



# BUILDING PERMIT APPLICATION

Application Date: 5.13.19

Permit Number: BP-2019-00476

GPIN/Tax Map: 6777-09-4034 Tax Parcel ID: 43-24-0-2-0

Issued: 5-31-19

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

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

Residential  Commercial

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

OWNER INFORMATION	Site Address <u>2026 Shade Hunter Lane, Maidens, VA 23102</u>	
	Owner <u>Arthur &amp; Kimberly Jennings</u>	Phone # <u>804-556-2747</u>
	Address <u>2026 Shade Hunter Lane, Maidens, VA 23102</u>	Email <u>arjenningsiii@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Leigh Gordon (Gordon Brothers Construction)</u>	Phone # <u>804.972.3877</u>
	Address <u>2945 River Road West, Goochland, VA 23063</u>	Email <u>gordonbrothersconstruction@yahoo.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Fairwoods</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 <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>* Survey location from setbacks.</u>		

Planning & Zoning Officer: Daniel Floyd Date: 5/24/19 RR

CONTRACTOR INFORMATION	Contractor <u>Gordon Brothers Construction, LLC</u>	Phone <u>804.556.8180</u>
	Address <u>2945 River Road West, Goochland, VA 23063</u>	Email <u>gordonbrothersconstruction@yahoo.com</u>
	Contractor License Number <u>2705144137</u>	Type <u>class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build new 24' x 30' garage (detached)</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private _____	WATER <input type="checkbox"/> Public/Private _____	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>720</u>	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work: \$ 55,000.00

Application Fee	\$ <u>259.50</u>
State Levy Fee	\$ <u>6.19</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>2500</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>289.69</u>

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

Signature of Applicant: [Signature] Date: 5/13/19





# BUILDING PERMIT APPLICATION

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

Application Date: 5-16-2019

Permit Number: BP-2019-00506

GPIN/Tax Map: 7717-20-7616 / 47-1-14-A

Issued: 5-20-19

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

 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>372 WEST BROAD STREET MANAKIN-SABOT VA 23103</u>	
	Owner <u>EDSEL A. DALE WILKINSON</u>	Phone #
	Address	Email

APPLICANT INFORMATION	Applicant/Contact <u>J.A. TOMPKINS INC.</u>	
	Address <u>15354 WESTFORK DR GLEN ALLEN VA 23059</u>	Phone # <u>804 749 4911</u>
		Email <u>jatbuilder@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>---</u>	Date Paid <u>---</u>
	Front Setback <u>100' From ROW</u>	Center Line Setback <u>---</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>---</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <input checked="" type="checkbox"/>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>5/23/19</u> <span style="float: right;">A2</span>			

CONTRACTOR INFORMATION	Contractor <u>J.A. TOMPKINS INC</u>		Phone <u>690-6614</u>
	Address <u>15354 WESTFORK DR GLEN ALLEN VA 23059</u>		Email <u>jatbuild@gmail.com</u>
	Contractor License Number <u>2701029494 CBCRBC 3-31-21</u>	Type <u>CLASS A</u>	Expiration <u>3/31/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>SINGLE BED &amp; BATH ADDITION w/ Front Porch &amp; REAR DECK</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. <u>609</u>	Unfinished Sq. Ft. <u>110</u>	Total Sq. Ft. <u>719</u>			

Building Only - Excludes All Trades Permits

Value of Work	<u>78583</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant [Signature] Date 5-16-2019

Application Fee	\$ <u>315.63</u>
State Levy Fee	\$ <u>2.31</u>
Septic/Well Fee	\$ <u>---</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>---</u>
SWP	\$ <u>---</u>
<b>Total</b>	<b>\$ <u>397.94</u></b>



# BUILDING PERMIT APPLICATION

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

Application Date: 5/16/19 5-22-19  
 Permit Number: BP-2019-00501  
 GPIN/Tax Map: 7716-96-7202 / 58-45-0-40  
 Issued: 5-29-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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 1641 CENTERVILLE PARKE LANE MANAKIN-SABOT, VA 23103	
	Owner <b>JEFFREY &amp; DENISE GRAVES</b>	Phone # 804-389-7383
	Address 1641 CENTERVILLE PARKE LANE MANAKIN-SABOT, VA 23103	Email ADMIN@ADDADECK.COM
APPLICANT INFORMATION	Applicant/Contact <b>ADD A DECK, INC.</b>	
	Address 6408 MALLORY DR. HENRICO, VA 23226	Phone # 804-285-4239 Email ADMIN@ADDADECK.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parke at Centerville</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' from Pavement</u>	Center Line Setback	Rear Setback <u>50' 15/16</u>	CUP/Variance/GOA
	Side Setback <u>20' 15/16</u>	Side Setback <u>20' 15/16</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 Ford</u>		Date <u>5/22/19</u>	RPUD

CONTRACTOR INFORMATION	Contractor <b>ADD A DECK, INC.</b>		Phone 804-285-4239
	Address 6408 MALLORY DR. HENRICO, VA 23226		Email ADMIN@ADDADECK.COM
	Contractor License Number 2701-033201A	Type CLASS A	Expiration 11/30/2020

DESCRIPTION OF WORK	Scope of Work: BUILD A 11'3" X 14' PORCH ON EXISTING DECK.				
	Proposed Use PORCH	Current Use DECK	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	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
		158.	158		

Building Only - Excludes All Trades Permits

Value of Work	18900.00
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Application Fee	\$ <u>97.05</u>
State Levy Fee	\$ <u>1.94</u>
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ <u>98.99</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: 5/16/19



# 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: 5.22.2019  
Permit Number: BP-2019-00511  
GPIN/Tax Map: 7716-51-0106/58-18-G-1-0  
Issued: 5-29-19

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

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OWNER INFORMATION	Site Address <u>1312 HERMITAGE RD MANAKIN SABOT VA 23103</u>			
	Owner <u>FRANK JENKINS</u>	Phone #		
APPLICANT INFORMATION	Address <u>1312 HERMITAGE RD MANAKIN SABOT VA 23103</u>			
	Applicant/Contact <u>NATE SEABORN</u>	Phone # <u>804 614 5510</u>		
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>23 DEERWOOD DR GUM SPRING VA 23065</u>		Email <u>NATE SEABORN CONSTRUCTION @ GMAIL.COM</u>	
	Subdivision <u>Broad Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	
	Front Setback <u>100' from R/W</u>	Center Line Setback	Rear Setback <u>35'</u>	
	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>5/24/19</u> <u>A2</u>			
CONTRACTOR INFORMATION	Contractor <u>NATE SEABORN CONSTRUCTION LLC.</u>		Phone <u>804 614 5510</u>	
	Address <u>23 DEERWOOD DR. GUM SPRING VA 23065</u>		Email <u>NATE SEABORN CONSTRUCTION @ GMAIL.COM</u>	
	Contractor License Number <u>2705156355</u>	Type <u>CLASS A RBC</u>	Expiration <u>8-31-2020</u>	
DESCRIPTION OF WORK	Scope of Work: <u>SUN ROOM</u> <u>NEW ADDITION ON MAIN HOUSE</u>			
	Proposed Use <u>SUN ROOM</u>	Current Use <u>Residential</u>	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>0</u>
	Finished Sq. Ft. <u>396</u>		Unfinished Sq. Ft.	# of floors <u>1</u>
	Total Sq. Ft. <u>396</u>			

