad Branch Way Richmond, VA 23238 (Tax Map #64-25-1-18-A)

Owner: Kiran Bashir of KBI Investments, LLC Phone #: 804-338-9344

Address: 12313 Keats Grove Place Glen Allen, VA 23059 Email: kbashir@comcast.net

APPLICANT INFORMATION
 Applicant/Contact: Kiran Bashir of KBI Investments, LLC Phone #: 804-338-9344

Address: 12313 Keats Grove Place Glen Allen, VA 23059 Email: kbashir@comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT

| | | | |
|------------------------------------|--|-------------------------|------------------|
| Subdivision: <u>West Creek</u> | Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount: _____ | Date Paid: _____ |
| Front Setback: <u>20' from Row</u> | Center Line Setback: _____ | Rear Setback: <u>5'</u> | CUP/Variance/COA |
| Side Setback: <u>5'</u> | Side Setback: <u>5'</u> | Flood Zone: _____ | |

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 3/18/19 M1

CONTRACTOR INFORMATION
 Contractor: Willscot - Tish Watson Phone: 804-966-1778 x38302

Address: 1750 Touchstone Drive, Colonial Heights, VA 23834 Email: Tish.Watson@willscot.com

Contractor License Number: 2101023605 Type: CBC/RBC Expiration: 1-30-2020

DESCRIPTION OF WORK
 Scope of Work: Application for temp enrollment office. Only for parents whom have already enrolled on website and by appointment only. This is NOT a sales office rather for formal enrollment to Kiddie Academy. Parking spaces available for construction and temp enrollment office. Site plan & trailer floor plan included. Thank you kindly for the consideration.

| | | | | |
|--|--|---|-------------------------|-----------------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| SEWER: <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | WATER: <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms: <u>10</u> | # of Bedrooms: <u>0</u> | # of floors: <u>1</u> |
| 41,550SF <u>160 sq.ft</u> Unfinished Sq. Ft. | Unfinished Sq. Ft. | 41,550SF <u>160 sq.ft</u> Total Sq. Ft. | | |

Building Only - Excludes All Trades Permits

Value of Work: \$300 monthly - 6 months \$1800.00

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: Kiran Bashir Date: 03/05/19

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>30.00</u> |
| State Levy Fee | \$ <u>.60</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>50-</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>80.60</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: 3/28/19
Permit Number: BP-2019-00290
GPIN/Tax Map: 7733-36-0920 / 67-13-B-12-0
Issued: 4-2-19
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 | <u>DOUG & JENNIFER PALMORE</u> | |
| | Owner | <u>#9 Buck BRANCH DR PALMORE</u> | |
| | Address | Phone # | <u>804-837-8998</u> |
| APPLICANT INFORMATION | Applicant/Contact | <u>TOM PAUL</u> | |
| | Address | Phone # | <u>804 837 8998</u> |
| | Address | Email | <u>TOM@PDCVA.COM</u> |

| | | | | |
|--------------------------------------|--|---|----------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer | Amount | Date Paid |
| | <u>Lower Tucker hwy</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | — | — |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | <u>40' from RLV</u> | <u>65'</u> | <u>35'</u> | — |
| | Side Setback | Flood Zone | | |
| | <u>15'</u> | — | | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: <u>No change to existing footprint.</u> | | |
| | Planning & Zoning Officer: <u>[Signature]</u> | Date: | <u>3/28/19</u> | <u>RI</u> |

| | | |
|------------------------|--|----------------------|
| CONTRACTOR INFORMATION | Contractor | Phone |
| | <u>PREMIERE DESIGN & CONSTRUCTION, INC</u> | <u>804-837-8998</u> |
| | Address | Email |
| | <u>2114 W. CARY ST. RICHMOND VA 23220</u> | <u>TOM@PDCVA.COM</u> |
| | Contractor License Number | Expiration |
| | <u>A-2705 043273</u> | <u>1-31-20</u> |

| | | | |
|---------------------|---|--|---|
| DESCRIPTION OF WORK | Scope of Work: | | |
| | <u>Enclose porch for kitchen expansion, CONVERT PART OF GARAGE FOR NEW MUD ROOM</u> | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) |
| | <u>SFD</u> | <u>SFD</u> | |
| | <input checked="" type="checkbox"/> SEWER <input type="checkbox"/> Public/Private | <input type="checkbox"/> WATER <input type="checkbox"/> Public/Private | # of Bathrooms |
| | | # of Bedrooms | |
| | | # of floors | |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. |
| | <u>210</u> | — | <u>210</u> |