**Building Only - Excludes All Trades Permits**

Value of Work	<u>19,500</u> <del>\$21,780.00</del>	Application Fee	\$ <u>116.01</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		State Levy Fee	\$ <u>2.20</u>
		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25-</u>
		RLD	\$
		SWP	\$
Signature of Applicant <u>Nate Seaborn</u>	Date <u>5-22-19</u>	Total	\$ <u>137.21</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: 5.22.2019  
 Permit Number: BP-2019-00510  
 GPIN/Tax Map: 7116-51-0106/58.18.G.1.0  
 Issued: 5-29-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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OWNER INFORMATION	Site Address <u>1312 HERMITAGE RD MANAKIN SABOT VA, 23103</u>			
	Owner <u>FRANK JENKINS</u>		Phone #	
	Address <u>1312 HERMITAGE RD MANAKIN SABOT VA, 23103</u>		Email	
APPLICANT INFORMATION	Applicant/Contact <u>NATE SEABORN</u>		Phone # <u>804-614-5510</u>	
	Address <u>23 DEERWOOD DR. GUM SPRING VA, 23065</u>		Email <u>NATE SEABORN CONSTRUCTION @GMAIL.COM</u>	
	Subdivision <u>Broad Run</u>			
TO BE COMPLETED BY ZONING DEPARTMENT	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount	
	Front Setback <u>75' from road</u>		Center Line Setback	
	Side Setback <u>5'</u>		Rear 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>Daniel Floyd</u> Date: <u>5/28/19</u> <span style="float: right;">A2</span>			
CONTRACTOR INFORMATION	Contractor <u>NATE SEABORN CONSTRUCTION LLC.</u>		Phone <u>804 614 5510</u>	
	Address <u>23 DEERWOOD DR GUM SPRING VA 23065</u>		Email <u>NATE SEABORN CONSTRUCTION @GMAIL.COM</u>	
	Contractor License Number <u>2705156355</u>		Type <u>CLASS A RBC</u>	
			Expiration <u>8-31-2020</u>	
DESCRIPTION OF WORK	Scope of Work: <u>NEW POOL HOUSE</u>			
	Proposed Use <u>POOL HOUSE</u>		Current Use	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>		WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	
	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		# of Bathrooms <u>1</u>	
			# of Bedrooms <u>0</u>	
		# of floors <u>1</u>		
Finished Sq. Ft. <u>1125</u>		Unfinished Sq. Ft.		
		Total Sq. Ft. <u>1125</u>		

**Building Only - Excludes All Trades Permits**

Value of Work	<u><del>56,250</del> \$61,875.00</u>	Application Fee	\$ <u>290.44</u>
		State Levy Fee	\$ <u>5.81</u>
		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>321.25</u>

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

Signature of Applicant: Nate Seaborn Date: 5-22-19

75000. 5-28-19



**BUILDING PERMIT APPLICATION**

Application Date: 5-13-19

Permit Number: BP-2019-00484

GPIN/Tax Map: 6767-60-8870

Issued: 43-1-0-34-0

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

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**OWNER INFORMATION**

Site Address: Camp T. Bachy Saunders ~~1595~~ <sup>1712</sup> Maidens Road

Owner: Heart of VA Council #602 BSA. Phone #: 804 355-4306

Address: 4015 Fitzhugh Ave 23230 Email: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant/Contact: Charlie Appich Phone #: 804.399.7217

Address: 14321 Winter Ridge Ln Midlothian VA 23113 Email: cvappich@gmail.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>75' 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: _____	

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_

Planning & Zoning Officer: David Long Date: 5/20/19 #2

**CONTRACTOR INFORMATION**

Contractor: Appich Construction Phone: 804 399 7217

Address: 14321 Winter Ridge Ln Midlothian VA 23113 Email: cvappich@gmail.com

Contractor License Number: 2701032094 Type: Class A CBC RDC Expiration: 6-30-2020

**DESCRIPTION OF WORK**

Scope of Work: Build 2 Adirondack Shelters per plans @ Camp Site 13

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>244 x 2 = 488</u>	Unfinished Sq. Ft. <u>488</u>	Total Sq. Ft. <u>244 x 2 = 488</u>		

Building Only - Excludes All Trades Permits

Value of Work: <u>\$25,000</u>	Application Fee: \$ <u>197.50</u>
	State Levy Fee: \$ <u>3.75</u>
	Septic/Well Fee: \$ _____
	Zoning Fee: \$ <u>50.00</u>
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ <u>241.25</u>

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

Signature of Applicant: [Signature] Date: 5/13/19



# BUILDING PERMIT APPLICATION

Application Date: 5/6/19  
 Permit Number: BP-2019-00495  
 GPIN/Tax Map: 6749-74-5873/29-5-D-2-D  
 Issued: 5-24-19

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>2696 Doglown Rd Goochland VA 23063</u>	
	Owner <u>Dmitry Safyankov, D.S Flip, LLC</u>	Phone # <u>804 647-5784</u>
	Address <u>121 N Linden Ave Henrico VA 23075</u>	Email <u>Dima1383140@outlook.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Owner</u>	
	Address <u>121 N Linden Ave Henrico VA 23075</u>	
		Email <u>Dima1383140@outlook.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 type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
Planning & Zoning Officer _____ Date _____				

CONTRACTOR INFORMATION	Contractor <u>Dmitry Safyankov</u>		Phone <u>804 647 5784</u>
	Address <u>121 N Linden Ave Henrico VA 23075</u>		Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Demolition single family dwelling.</u> <u>Waste Management</u>					
	Proposed Use	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed) <u>623 land fill, 1961 Ashland rd. Rockville, VA 23060</u>			
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors	<u>VA 23060</u>
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			

**Building Only - Excludes All Trades Permits**

Value of Work	<u>3500</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant [Signature] Date 5/6/19

Application Fee	\$ <u>3000</u>
State Levy Fee	\$ <u>60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>3060</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: 5-14-19  
 Permit Number: BP-2019-00482  
 GPIN/Tax Map: 6767-41-1232  
 Issued: 5-22-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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>1614 Maidens Rd. Maidens VA 23102</u>	
	Owner <u>Robert Townsend Jr.</u>	Phone # <u>804-334-1987</u>
	Address <u>1614 Maidens Rd. Maidens VA 23102</u>	Email <u>Flash0930@hotmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Same as above</u>	
	Address <u>Same as above</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' From ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Boyd</u> Date <u>5/20/19</u> <span style="float: right;">122</span>			

CONTRACTOR INFORMATION	Contractor <u>JDM Pools and Construction LLC</u>		Phone <u>540-223-0540</u>
	Address <u>13702 Cross Country Rd M overall VA 23117</u>		Email <u>john.poolsandcons@aol.com</u>
	Contractor License Number <u>270513372</u>	Type <u>Class B</u>	Expiration <u>3-31-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>vinyl liner w/ steel frame, fence post tall in ground pool 18x36 and barrier</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.		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>92.19</u>	
Value of Work	<u>15,000 → 17,820.00</u>	State Levy Fee	\$ <u>1.84</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>5-14-19</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>119.03</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: May 13 2019  
 Permit Number: BP-2019-00470  
 GPIN/Tax Map: 6769-23-6540  
 Issued: 5-22-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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>James and Erin Tucker 2675 Mossman Dr. Goochland Va.</u>	
	Owner <u>James + Erin Tucker</u>	Phone # <u>804-836-4604</u>
	Address <u>2675 Mossman Drive, Goochland Va.</u>	Email <u>mc@jamesriverins.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Eugene Schaefer</u>	
	Address <u>3635 Quarter Mill Drive Powhatan Va. 23139</u>	Phone # <u>804 385-9290</u> Email <u>eschaeferconstruction@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Aldwyck</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' From POW</u>	Center Line Setback <u>105'</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>5/14/19</u> <span style="float: right;">A2</span>			

CONTRACTOR INFORMATION	Contractor <u>Schaefer Construction / Eugene W. Schaefer</u>		Phone <u>804-385-9290</u>
	Address <u>3635 Quarter Mill Dr. Powhatan Va. 23139</u>		Email <u>eschaeferconstruction@gmail.com</u>
	Contractor License Number <u>2705000528</u>	Type <u>CLASS B</u>	Expiration <u>03-31-2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Detached 28x40 - 2 car Garage, unfinished walk-up Attic.</u>			
	Proposed Use <u>Storage</u>	Current Use <u>none</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>removal of trees for building only</u>	
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>none</u>	# of Bedrooms <u>none</u>
	# of floors <u>1 1/2</u>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.
		<u>1120 + 560 = 1680</u>	<u>1680</u>	

**Building Only - Excludes All Trades Permits**

Value of Work	<u>\$45,000.00 - 54,600.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant Eugene W. Schaefer Date 5-13-19

Application Fee	\$ <u>257.70</u>
State Levy Fee	\$ <u>5.15</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>287.85</u>

Revised: 5-21-19 modified 2nd floor framing to reduce the full height eliminated a room  
 → rear exterior wall ↓

 <b>BUILDING PERMIT APPLICATION</b> Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay	Application Date: <u>3.30.18</u>
	Permit Number: <u>BP-2018-00239</u>
	GPIN/Tax Map: <u>6718-08-1701 / 26-1-0-28-EA</u>
	Issued: <u>1-7-2019</u>
<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	<u>5218 Fox Field Farm Court Goochland, VA 23063</u>	
	Owner	<u>Billy Lee Llewellyn Sr</u>	Phone # <u>804-389-6643</u>
APPLICANT INFORMATION	Address	<u>2480 Old Time Rd</u>	Email
	Applicant/Contact	<u>Billy Lee Llewellyn Jr</u>	Phone # <u>804-350-9327</u>
	Address	<u>P.O. Box 81 Rockville, Va 23146</u>	Email <u>otblee@msn.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Fox Field Farm</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—	—
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>55' off ROW</u>	<u>80' C</u>	<u>35</u>	
Side Setback	Side Setback	Flood Zone		
	<u>20</u>	<u>20</u>		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Officer		<u>ABRUBS</u>	Date	<u>4-3-2018</u> <u>A1</u>

CONTRACTOR INFORMATION	Contractor	<u>Old Time Builder Inc.</u>	Phone	<u>804-350-9327</u>
	Address	<u>2400 Old Time Rd. Powhatan, Va</u>		
	Contractor License Number	<u>2701019088</u>	Type	<u>Class A CBC</u> Expiration <u>01-31-2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>New construction of single family dwelling</u>			
	<u>Attached garage in unfinished basement</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<u>dwelling</u>	<u>nothing</u>	<u>0</u>	<u>2</u> <del>1.5</del>
	SEWER	WATER	# of Bathrooms	# of Bedrooms
<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	<u>2.5</u>	<u>3</u>	
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
<u>2120 - 1960</u>	<u>1408 - 1453</u>	<u>3120 - 3528 - 3413</u>		

Building Only -- Excludes All Trades Permits		Application Fee \$ <u>9165.10</u> State Levy Fee \$ <u>20.10</u> Septic/Well Fee \$ <u>40.-</u> Zoning Fee \$ <u>1000.50</u> RLD \$ <u>100.-</u> SWP \$ <u>200.-</u> Total \$ <u>13795.20</u>
Value of Work	<u>\$210,000</u> <u>\$211,800.00</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u> Date <u>3/23/2018</u>	



# BUILDING PERMIT APPLICATION

Department of Building Inspection  
 P.O. Box 119 1800 SANDY HOOK RD. 2nd Floor  
 Goochland, VA 23063  
 (804) 556-5815 Fax (804) 556-5651  
 TDD 711 VA Relay

Application Date: 5/13/19  
 Permit Number: BP-2019-00472  
 GPIN/Tax Map: 6850-13-2098  
 Issued: 5-21-19

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: 3096 ROCK CRESS LN  
 Owner: DAVID & DESIREE GERACE  
 Phone #: 804 556 2644  
 Address: SAME  
 Email:

**APPLICANT INFORMATION**

Applicant/Contact: ROGER G McCLUIKE  
 Phone #: 804 822 1165  
 Address: 12060 BRIDGEFORTH MILL DR AMELIA VA 23002  
 Email: ROGER@RBMREMODELS.COM

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: Mill Forest II	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: 55' from ROW	Center Line Setback: 80'	Rear Setback: 5'	CUP/Variance/COA: R2-1999-10
Side Setback: 5'	Side Setback: 5'	Flood Zone: C	

APPROVED  REJECTED  COMMENTS:  
 Planning & Zoning Officer: David Floyd Date: 5/16/19 RJK

**CONTRACTOR INFORMATION**

Contractor: RBM REMODELING SOLUTIONS LLC  
 Phone: 804 561 2659  
 Address: 12060 BRIDGEFORTH MILL DR AMELIA VA 23002  
 Email: ROGER@RBMREMODELS.COM  
 Contractor License Number: 2705 111689  
 Type: RBC  
 Expiration: 10/19

**DESCRIPTION OF WORK**

Scope of Work: 16 x 24 DETACHED GARAGE

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 type="checkbox"/>	# of Bathrooms: 0	# of Bedrooms: 0	# of floors: 1.5
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.: 384		

Building Only - Excludes All Trades Permits

Value of Work: 28,000.00	Application Fee: \$ 138.00
	State Levy Fee: \$ 2.76
	Septic/Well Fee: \$
	Zoning Fee: \$ 25.00
	RLD: \$
	SWP: \$
	Total: \$ 165.76

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: 5/1/19



# BUILDING PERMIT APPLICATION

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

Application Date: 9/MAY/2019

Permit Number: BP-2019-00475

GPIN/Tax Map: 6729-17-6694

Issued: 5-21-19

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>2791 DANIELTOWN RD., GOOCHLAND, VA. 23063-2834</u>	
	Owner <u>ROBERT W. BEATTY JR. "BOB"</u>	Phone # <u>804-833-3483</u>
	Address <u>2791 DANIELTOWN RD., GOOCHLAND, VA. 23063</u>	Email <u>BEATTY102@DIACL.COM</u>
APPLICANT INFORMATION	Applicant/Contact <u>S/A/A</u>	
	Address <u>S/A/A</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' From RW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	GUP/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>5/16/19</u> #1			

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

DESCRIPTION OF WORK	Scope of Work: <u>16'X40' UTILITY SHED / PREFAB</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>640</u>	Total Sq. Ft. <u>640</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>97.20</u>
Value of Work	<u>\$16,000</u> <u>17,600.00</u>	State Levy/Fee \$ <u>1.80</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>9/MAY/2019</u>		Septic/Wall Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>178.00</u>



# BUILDING PERMIT APPLICATION

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

Application Date: 5/13/19Permit Number: BP-2019-00462GPIN/Tax Map: 6727-22-6039Issued: 5-21-19

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>1651 HASKINS RD Goochland VA</u>			
	Owner <u>MAN LAKE / JON SHEPHERD</u>	Phone # <u>804-387-3226</u>		
	Address <u>1651 HASKINS RD</u>	Email <u>JONSHEPHERD@GMAIL.COM</u>		
APPLICANT INFORMATION	Applicant/Contact <u>WARREN MONTAGUS</u>		Phone # <u>804-690 9230</u>	
	Address <u>310 RIVER ROAD WEST MANAKIN SUBVA 23103</u>		Email <u>JWARRENMONTAGUS@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>75' from ROW</u>	Center Line Setback <u>90'</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>5/14/19</u> <span style="float: right;">A1</span>			

CONTRACTOR INFORMATION	Contractor <u>JOAN W. MONTAGUS JR INC.</u>		Phone <u>804 784-4226</u>	
	Address <u>310 RIVER RD. WEST MANAKIN SUBVA 23103</u>		Email <u>JWARREN MONTAGUS@GMAIL.COM</u>	
	Contractor License Number <u>2701014162</u>	Type <u>CLASS A finish</u>	Expiration <u>10/31/2020</u>	

DESCRIPTION OF WORK	Scope of Work: <u>DETACHED GARAGE w/ storage space UPSTAIRS</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private	<input type="checkbox"/> WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>612</u>	Unfinished Sq. Ft. <u>1008</u>	Total Sq. Ft. <u>1620</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>338.43</u> State Levy Fee \$ <u>6.77</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>370.20</u>
Value of Work <u>72,540</u>	Signature of Applicant: <u>[Signature]</u> Date: <u>5/13/19</u> <i>PER GOOCHLAND WORKSHEET</i>	