Building Only - Excludes All Trades Permits

| | |
|---------------|--------------|
| Value of Work | <u>75000</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: 3/28/19

| | |
|-----------------|------------------|
| Application Fee | \$ <u>349.50</u> |
| State Levy Fee | \$ <u>6.99</u> |
| Septic/Well Fee | \$ — |
| Zoning Fee | \$ — |
| RLD | \$ — |
| SWP | \$ — |
| Total | \$ <u>356.49</u> |

ISSUED 4-3-19

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

Application Date: 3/21/2019
 Application Accepted: BP-2019-00304
 Old Map Number: 6-6-0-2-0
 GPIN: 6833-80-0923

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

| | | | | |
|--------------------------------------|--|--|---|-------------|
| OWNER INFORMATION | Site Address 4642 Old Fredericksburg Rd. Mineral VA. 23117 | | District | |
| | Owner Riffee, Charles | | Phone # 304-395-2603 | |
| | Address 4642 Old Fredericksburg Rd. Mineral VA. 23117 | | | |
| | Proposed Use Residential Single Family Dwelling | Current Use Residential Single Family Dwelling | Existing Buildings on Property | |
| | Proposed Occupant Load (Commercial) | Acreage | Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Huckleberry Estates</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount: | Date Paid: |
| | New Street Address | | Zoning District <u>A1</u> | |
| | Front Setback <u>75' from Pave</u> | Center Line Setback <u>100'</u> | Rear Setback <u>5'</u> | C.U. Permit |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | C O A | Flood Zone |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: | | | |

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

Planning & Zoning Officer: [Signature] Date: 4/2/19
 Applicant/Contact: Jon Kirchner Phone: (540) 949-6553
 Email: permitting@sigorasolar.com

| | | |
|------------------------|---|-------------------------|
| CONTRACTOR INFORMATION | Contractor <u>Sigora Solar LLC</u> | Phone (540) 949-6553 |
| | Address <u>1222 Harris Street; Charlottesville, VA 22903</u> | |
| | Contractor License Number <u>2705141338</u> | Type <u>AES ELE</u> |

| | | | | |
|---------------------|--|--|------------------|--------------------|
| Description of Work | Scope of Work: <u>Ground</u> Installation of a <u>flush</u> mounted Solar PV System System Size: 18.50 kWp DC | | | |
| | SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | # of Bathrooms | |
| | # of Floors | Total Sq. Ft. | Finished Sq. Ft. | Unfinished Sq. Ft. |
| | | | # of Bedrooms | |

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

| | | |
|-----------------------------|----------|---------------------------------|
| VALUE OF WORK | | Application Fee \$ <u>45.72</u> |
| Building | 7,492.50 | Zoning Fee \$ <u>25.00</u> |
| Excludes All Trades Permits | | Septic/Well Fee \$ _____ |
| | | State Levy Fee \$ <u>.91</u> |
| | | RLD \$ _____ |
| | | Total <u>71.63</u> |

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



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: 3/5/2019

Permit Number: BP-2019-00303

GPIN/Tax Map: 42-28-0-10-0 / 6767-25-1780

Issued: 4-4-19

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 1037 Earls Road, Goochland, VA. 23063 | | Phone # (251)802-8779 |
| | Owner Matthew Richmond | | Email argo176@yahoo.com |
| | Address 1037 Earls Road, Goochland VA. 23063 | | |

| | | | |
|-----------------------|--|--|-------------------------------------|
| APPLICANT INFORMATION | Applicant/Contact Sigora Solar LLC | | Phone # 434.465.6788 ext.119 |
| | Address 1222 HARRIS STREET, CHARLOTTESVILLE, VA 22903 | | Email permitting@sigorasolar.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 Sigora Solar LLC | | Phone 434.465.6788 ext.119 |
| | Address 1222 Harris Street, Charlottesville, VA 22903 | | Email permitting@sigorasolar.com |
| | Contractor License Number 2705141338 | Type AES ELE | Expiration 7/31/20 |

| | | | | | |
|---------------------|--|---|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: Installation of a Flush roof Mounted Solar Photovoltaic System System Size: 10.23 kWp DC | | | | |
| | Proposed Use Residential Single Family | Current Use Residential Single Family | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |
| | Building Only - Excludes All Trades Permits | | | | |

| | |
|---------------|------------|
| Value of Work | \$4,204.50 |
|---------------|------------|