# BUILDING PERMIT APPLICATION

Application Date: 5-10-19

Permit Number: 02-2019-00459

GPIN/Tax Map: 6805-92-3449/1-2-0-12-0

Issued: 5-21-19

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>6040 Broad Street RD Kent's Store VA, 23084</u>	
	Owner <u>Austin Williams</u>	Phone #
	Address <u>Same as Site</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Shawn Smith</u>	Phone # <u>804 200 2687</u>
	Address <u>19185 Taylors Creek RD Montpelier VA, 23192</u>	Email <u>DeckStepVA@gmail</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Deer Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>100' from Road</u>	Center Line Setback <u>140'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>C</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: Daniel Floyd Date: 5/14/19 PK

CONTRACTOR INFORMATION	Contractor <u>Welton Contractors</u>		Phone <u>804 200 2687</u>
	Address <u>19185 Taylors Creek RD Montpelier VA, 23192</u>		Email
	Contractor License Number <u>2705072419</u>	Type <u>Contractor</u>	Expiration <u>11-30-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>Porch and Deck added to existing home</u> <span style="float: right;"><u>12x14 Porch</u> <u>12x14 Deck</u></span>				
	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>336</u>	Total Sq. Ft. <u>336</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$4700.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: Shawn Smith Date: 5-7-19

Application Fee	\$ <u>23.15</u>
State Levy Fee	\$ <u>2.66</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>2500</u>
RLD	\$
SWP	\$
Total	\$ <u>2525.81</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: 3/8/19

Permit Number: BP-2019-00235

GPIN/Tax Map: 6711-36-6774/43-42-D-2-0

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>1756 Fishers Pond Drive Martins</u>	
	Owner <u>Breeze Hill Inc</u>	Phone # <u>784-0800</u>
	Address <u>1930 Soldras Lodge Rd <sup>Crosser</sup> 23039</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Steve Thompson</u>	Phone # <u>539-2524</u>
	Address <u>1390 B Broad Street Rd Oilville 23129</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Breeze Hill</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>20,910<sup>00</sup></u>	Date Paid <u>DUE</u>
	Front Setback <u>40' off ROW</u>	Center Line Setback <u>05'</u>	Rear Setback <u>25</u>	CUP/Variance/COA <u>RP</u>
	Side Setback <u>10</u>	Side Setback <u>20</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>CASH PROFFER DUE</u>		

Planning & Zoning Officer: [Signature] Date: 3-13-2019 before C.O. issued

CONTRACTOR INFORMATION	Contractor <u>Steve Thompson Builder, LLC</u>	Phone <u>539-2524</u>
	Address <u>1390 B Broad Street Row Oilville 23129</u>	Email <u>stevethompsonbuilder@gmail.com</u>
	Contractor License Number <u>2705054732</u>	Type <u>CRBC, RBC</u>

DESCRIPTION OF WORK	Scope of Work: <u>Revise 5-21-19, <del>Remove</del> Convert 120 SF of unfinished sf to <del>to</del> Add to 120 SF of finished sf. for <u>Denner</u></u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u>		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>3 1/2</u>	# of Bedrooms <u>4</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>3698 3818</u>	Unfinished Sq. Ft. <u>1526 1406</u>	Total Sq. Ft. <u>5224</u>		
	Building Only - Excludes All Trades Permits				

Value of Work: 350,000 \$279,185.00 384,285.00

Application Fee	\$ <u>1717.43</u>
State Levy Fee	\$ <u>35.27</u>
Septic/Well Fee	\$ <u>40.80</u>
Zoning Fee	\$ <u>50.00</u>
RLD	\$ <u>100.00</u>
SWP	\$ <u>200.00</u>
<b>Total</b>	\$ <u>2,143.50</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: 3/8/19

Revision 2341



# BUILDING PERMIT APPLICATION

Application Date: May 13, 2019

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

Permit Number: *BP-2019-00463*

GPIN/Tax Map: *7124-14-3114/ 63-38-0-30-0*

Issued: *5-16-19*

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 408 Regina Drive	
	Owner Dr. Robert DeConti	Phone # 804-673-8000
	Address 408 Regina Drive <i>lane</i>	Email DeConti@DiscoverPlasticSurgery.com

APPLICANT INFORMATION	Applicant/Contact W. C. Trimmer, Inc.	Phone # 804-218-7672
	Address PO Box 5909 Glen Allen, VA 23058	Email wctrimmerinc1955@gmail.com

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

CONTRACTOR INFORMATION	Contractor W. C. Trimmer, Inc.	Phone 804-218-7672
	Address PO Box 5909 Glen Allen, VA 23058	Email wctrimmerinc1955@gmail.com
	Contractor License Number 2701018938	Type CBC RBC

DESCRIPTION OF WORK	Scope of Work: Completion of an unfinished room above an existing garage to include HVAC, electrical, insulation, drywall, trim, paint, and carpet. Framing of knee walls and ceiling was completed when home was originally constructed.				
	Proposed Use Multi-purpose	Current Use storage	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms none	# of Bedrooms none	# of floors one
	Finished Sq. Ft. 345.75	Unfinished Sq. Ft. 0	Total Sq. Ft. 345.75		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <i>99.75</i> State Levy Fee \$ <i>2.00</i> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <i>101.75</i>
Value of Work	\$19,500	
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 <i>William C. Trimmer</i>	Date May 13, 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: 5-13-19  
 Permit Number: BP-2019-00460  
 GPIN/Tax Map: 7153-16-9530 / 67-10-0-25-0  
 Issued: 5-16-19

Residential       Commercial

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

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

OWNER INFORMATION	Site Address <u>3 Roads End Lane</u>	
	Owner <u>Greg Trepp</u>	Phone # <u>804-307-6059</u>
	Address <u>3 Roads End Lane</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>John Durham</u>	Phone # <u>804-908-2257</u>
	Address <u>2539 Cherrytree Lane N. Chesterfield, Va</u>	Email <u>JDurhamCarpentry@hotmail.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>John Durham</u>		Phone <u>804-908-2257</u>
	Address <u>2539 Cherrytree Lane N. Chesterfield, Va</u>		Email <u>JDurhamCarpentry@hotmail.com</u>
	Contractor License Number <u>2705137003</u>	Type <u>BLD Contractor</u>	Expiration <u>4-30-2020</u>

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

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ <u>57.00</u>
Value of Work	<u>10,000</u>	State Levy Fee	\$ <u>7.14</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>[Signature]</u> Date: <u>5-13-19</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>58.14</u>



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: 5-9-19

Permit Number: BP-2019-00452

GPIN/Tax Map: 0158-40-8234 / 42-34-F-49-0

Issued: 5-16-19

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>2404 Incline Court</u>	
	Owner <u>Roy Lee GRANT, Jr.</u>	Phone # <u>804-683-2039</u>
	Address <u>2404 Incline Court, Goochland VA 23063</u>	Email <u>RLEEGRANT@Gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Roy LEE GRANT, Jr</u>	Phone # <u>SAME</u>
	Address <u>SAME AS ABOVE</u>	Email <u>SAME</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Holland Hills</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from RW</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer David Floyd Date 5/10/19 R1

CONTRACTOR INFORMATION	Contractor <u>Roy Lee GRANT, Jr</u>		Phone <u>SAME</u>
	Address <u>SAME AS ABOVE</u>		Email <u>SAME</u>
	Contractor License Number	Type	Expiration

**Scope of Work:** construct foundation, concrete slab, walls, roof for pool house - see drawings 20x24-poolhouse

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 <u>1/2</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
Finished Sq. Ft. <u>480</u>		Unfinished Sq. Ft. <u>70 480</u>		Total Sq. Ft. <u>480</u>

**Building Only - Excludes All Trades Permits**

Value of Work <u>\$15,000</u>	Application Fee <u>\$ 79.50</u>
	State Levy Fee <u>\$ 1.59</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$ 25.00</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
	Total <u>\$ 106.09</u>

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

Signature of Applicant Roy Lee Grant Jr Date 5/9/19



# 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: 5/14/19  
Permit Number: BP-2019-00471  
GPIN/Tax Map:  
Issued: 5-16-19  
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: 2484 Dogtown Rd  
Owner: William & Yolanda Anderson  
Address: 2484 Dogtown Rd  
Phone #:   
Email: JAGConstruction9@gmail.com

**APPLICANT INFORMATION**  
Applicant/Contact: George Friend JAG Construction  
Address: 4222 Bonniebank Rd  
Phone #:   
Email:   
Date Paid:   
Amount:   
CUP/Variance/COA:   
Flood Zone:   
REJECTED  COMMENTS:   
Planning & Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ZONING DEPARTMENT**  
Subdivision: NO  
Proffer:  Yes  No  
Front Setback:   
Center Line Setback:   
Rear Setback:   
Side Setback:   
Side Setback:   
APPROVED  REJECTED  COMMENTS:   
Planning & Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTRACTOR INFORMATION**  
Contractor: JAG Construction  
Address: 4222 Bonniebank Rd  
Phone: 804 229 4755  
Email: JAGConstruction9@gmail.com  
Contractor License Number: 2105124561  
Type: Bldg  
Expiration: 8/3/20

**DESCRIPTION OF WORK**  
Scope of Work: Demo and Remove house and take to Ashcake Rd Landfill Pryor Hauling  
Proposed Use:   
Current Use:   
Environmental Impacts (stream crossing, wetlands, amt land disturbed):   
SEWER:  Public/Private   
WATER:  Public/Private   
# of Bathrooms:   
# of Bedrooms:   
# of floors:   
Finished Sq. Ft.:   
Unfinished Sq. Ft.:   
Total Sq. Ft.:   
Application Fee: \$ 30.00  
State Levy Fee: \$ .60  
Septic/Well Fee: \$   
Zoning Fee: \$   
RLD: \$   
SWP: \$   
Total: \$ 30.60

**Building Only - Excludes All Trades Permits**  
Value of Work: 2,500  
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: 5/14/19



# BUILDING PERMIT APPLICATION

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

Application Date: 5/1/2019

Permit Number: **BP-2019-00456**

GPIN/Tax Map: **6757-58-4633**

Issued: **5-14-19**

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

Residential  Commercial

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

OWNER INFORMATION	Site Address 3283 Bayberry Ln. Goochland VA. 23063	
	Owner <b>Tsengas, Nick</b>	Phone # <b>804-677-7926</b>
	Address 3283 Bayberry Ln.	Email <b>ktsengas@gmail.com</b>

APPLICANT INFORMATION	Applicant/Contact <b>Sigora Solar LLC</b>	Phone # 434.465.6788 ext.119
	Address 1222 HARRIS STREET, CHARLOTTESVILLE, VA 22903	Email <b>permitting@sigorasolar.com</b>

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 <b>Sigora Solar LLC</b>	Phone 434.465.6788 ext.119
	Address 1222 HARRIS STREET, CHARLOTTESVILLE, VA 22903	Email <b>permitting@sigorasolar.com</b>
	Contractor License Number <b>2705141338</b>	Type <b>AES ELE</b>

DESCRIPTION OF WORK	Scope of Work: Installation of a Flush Roof Mounted Solar Photovoltaic System System Size: 12.40 kWp DC				
	Proposed Use Residential Single Family	Current Use Residential Single Family	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.		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee <b>\$34.93</b>
Value of Work	<b>\$5,096.40</b>	State Levy Fee <b>\$0.70</b>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  Signature of Applicant <u><i>Brittany Edwards</i></u> Date <u>5/1/2019</u>		Septic/Well Fee \$
		Zoning Fee \$
		RLD \$
		SWP \$
		Total <b>\$35.63</b>



# BUILDING PERMIT APPLICATION

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



Residential



Commercial

Application Date: 4/11/19

Permit Number: BP-2019-00355

GPIN/Tax Map: 5892-95-0301 / 9-2-0-1-B

Issued: 5-8-19

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 4043 Shannon Hill Rd, Columbia, Va. 23038				
	Owner Gary & Darcy Kiesinger		Phone # (804) 301-9837		
	Address Same as above		Email		
APPLICANT INFORMATION	Applicant/Contact Same as above		Phone #		
	Address		Email		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <i>55' from Property Line</i>	Center Line Setback _____	Rear Setback <i>35'</i>	CUP/Variance/COA _____	
	Side Setback <i>20'</i>	Side Setback <i>20'</i>	Flood Zone _____		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Floyd</i> Date <i>4/17/19</i> <span style="float: right;">191</span>				
CONTRACTOR INFORMATION	Contractor <i>Self</i>		Phone		
	Address		Email		
	Contractor License Number	Type	Expiration		
DESCRIPTION OF WORK	Scope of Work: <i>30 x 32 addition onto existing house to include den, storage, art studio, and dining room</i>				
	Proposed Use <i>Storage, den &amp; art studio</i>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <i>None</i>		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <i>0</i>	# of Bedrooms <i>0</i>	# of floors <i>1</i>
	Finished Sq. Ft. <i>960</i>	Unfinished Sq. Ft. <i>0</i>	Total Sq. Ft. <i>960</i>		

Building Only - Excludes All Trades Permits

Value of Work	\$12,000
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Application Fee	\$ <i>249.60</i>
State Levy Fee	\$ <i>4.99</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <i>2500</i>
RLD	\$ <i>0</i>
SWP	\$ _____
Total	\$ <i>2795.59</i>

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

Signature of Applicant *Man [Signature]* Date *4/11/19*



# BUILDING PERMIT APPLICATION

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

Application Date: 5-1-19Permit Number: BP-2019-00423GPIN/Tax Map: 6810-87-1893Issued: 5-8-19

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 <u>3188 Hadensville-fife rd goochland-va. 23063</u>
	Owner <u>Ryan Marshall</u> * <u>804-262-2787-day/work</u> <u>804-380-6340-cell</u>
	Address <u>3188 Hadensville-fife rd</u> Email <u>ishootbotech@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact Phone #
	Address Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>15' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>35' from ROW</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>5/8/19</u> <span style="float: right;">A1</span>			

CONTRACTOR INFORMATION	Contractor <u>Myself</u>	Phone _____
	Address _____	Email _____
	Contractor License Number <u>N/A</u>	Type _____

DESCRIPTION OF WORK	Scope of Work: <u>36x40 Detached Garage</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1440</u>	Total Sq. Ft. <u>1440</u>		

**Building Only - Excludes All Trades Permits**

Value of Work	<u>\$24000 \$39,600.00</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 Ry Marshall Date \_\_\_\_\_

Application Fee	\$ <u>190.20</u>
State Levy Fee	\$ <u>380</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
<b>Total</b>	\$ <u>219.00</u>

Revised 5-6-19 - Remove 5x43 covered porch + add 13x43 deck.

 <b>BUILDING PERMIT APPLICATION</b> Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay	Application Date: July 7, 2018 <i>Rec 8.3.18</i>
	Permit Number: <i>BP-2018-00615</i>
	GPIN/Tax Map: <i>6749-76-4108/29-1-0-82-0</i>
	Issued: <i>9.6.18</i>
<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 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.

2744 Site Address  
 Dogtown Road, Goochland, VA (GPIN 6449-76-4108)

OWNER INFORMATION	Owner <i>Cornelius Dandridge</i>	Phone # <i>804-677-5626</i>
	Address <i>3535 Whitehall Rd, Sandy Hook, VA 23153</i>	Email

APPLICANT INFORMATION	Applicant/Contact <i>THS Construction / Terry Shoemaker</i>	Phone # <i>804-525-5036</i>
	Address <i>1708 Belleville ST., Richmond, VA, 23230</i>	Email <i>terry@thsconstruction.com</i>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>55' from ROW</i>	Center Line Setback	Rear Setback <i>35'</i>	CUP/Variance/COA
	Side Setback <i>20'</i>	Side Setback <i>20'</i>	Flood Zone	—

APPROVED  REJECTED  COMMENTS:  
 Planning & Zoning Officer *David Ford* Date *8/7/18* AI

CONTRACTOR INFORMATION	Contractor <i>THS Construction Christopher T. Robbins</i>	Phone <i>804-525-5036</i>
	Address <i>PO Box 218, Oilville, VA 23129</i>	Email <i>terry@thsconstruction.com</i>
	Contractor License Number <i>2705-110435</i>	Type Class A