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

Signature of Applicant Brittany Edwards Date 3/5/2019

| | |
|-----------------|----------|
| Application Fee | \$ 3092- |
| State Levy Fee | \$.62- |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 3154- |

Issued - 4-4-19

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

Application Date: 3/21/2019
 Application Accepted: BP-2019-00302
 Old Map Number: 55-20-0-4-0
 GPIN: 6785-44-2999

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

| | | | | |
|--------------------------------------|--|--|---|----------------------|
| OWNER INFORMATION | Site Address 959 Lee Rd, Crozier VA. 23039 | | District | |
| | Owner Koslow, Norman | | Phone # 804-784-5641 | |
| | Address 959 Lee Rd, Crozier VA. 23039 | | | |
| | Proposed Use Residential Single Family Dwelling | Current Use Residential Single Family Dwelling | Existing Buildings on Property | |
| | Proposed Occupant Load (Commercial) | Acreeage | Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>None</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount: _____ | Date Paid: _____ |
| | New Street Address | | Zoning District <u>A2</u> | |
| | Front Setback <u>75' from road</u> | Center Line Setback <u>100</u> | Rear Setback <u>5'</u> | C.U. Permit _____ |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | COA _____ | Flood Zone _____ |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>A2</u> | | | |

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

Planning & Zoning Officer: David Floyd Date: 4/1/19

Applicant/Contact: Jon Kirchner Phone: (540) 949-6553
 Email: permitting@sigorasolar.com

| | | |
|------------------------|---|--------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>Sigora Solar LLC</u> | Phone <u>(540) 949-6553</u> |
| | Address <u>1222 Harris Street; Charlottesville, VA 22903</u> | |
| | Contractor License Number <u>2705141338</u> | Type <u>AES ELE</u> |

| | | | | |
|---------------------|---|-------------------------|------------------|--------------------|
| Description of Work | Scope of Work: Install of Ground Mounted Solar PV System System Size: 11.84 kWp DC | | | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | |
| | # of Floors | Total Sq. Ft. | Finished Sq. Ft. | Unfinished Sq. Ft. |
| | | | # of Bedrooms | |

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

| VALUE OF WORK | |
|-----------------------------|----------|
| Building | 5,280.64 |
| Excludes All Trades Permits | |

| | |
|-----------------|------------------------|
| Application Fee | \$ <u>3576-</u> |
| Zoning Fee | \$ <u>2500-</u> |
| Septic/Well Fee | \$ _____ |
| State Levy Fee | \$ <u>172-</u> |
| RLD | \$ _____ |
| Total | \$ <u>6148-</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: Brittany Edwards



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 | 4-17-19 |
| Permit # | 2019-00120 |
| GPIN | 7733-27-5406 |
| Tax Map | 64-15-C-1-D |

LOCATION

Street Address: 2 Buck Branch Drive

PROPERTY OWNERSHIP

| | | | | |
|-----------------|---------------------------------------|-------|----------|--|
| Name | John McDonald | Phone | 357-7714 | |
| Mailing Address | 2 Buck Branch Drive Richmond VA 23238 | | Email | |

APPLICANT

| | | | | |
|---------|------------------------------------|-------|--------------|----------------------|
| Name | Bose Bandy | Phone | 804-338-1336 | |
| Address | 3800 Skivers Lane Quinton VA 23141 | | Email | bo.bandy19@yahoo.com |

CONTRACTOR

| | | | | | |
|-------------------|--|------------------------|--------------|----------------------|-------|
| Name | Bandy Electrical | Phone | 804-338-1336 | | |
| Mailing Address | 3800 Skivers Lane Quinton VA 23141 | | Email | bo.bandy19@yahoo.com | |
| Gas Certification | YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number | Expiration | License Type | Class |
| | | 27051443 2705144359 | 1-31-20 | Contractor | C |

DESCRIPTION OF WORK

Swimming pool with pump - SACT Generator - Led lights - Auto cover - Heater and 100amp sub panel

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

Value of Work (required): 4200.00

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: Bose Bandy Date: 4-17-19

| | | | | |
|-------------|------------------|-----------------|----------------|----------------|
| Approval: | <u>J. Fisher</u> | Office Use Only | Approval date: | <u>4-17-19</u> |
| Permit Fee: | <u>40.70</u> | | Issued date: | <u>4-17-19</u> |

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

| | |
|----------|--------------|
| Date | 4/12/19 |
| Permit # | 2019-00414 |
| GPIN | 6796-06-6942 |
| Tax Map | |