DESCRIPTION OF WORK	Scope of Work: <i>Construction of new dwelling - Unfinished Basement Decks &amp; Porches - 764 sq. ft. (Attached Garage)</i>				
	Proposed Use residential dwelling	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <i>approx 40,000 sq. ft.</i>		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <i>5 1/2</i>	# of Bedrooms <i>5</i>	# of floors <i>3</i>
	Finished Sq. Ft. <i>4258</i>	Unfinished Sq. Ft. <i>2654 + 764 = 3418</i>	Total Sq. Ft. <i>6902 7676</i>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <i>2294.38</i>
Value of Work <i>\$400,000</i>	<i>\$507,195.00</i>	State Levy Fee	\$ <i>46.609</i>
		Septic/Well Fee	\$ <i>40-</i>
		Zoning Fee	\$ <i>50-</i>
		RLD	\$ <i>100-</i>
		SWP	\$
Signature of Applicant <i>[Signature]</i> Date <i>8/2/18</i>		Total	\$ <i>2531.07</i>

*Revision Fee 67.00*



# BUILDING PERMIT APPLICATION

Application Date: 5-1-19

Permit Number: BP-2019-00422

GPIN/Tax Map: 43-28-0-14-0

Issued: 5-6-19

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: 1845 Greenbrier Branch Dr. Maidens, VA 23102

Owner: Kurt & Beth Hildebrand Phone #: \_\_\_\_\_

Address: Above Email: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant/Contact: David Ziletti / Sycamore Building Phone #: 804 690 7791

Address: PO Box 14648 Richmond, VA 23221 Email: buena.vista@verizon.net

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: <u>Greenbrier Estates</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>40' 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: David Floyd Date: 5/2/19 RI

**CONTRACTOR INFORMATION**

Contractor: Sycamore Building LLC Phone: 804 690 7791

Address: PO Box 14648 Richmond, VA 23221

Contractor License Number: 2705103513 Type: class A CBC, RBC Expiration: 2/29/20

**DESCRIPTION OF WORK**

Scope of Work: Detached Garage (42x32) with upstairs storage

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: <u>2</u>
Finished Sq. Ft.: _____	Unfinished Sq. Ft.: <u>1344 + 672</u>	Total Sq. Ft.: <u>2016</u>		

**Building Only - Excludes All Trades Permits**

Value of Work: \$96,900

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: Sycamore Building Date: 5/1/19

Application Fee	\$ <u>448.05</u>
State Levy Fee	\$ <u>896</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>482.01</u>

**LIEN AGENT INFORMATION**

Please check one of the following:

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

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

Name: Debra Gaglio Telephone: 804 379-3843

Mailing Address: 2400 Olde Queen Ter. Middleburg, VA 23113

**OWNER'S STATEMENT**

I \_\_\_\_\_ of (address) \_\_\_\_\_ affirm that I am the owner of a certain tract of parcel of land located at \_\_\_\_\_ and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54.1-1111 of the Code of Virginia.

\_\_\_\_\_  
Owner's Signature

**ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES**

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

OWNER'S SIGNATURE \_\_\_\_\_

**PERMIT FEE SCHEDULE**

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

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

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

**OFFICE USE ONLY**

USE \_\_\_\_\_ # STORIES \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_ OCCUPANY LOAD \_\_\_\_\_ CODE EDITION \_\_\_\_\_

FIRE SPRINKLER \_\_\_\_\_ FIRE ALARM \_\_\_\_\_ MODIFICATION \_\_\_\_\_

APPROVAL Louis Beebe DATE 05/06/2019  
Code Official



# BUILDING PERMIT APPLICATION

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

Application Date: 05/03/19

Permit Number: BP-2019-00430

GPIN/Tax Map: 6796-59-8879 / 45-1-0-72-D

Issued: 5-6-19

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 1612 Shallow Well Road	
	Owner Gayle Rowe Presson	Phone # 804.399.8420
	Address 1612 Shallow Well Road	

APPLICANT INFORMATION	Applicant/Contact Johnny Bauhan		Phone # 970.274.0466
	Address 1641 Genito Lane, Manakin-Sabot, VA 23103		Email jbauhan@bauhancustombuilders.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 BauhanCustom Builders, Inc		Phone 970.274.0466
	Address 1641 Genito Lane, Manakin-Sabot, VA, 23103		Email jbauhan@bauhancustombuilders.com
	Contractor License Number 2705137373	Type Class A Build	Expiration 11.30.2020

DESCRIPTION OF WORK	Scope of Work: Close in a screened porch. It will have 2 windows. Add foundation between existing piers in order to create crawlspace for HVAC and insulation.				
	Proposed Use office	Current Use porch	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. 156	Unfinished Sq. Ft.	Total Sq. Ft. 156		

Building Only - Excludes All Trades Permits		Application Fee \$ 192.00 State Levy Fee \$ 384 Septic/Well Fee \$ Zoning Fee \$ RLD \$ SWP \$ Total \$ 195.84
Value of Work	40,000	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant <i>[Signature]</i>		Date 5/3/19



# BUILDING PERMIT APPLICATION

Application Date: 05/02/2019

Permit Number: BP-2019-00428

GPIN/Tax Map: 6850-13-7960 / 20-22-0-71-0

Issued: 5-6-19

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 2801 Timber Trail Drive, Sandy Hook, VA 23153	
	Owner Marvin and Rena Blythe	Phone # 909-762-9239
	Address 2801 Timber Trail Drive, Sandy Hook, VA 23153	

APPLICANT INFORMATION	Applicant/Contact Dennis A Kidd	Phone # 434-989-2999
	Address 58 Centre Hill Court, Palmyra VA, 22963	

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 DAK Construction LLC	Phone 434-989-2999
	Address 58 Centre Hill Court, Palmyra VA, 22963	
	Contractor License Number 2705079124	Type Class A Contractor

DESCRIPTION OF WORK	Scope of Work: Replacing the existing deck with a new Trex deck that is approximately the same dimensions. 14' by 35' <i>not changing Existing Foot print.</i>					
	Proposed Use Outside entertainment	Current Use Outside entertainment	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A			
	<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.	525	Unfinished Sq. Ft.	525	Total Sq. Ft.	

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ 113.25
Value of Work	22,500	State Levy Fee	\$ 2.27
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: <i>Dennis A. Kidd</i> Date: 05/02/2019		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 115.52



# 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: 5-2-19  
 Permit Number: BP-2019-00427  
 GPIN/Tax Map: 7716-00-3902 / 57.20-B-5-D  
 Issued: 5-6-19  
 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: 5 Red Fox Rd. Manakin Sabot, VA. 23103  
 Owner: Chuck Hall Phone #: 804-363-3497  
 Address: 5 Red Fox Rd. Manakin Sabot, VA. 23103 Email: Woodmaster87@gmail.com

**APPLICANT INFORMATION**  
 Applicant/Contact: Tom Dunn T.A. T. Dunn Construction Phone #: 804-380-2879  
 Address: 4901 Riverplace Ct. Glen Allen VA. 23059 Email: tomidunn@icloud.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

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

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

**CONTRACTOR INFORMATION**  
 Contractor: T. Dunn Construction Phone: 804-380-2879  
 Address: 4901 Riverplace Ct. Glen Allen VA. 23059 Email: tomidunn@icloud.com  
 Contractor License Number: 2701025054 Type: Class A. Expiration: 03-31-2021

**DESCRIPTION OF WORK**  
 Scope of Work: Adding a Large Dormer To an existing 2nd Fl. Room  
 Proposed Use: exercise Rm. Current Use: SAME Environmental Impacts (stream crossing, wetlands, amt land disturbed): NONE  
 SEWER:  Public/Private  WATER:  Public/Private  # of Bathrooms: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of floors: 3  
 Finished Sq. Ft.: Adding 112 Unfinished Sq. Ft.: NA Total Sq. Ft.: 112

**Building Only - Excludes All Trades Permits**

Value of Work	<u>25,000</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: Tom Dunn Date: 5-2-19

Application Fee	\$ <u>124.50</u>
State Levy Fee	\$ <u>2.99</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>126.99</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

Residential  Commercial

Application Date: 5-1-19  
 Permit Number: 01-2019-00421  
 GPIN/Tax Map: 6831-33-4521 / 12-31-0-2-0  
 Issued: 5-6-19  
 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>4099 Cedar Plains Rd., Sandy Hook, VA 23153</u>	
	Owner <u>David Copsmith</u>	Phone # <u>804-878-5193</u>
	Address <u>4099 Cedar Plains Rd.</u>	Email <u>dauidc111@verizon.net</u>
APPLICANT INFORMATION	Applicant/Contact <u>David Copsmith</u>	
	Address <u>4099 Cedar Plains Rd.</u>	Email <u>dauidc111@verizon.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Estates of Cedar Plains</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <u>David Boyd</u> Date: <u>5/2/19</u> <span style="float: right;">A1</span>			

CONTRACTOR INFORMATION	Contractor <u>(Self=slab) OWNER Carolina Carports-Structure</u>		Phone <u>800-670-4262</u>
	Address <u>187 Cardinal Ridge Trail, Dobson N.C. 27017</u>		Email <u>cci@carolinacarports.com</u>
	Contractor License Number <u>051037</u>	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: <u>Metal enclosed building 22' wide x 40' long on concrete slab - 6" w/ #3500 Fiber rebar.</u>				
	Proposed Use <u>Garage</u>	Current Use <u>N/A</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>22' x 40' concrete</u>		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>1 w/rebar</u>
	Finished Sq. Ft.		Unfinished Sq. Ft. <u>880</u>		Total Sq. Ft. <u>880</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>1,459.00</u>
Value of Work	<u>\$9,135.00 / 24,200.00</u>	State Levy Fee	\$ <u>2.42</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>4/30/19</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>148.32</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: 4-29-19

Permit Number: BP-2019-00418

GPIM/Tax Map: 7725-37-0185-9999

Issued: 5-3-19

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

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: 1217 Hockett rd.

Owner: Carmax Business Services Phone #: 804-935-4547

Address: 1217 Hockett Rd, Goochland, VA Email: Joni-delp@carmax.com

**APPLICANT INFORMATION**  
 Applicant/Contact: Jeff Berkenmeier Phone #: 561-707-3998

Address: 2090 S Gardner rd, Gardner, KS 66030 Email: Jeffb@fasttracetelecomservices.com

**TO BE COMPLETED BY ZONING DEPARTMENT**  
 Subdivision: West Creek Business Park Proffer:  Yes  No Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Front Setback: 20' from ROW Center Line Setback: \_\_\_\_\_ Rear Setback: 10' CUP/Variance/COA: \_\_\_\_\_  
 Side Setback: 10' Side Setback: 10' Flood Zone: \_\_\_\_\_

APPROVED  REJECTED  COMMENTS: No change to footprint 5/1/19 561-707-3998  
 Planning & Zoning Officer: David Long

**CONTRACTOR INFORMATION**  
 Contractor: FastTrac Telecom Services LLC d/b/a TSC Const. Phone: 785-248-1627

Address: 2090 S Gardner rd, Gardner, KS 66030 Email: Jeffb@fasttracetelecomservices.com

Contractor License Number: 2705133520 Type: CEM LIC ESC Expiration: 3/31/20

**DESCRIPTION OF WORK**  
 Scope of Work: Repair Telecommunications tower

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

Building Only - Excludes All Trades Permits  
 Value of Work: 20,500.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  
 Signature of Applicant: Jeff Berkenmeier Date: 4/23/19

Application Fee	\$ <u>153.74</u>
State Levy Fee	\$ <u>3.08</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>20682</u>



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: ~~2/18/19~~ 2/26/19

Permit Number: BP-2019-00207

GPIN/Tax Map: 7727-74-8004 / 48-1-0-380

Issued: 5-1-19

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 1961 Ashland Road Rockville, VA 23146	
	Owner 623 Landfill, Inc.	Phone # 804-869-9048
	Address 1961 Ashland Road	

APPLICANT INFORMATION	Applicant/Contact Michael Easter		Phone # 804-869-9048
	Address 1961 Ashland Road		Email measter2@republicservices.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>10'</u>	CUP/Variance/COA _____
	Side Setback <u>30' from South Prop. Line</u>	Side Setback <u>10'</u>	Flood Zone _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			

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

CONTRACTOR INFORMATION	Contractor Wilmot Modular Structures, Inc.		Phone 443-324-7349
	Address 5812 Allender Road White Marsh, MD 21162		Email ron@wilmotmodular.com
	Contractor License Number 2705111027	Type Class A Contractor	Expiration 10/31/2020

DESCRIPTION OF WORK	Scope of Work: Replace existing scalehouse manufactured/mobile home office building with similar scalehouse manufactured/mobile home office building				
	Proposed Use scalehouse / office	Current Use scalehouse / office	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	<input checked="" type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 2	# of Bedrooms n/a	# of floors 1
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft. 1,036

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>523.65</u>
Value of Work	\$69,820	State Levy Fee	\$ <u>10.47</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>584.12</u>

Signature of Applicant: M. Easter Date: 2/18/2019



# RESIDENTIAL TRADES PERMIT APPLICATION

173.95

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	5/7/19
Permit #	2018-00753
GPIN	
Tax Map	

## LOCATION

Street Address 713 OLD STREAM RD MANAKIN SABOT, VA. 23103

## PROPERTY OWNERSHIP

Name	CHARLES, KATHY FAGAN	Phone	
Mailing Address	9020 STONY PINT PKWY SUITE 145 RICHMOND, VA. 23235	Email	

## APPLICANT

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

## CONTRACTOR

Name	HUMPHREY ELECTRIC CO	Phone	794-4877						
Mailing Address	724 GROVE RD MIDLOTHIAN. VA, 23114	Email	CHRIS@HUMPHREYELECTRIC.COM						
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701017076A	Expiration	5/22	License Type	ELE	Class	A

## DESCRIPTION OF WORK

WIRE NEW RESIDENCE WITH 20KW GENERATOR AND 200 AMP AUTOMATIC TRANSFER SWITCH			
# of Bathrooms	Service Size	Power Company	Inquiry #
	400	VA POWER	10288901
Value of Work (required)	33,230.00		

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

Signature of Applicant: Chris Humphrey Date: 5/7/19

Approval:	<u>J. Fisher</u>	Office Use Only	Approval date:	
Permit Fee:	<u>173.95</u>		Issued date:	<u>5-15-19</u>

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

78.80

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date 5/8/19

Permit # 00292  
2019-00294

GPIN 6795-03-6633

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

## LOCATION

Street Address 511 BLUE GOOSE RD

## PROPERTY OWNERSHIP

Name MARSHALL BOWDEN

Phone

Mailing Address 511 BLUE GOOSE RD. CROZIER, VA. 23039

Email

## APPLICANT

Name CHRIS HUMPHREY

Phone 794-4877

Address 724 GROVE RD MIDLOTHIAN, VA. 23114

Email CHRIS@HUMPHREYELECTRIC.COM

## CONTRACTOR

Name HUMPHREY ELECTRIC CO

Phone 794-4877

Mailing Address 724 GROVE RD. MIDLOTHIAN, VA. 23114

Email CHRIS@HUMPHREYELECTRIC.COM

Gas Certification

YES

NO

State License Number

2701017076A

Expiration

5/22

License Type

ELE

Class

A

## DESCRIPTION OF WORK

*Pavilion*  
WIRE POOL HOUSE WITH 200 AMP SERVICE WITH 20 KW GENERATOR

# of Bathrooms

Service Size  
200

Power Company  
VA POWER

Inquiry #  
10291759

Value of Work (required)

12,500.00

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

Signature of Applicant: *Chris Humphrey*

Date: 5/8/19

Approval: *M. Fisher*

Office Use Only

Approval date: *5-20-19*

Permit Fee: *78.80*

Issued date: \_\_\_\_\_

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

(owner's statement on back)

5124



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	11.2.18
Permit #	211 2019-509
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

### LOCATION

Street Address	<b>2433 CHENEY CREEK ROAD</b>	District	
----------------	-------------------------------	----------	--