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

LOCATION

Street Address 1485 Amber Lake Road

PROPERTY OWNERSHIP

| | | | |
|-----------------|--|-------|--|
| Name | Ron Gaertner | Phone | |
| Mailing Address | 1485 Amber Lake Rd; Goochland VA 23103 | Email | |

APPLICANT

| | | | |
|---------|-------------------------|-------|-------------------------|
| Name | Teddi Bartlett | Phone | 804.231.9648 |
| Address | PO Box 35418; RVA 23235 | Email | Laura @dgelectrical.com |

CONTRACTOR

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

DESCRIPTION OF WORK

Remove existing generator and install new generator in new location

| | | | |
|--------------------------|--------------|---------------|-----------|
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| | | | |
| Value of Work (required) | \$19,131.00 | | \$ 109.23 |

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

Signature of Applicant: T Bartlett Date: 4/12/19

| | | | | |
|-------------|-----------------|-----------------|----------------|----------------|
| Approval: | <u>D Fisher</u> | Office Use Only | Approval date: | <u>4-30-19</u> |
| Permit Fee: | <u>109.23</u> | | Issued date: | <u>4-30-19</u> |

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

(owner's statement on back)



COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date 4/4/2019

Permit # EL-2019-00320

GPIN 7707-15-0286-9999

Tax Map 46-1-0-17-0

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

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

LOCATION

Street Address 878 BROAD STREET RD OILVILLE, VA 23129-0000

PROPERTY OWNERSHIP

Name American Tower Corporation

Phone

Mailing Address 3500 Regency Parkway, Cary, NC 27518

Email

APPLICANT

Name steve schecher

Phone 757-784-5830

Address 1450 Kinetic Rd, Lake Park, FL 33403

Email sschecher@carrickcontracting.com

CONTRACTOR

Name Carrick Contracting Corporation

Phone 757-784-5830

Mailing Address 1450 Kinetic Rd, Lake Park, FL 33403

Email sschecher@carrickcontracting.com

Gas Certification: YES NO

State License Number

2705127291

Expiration

3/31/21

License Type

Class

A

DESCRIPTION OF WORK

Installation of fixed in place, 50kw, diesel fueled generator with an automatic transfer switch

| | | | |
|----------------|--------------|---------------|-----------|
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| | | | |

Value of Work (required) \$5400

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: 4/4/2019

Approval: [Signature]

Office Use Only

Approval date: 04-11-19

Permit Fee: 5600

Issued date: 4-12-19

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 (804) 556-5317

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

| | |
|-----------|---------------|
| Date | 4-25-19 |
| Permit # | EL-2019-00407 |
| Old Man # | |
| G-Pin | 6777-07-0655 |

LOCATION

| | |
|--|----------|
| Street Address 2335 Lanes End Place | District |
|--|----------|

PROPERTY OWNERSHIP

| | |
|---|-----------------------|
| Name Robert Sweatt and Sally Sweatt | Phone 703-627-7674 |
| Mailing Address 2335 Lanes End Place Maidens, VA 23102 | |

APPLICANT

| | |
|--|-----------------------|
| Name Marcie Haynie | Phone 804-276-5580 |
| E-Mail Address jmelectrical@comcast.net | |

CONTRACTOR

| | | | |
|--|---|-----------------------|-------|
| Name Haynie Electrical Services Inc dba J&M Electrical Services | | Phone 804-276-5580 | |
| Mailing Address 400 Turner Road N Chesterfield VA 23225 | | License Type | Class |
| Gas Certification | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | GFC,ELEC,PLB | A |
| State License Number 2705099807A | Expiration 10/31/2019 | | |

DESCRIPTION OF WORK

| | | | |
|--|--------------|---------------|-----------|
| Install (1) 22kw Automatic Standby Generator with (2) ATS Switches | | | |
| # of Baths | Service Size | Power Company | Inquiry # |

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

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

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

_____(Notary)

My commission expires _____

Signature of Applicant: *M Haynie* Date: *4/12/19*
Approval: *S Fisher* Date: *4-25-19*