### PROPERTY OWNERSHIP

Name	<b>CHRIS HALER</b>	Phone	<b>8045165194</b>
Mailing Address	<b>2433 CHENEY CREEK ROAD</b>		

### APPLICANT

Name	<b>WOODFIN HEATING</b>	Phone	<b>8047644533</b>
E-Mail Address	<b>VPITTMAN@ASKWOODFIN.COM</b>		

### CONTRACTOR

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

### DESCRIPTION OF WORK

<b>INSTALL 22 KW GENERATOR, 200 AMP ATS, SURGE</b>			
# of Baths	Service Size	Power Company	Inquiry #
	<b>200</b>	<b>DOM</b>	<b>_____</b>

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

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

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

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

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

Signature of Applicant		Value of Work:	<b>9500.00</b>
Approval	<b>Fisher</b>	Permit fee:	<del>97.00</del> <b>65.03</b>
Date	<b>5-22-19</b>	Issue date:	<b>5-22-19</b>



# 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	5.17.19
Permit #	2018-01054
GPIN	6813-92-1552
Tax Map	5-1-31

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

## LOCATION

Street Address 4200 Tyler's Creek

## PROPERTY OWNERSHIP

Name	MORRIS ANTHONY S MORRIS JENNIFER I	Phone	
Mailing Address	4207 TYLERS CREEK LANE KENTS STORE, VA 23084	Email	

## APPLICANT

Name	EandJ Construction & Contracting LLC, dba E&J Electrical	Phone	804-641-7586
Address	2880 Olde Beech Hollow Rd, Charles City, VA	Email	mrsedej@aol.com

## CONTRACTOR

Name	E&J Electrical, Inc.			Phone	804-641-7586				
Mailing Address	2880 Olde Beech Hollow Rd, Charles City			Email	mrsedej@aol.com				
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705062410	Expiration	05/19	License Type	Elec/Bld	Class	A

## DESCRIPTION OF WORK

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

# of Bathrooms	Service Size	Power Company	Inquiry #
2.5	200	Dominion	10294180
Value of Work (required)	15000.00		

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

Signature of Applicant:  Date: 5.17.19

Approval:	<u>J Fisher</u>	Office Use Only	Approval date:	<u>5-28-19</u>
Permit Fee:	<u>9027</u>		Issued date:	<u>5-28-19</u>

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

6/19



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	05.29.19
Permit #	2112019-530
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

### LOCATION

Street Address	<b>2591 SHEPPARD TOWN ROAD</b>	District	
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### PROPERTY OWNERSHIP

Name	<b>JIM JHOWELL</b>	Phone	<b>8046907949</b>
Mailing Address	<b>2591 SHEPPARD TOWN ROAD</b>		

### APPLICANT

Name	<b>WOODFIN HEATING</b>	Phone	<b>8047644533</b>
E-Mail Address	<b>VPITTMAN@ASKWOODFIN.COM</b>		

### CONTRACTOR

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

### DESCRIPTION OF WORK

<b>INSTALL 22 KW GENERATOR, 200 AMP ATS, SURGE</b>			
# of Baths	Service Size	Power Company	Inquiry #
	<b>200</b>	<b>DOM</b>	<b>_____</b>

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

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

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

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

Approval *[Signature]* Date **5-30-19** Permit fee: ~~67.00~~ **65.00**

Issue date: **5-30-19.**



# 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

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

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

## LOCATION

Street Address  
2314 Jackson Shop Rd, Goochland, VA 23063

## PROPERTY OWNERSHIP

Name	Frank Duck	Phone	
Mailing Address	2314 Jackson Shop Rd	Email	

## APPLICANT

Name	Lipscomb Electric + Contracting, LLC	Phone	8043478880
Address	206 Timber Creek Farm Dr Farmville, VA 23901	Email	rklipscomb@live.com

## CONTRACTOR

Name	Lipscomb Electric + Contracting, LLC			Phone	804-347-8880				
Mailing Address	206 Timber Creek Farm Dr, Farmville, VA 23901			Email	rklipscomb@live.com				
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705110236	Expiration	9/30/19	License Type	BLD, ELE	Class	A

## DESCRIPTION OF WORK

install new 22kw generator and 400 amp service upgrade

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

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

Signature of Applicant: [Signature] Date: 1/22/19

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>1-29-19</u>
Permit Fee:	<u>79.21</u>		Issued date:	<u>1-29-19</u>

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Please call or visit our website to calculate fee

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

Date: 5-8-19

Permit #: 2019-163

GPIN

Tax Map

## LOCATION

Street Address: 700 Meadow View Ridge Manassas Station VA 23103

## PROPERTY OWNERSHIP

Name: Tera Kovanes Phone: 921-5559

Mailing Address: 700 Meadow View Ridge Email:

## APPLICANT

Name: Bogee 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  NO  State License Number: 2705144359 Expiration: 1-31-20 License Type: Contractor Class: C

## DESCRIPTION OF WORK

Swimming pool with Pump Salt Generator - Led Lights

Auto cover - 1 Reep - wire for future Heater

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

Value of Work (required): 2800.00

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: Bogee Bandy Date: 5-8-19

Approval: [Signature] Office Use Only: Approval date: 5-8-19

Permit Fee: \$3127 Issued date: 5-8-19

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

(owner's statement on back)

**Owner's Statement Required if Owner is the Applicant**

I \_\_\_\_\_ of (address) \_\_\_\_\_

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

\_\_\_\_\_

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 Signature)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date 5-10-19

Permit # ELI-2019-00493

GPIN 7705-31-9723

Tax Map

## LOCATION

Street Address 558 Woodson CT. Manakin Sabot, 23104

## PROPERTY OWNERSHIP

Name <u>Thomas Rocke Charlie</u>	Phone <u>804-357-3764</u>
Mailing Address <u>558 Woodson CT.</u>	Email <u>N/A</u>

## APPLICANT

Name <u>MW Butler Electrical LLC.</u>	Phone <u>804-746-2240</u>
Address <u>8420 meadowbridge Rd.</u>	Email

## CONTRACTOR

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

## DESCRIPTION OF WORK

Wire 22kW Generator w/ 200A ATS  
(gas work to be done by others)

# of Bathrooms \_\_\_\_\_ Service Size \_\_\_\_\_ Power Company \_\_\_\_\_ Inquiry # \_\_\_\_\_

Value of Work (required) \$ 2,450

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

Signature of Applicant: [Signature] Date: 5/10/19

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>5-20-19</u>
Permit Fee: <u>3267</u>		Issued date: <u>5-20-19</u>

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

(owner's statement on back)



# COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	5/1/19
Permit #	BP-2019-00224
GPIN	
Tax Map	

## LOCATION

Street Address 927 Issequena Ln Crozier, VA

## PROPERTY OWNERSHIP

Name	Aqua Virginia, Inc.	Phone	804-240-9650
Mailing Address	2414 Granite Ridge Rd Rockville, VA 23146	Email	

## APPLICANT

Name	I.C.S.E. Inc. (Instrumentation and Control Systems Engineering Inc.)	Phone	804-550-5770
Address	10991 Leadbetter Road Ashland, VA 23005	Email	jtinsley@icseinc.com

## CONTRACTOR

Name	I.C.S.E. Inc. (Instrumentation and Control Systems Engineering Inc.)	Phone	804-550-5770						
Mailing Address	10991 Leadbetter Road Ashland, VA 23005	Email	jtinsley@icseinc.com						
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2701015347	Expiration	8/31/2019	License Type	ELE	Class	A

## DESCRIPTION OF WORK

Provide new 120/208 3PH 200A service for new building, new lighting and receptacles, wiring to new pumps inside building

new lighting fixtures, provide wiring from new service to the old well house, new 50kW generator

# of Bathrooms	Service Size	Power Company	Inquiry #
0	200A	TBD Dominion	TBD 10290373
Value of Work (required)	\$101,919		

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: 5/1/19

Approval: [Signature] Office Use Only: permit fee waived - county project  
 Approval date: 5-3-19

Permit Fee: 0 Issued date: 5-8-19

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

(owner's statement on back)