Value of work: \$ 9400.⁰⁰
Permit fee: \$ 64.57
Issue date: _____



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date **April 17, 2019**

Permit # **EHL-2019-00393**

GPIN **7705-55-3802**

Tax Map

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

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

LOCATION

Street Address **809 Merchant Lee Ct.**

PROPERTY OWNERSHIP

Name **Kirby Montgomery**

Phone **804-784-3173**

Mailing Address **809 Merchant Lee Ct, Manakin Sabot, VA**

Email

APPLICANT

Name **Electrical Services Unlimited**

Phone

Address

Email

CONTRACTOR

Name **Electrical Services Unlimited**

Phone **804-730-8525**

Mailing Address **12103 Hanover Courthouse Rd, Hanover, V**

Email **esu@comcast.net**

Gas Certification YES NO

State License Number

Expiration

License Type

Class

2705103851

2/29/2020

ELE

A

DESCRIPTION OF WORK

Install transfer switch and wire to standby generator

22/19.5 kW

of Bathrooms

Service Size

Power Company

Inquiry #

Value of Work (required)

\$4100.00

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

Signature of Applicant:

Date: **April 17, 2019**

Approval:

Office Use Only

Approval date: **4-23-19**

Permit Fee: **4024**

Issued date: **4-23-19**

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

Date **April 17, 201**

Permit # **ELI-2019-00392**

GPIN **7704-38-7545**

Tax Map **62-31-A-3-0**

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

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

LOCATION

Street Address **500 Meadow View Lane**

PROPERTY OWNERSHIP

Name **Scott Street**

Phone **804-840-6294**

Mailing Address **500 Meadow View Ln, Manakin Sabot, VA**

Email

APPLICANT

Name **Electrical Services Unlimited**

Phone

Address

Email

CONTRACTOR

Name **Electrical Services Unlimited**

Phone **804-730-8525**

Mailing Address **12103 Hanover Courthouse Rd, Hanover, V**

Email **esu@comcast.net**

Gas Certification YES NO

State License Number

2705103851

Expiration

2/29/2020

License Type

ELE

Class

A

DESCRIPTION OF WORK

Install transfer switch and wire to standby generator **22/19.5 kW**

of Bathrooms

Service Size

Power Company

Inquiry #

Value of Work (required)

\$3925.00

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: **April 17, 2019**

Approval: *[Signature]*

Office Use Only

Approval date: **4-22-19**

Permit Fee: **3944**

Issued date: _____

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date 4-25-19

Permit # 2019-00391

GPIN 6758-34-9558

Tax Map 30-1-0-39-C

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

Please call or visit our website to calculate fee

www.goochlandva.us/permitcalc

LOCATION

Street Address 3205 Sorrel BLF Goochland VA 23063

PROPERTY OWNERSHIP

| | |
|--|-------|
| Name <u>Brian McCardle</u> | Phone |
| Mailing Address <u>3205 Sorrel BLF</u> | Email |

APPLICANT

| | |
|--------------------------------------|---------------------------|
| Name <u>MW Butler Electrical LLC</u> | Phone <u>804-746-2240</u> |
| Address | Email |

CONTRACTOR

| | | | | |
|---|---|---------------------------|--------------------------------|----------------|
| Name <u>MW Butler Electrical LLC</u> | Phone <u>804-746-2240</u> | | | |
| Mailing Address <u>8420 meadowbridge Rd. (Suite G)</u> | Email <u>Chesney@mwButlerElectrical.com</u> | | | |
| Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number <u>2705110613</u> | Expiration <u>1-31-20</u> | License Type <u>Electrical</u> | Class <u>A</u> |

DESCRIPTION OF WORK

| | | | |
|--|--------------|---------------|-----------|
| <u>Wire 22kw Generator w/ 200A ATS</u> | | | |
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| Value of Work (required) <u>\$ 2,450</u> | | | |

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

Signature of Applicant: [Signature] Date: 4/25/19

| | | |
|------------------------------|-----------------|-------------------------------|
| Approval: <u>[Signature]</u> | Office Use Only | Approval date: <u>4-30-19</u> |
| Permit Fee: <u>3267</u> | | Issued date: <u>4-30-19</u> |

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



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Please call or visit our website to calculate fee

www.goochlandva.us/permitcalc

Date: 4-10-19

Permit # 0112019-338

GPIN

Tax Map

LOCATION

Street Address
4873 Kimber Lane Gum Springs, VA 23005

PROPERTY OWNERSHIP

| | |
|---|--|
| Name <u>Jeffrey and Deborah Parrish</u> | Phone <u>804 641 5252</u> |
| Mailing Address <u>4873 Kimber Lane Gum Springs VA 23065</u> | Email <u>jeffparrish1@outlook.com</u> |

APPLICANT

| | |
|---|--------------------------------------|
| Name <u>Jeff Parrish</u> | Phone <u>804 641 5252</u> |
| Address <u>2550 Gaxton Centre Dr. Henrico VA 23238</u> | Email <u>jeff@elsrichmond.com</u> |

CONTRACTOR

| | | | |
|--|---|--------------------------------------|---------------------------------|
| Name <u>Electrical and Lighting Solutions Inc.</u> | | Phone <u>804 254 9400</u> | |
| Mailing Address <u>P.O. Box 70432 Richmond Va, 23255</u> | | Email <u>jeff@elsrichmond.com</u> | |
| Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number <u>2705086991</u> | Expiration <u>07/31/20</u> | License Type <u>SEC, BLD</u> |
| | | | Class <u>IA</u> |

DESCRIPTION OF WORK

Install and wire 20 kw generator and transfer switch

| | | | |
|---|----------------------------|---|-----------|
| # of Bathrooms | Service Size <u>200</u> | Power Company <u>Rappahannock Ele.</u> | Inquiry # |
| Value of Work (required) <u>\$ 4500.00</u> | | | |

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

Signature of Applicant: [Signature] Date: 4/10/19

| | | |
|------------------------------|-----------------|-------------------------------|
| Approval: <u>[Signature]</u> | Office Use Only | Approval date: <u>4-10-19</u> |
| Permit Fee: <u>42.00</u> | | Issued date: <u>4-10-19</u> |

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

| | |
|-----------|--------------|
| Date | 3/27/19 |
| Permit # | 2019-00149 |
| Old Map # | 43-1-0-59-0 |
| G-Pin | 6768-91-9519 |

LOCATION

| | |
|--|----------|
| Street Address 2161 MAIOGUS ROAD MAIOGUS VA 23102 | District |
|--|----------|

PROPERTY OWNERSHIP

| | |
|---|-------------------------|
| Name ROBERT HARRIS | Phone (804) 869-6979 |
| Mailing Address 2161 MAIOGUS ROAD MAIOGUS VA 23102 | |

APPLICANT

| | |
|---------------------------------|-------------------------|
| Name TONY ORLANDI | Phone (804) 640-3903 |
| E-Mail Address OTONY@MSN.COM | |

CONTRACTOR

| | |
|--|------------------------------------|
| Name PIGDMONT ELECTRICAL | Phone 804 752-2100 |
| Mailing Address 11206 LEADBETTER ROAD #2 ASHLAND VA 23008 | License Type ELECTRICAL |
| Class A | |
| Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number 2701025512 |
| | Expiration 12/31/2020 |

DESCRIPTION OF WORK

| | | | |
|--------------------------------------|--------------|----------------------|------------------|
| INSTALL OWNER 22KW GENERATOR AND ATS | | | |
| WHOLE HOUSE GENERATOR | | | |
| # of Baths | Service Size | Power Company NIR | Inquiry # NIR |

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

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

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

Value of work: 1000⁰⁰
Permit fee: 36.⁶⁰
Issue date: 4-5-19

Signature of Applicant [Signature]
Approval [Signature] Date 4-5-19



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 2/28/19

Permit #: 212019208

GPIN

Tax Map

LOCATION

Street Address: 15 Dahlgren Rd Richmond VA 23238

PROPERTY OWNERSHIP

| | |
|----------------------|-------|
| Name: <u>Partlow</u> | Phone |
| Mailing Address | Email |

APPLICANT

| | |
|-----------------------------|--|
| Name: <u>Josh Bauserman</u> | Phone: <u>804 852 8227</u> |
| Address | Email: <u>Josh@westviewcompanies.com</u> |

CONTRACTOR

| | | | | |
|--|---|-------------------------------|--------------------------|-----------------|
| Name: <u>HAVEN ELECTRICAL</u> | Phone: <u>804 852 8227</u> | | | |
| Mailing Address: <u>12555 West Patrick Henry Rd Ashland VA 23005</u> | Email | | | |
| Gas Certification: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number: <u>2705170121</u> | Expiration: <u>11-30-2020</u> | License Type: <u>E1C</u> | Class: <u>C</u> |

DESCRIPTION OF WORK

Remove old Recept/LTS/old wiring add new wiring / Recept/LTS Revised 4-8-19 to include 22kw generator.

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

Value of Work (required): ~~3500~~ (1,850) + 1300 gen = 3,150

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

Signature of Applicant: [Signature] Date: 2/28/19

| | | |
|------------------------------|-----------------|-------------------------------|
| Approval: <u>[Signature]</u> | Office Use Only | Approval date: <u>2-28-19</u> |
| Permit Fee: <u>\$30.00</u> | | Issued date: <u>2-28-19</u> |

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

(owner's statement on back)