



BUILDING PERMIT APPLICATION

Department of Building Inspection
P.O. Box 119
Richmond, VA 23063
Phone: (804) 556-5815 Fax: (804) 556-5651
TDD: (804) 556-7111 VA Relay

Residential Commercial

Application Date: 5-30-18
Permit Number: BP-2018-00429
GPIN/Tax Map: 7734-03-2357 / 64-1-0-44-0
Issued: 6-25-19
This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION	Site Address <u>12500 Patterson Ave. Richmond, VA 23238</u>		
	Owner <u>Church of Vietnamese Martyrs.</u>		Phone # <u>804-335-7370</u>
	Address <u>1</u>		Email <u>tienmai2@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Tien Mai</u>		Phone #
	Address <u>11219 Mill Place Ter. Glen Allen, VA 23060</u>		Email

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

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION	Contractor <u>Tien Mai / The Church of Vietnamese Martyrs</u>		Phone
	Address <u>11219 Mill Place Ter. Glen Allen, VA 23060</u>		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Demo existing restrooms and upfit new restrooms.</u>				
	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.		

Building Only - Excludes All Trades Permits

Value of Work	<u>5000.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: [Signature] Date: 05/30/18

Application Fee	\$ <u>37.50</u>
State Levy Fee	\$ <u>75</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>3825</u>



BUILDING PERMIT APPLICATION

Application Date: 6/5/2019

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-2019-00573**

GPIN/Tax Map: 59-1-19A 7726-87-2161-9998

Issued: **6-25-19**

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

Residential Commercial

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

OWNER INFORMATION
Site Address: 1623 Three Chopt Road

Owner: Crown Castle GT Company (Crown Castle USA INC)
attn: Scott M. Johnson, AICP Phone # 804-330-3316

Address: 9011 Arboretum Pkwy., Suite 100 Richmond, VA 23236 Email: scott.johnson@crowncastle.com

APPLICANT INFORMATION
Applicant/Contact: Same as above Phone #

Address Email

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

Front Setback: *55' from RW* Center Line Setback: _____ Rear Setback: *10'* CUP/Variance/COA: _____

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

APPROVED REJECTED COMMENTS: *No change to existing footprints*
Planning & Zoning Officer: *Daniel Boyd* Date: *6/12/19*

CONTRACTOR INFORMATION
Contractor: Crown Castle USA INC Phone: 804-330-3316
c/o Scott M. Johnson, AICP

Address: 9011 Arboretum Pkwy., Suite 100 - Richmond, VA 23236 Email: scott.johnson@crowncastle.com

Contractor License Number: 2705065997 Type: _____ Expiration: *11-30-19*

DESCRIPTION OF WORK
Scope of Work: Maintenance Application - Replace (3) antennas and (6) Remote Radio Heads. Remove (6) Remote Radio Heads. All work on tower, no ground disturbance, no expansion of compound, no electrical work and no increase in tower height.

Proposed Use telecom: _____ Current Use telecom: _____ Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____

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

Finished Sq. Ft.: n/a Unfinished Sq. Ft.: n/a Total Sq. Ft.: n/a

Building Only - Excludes All Trades Permits

Value of Work: \$7,500

Application Fee	\$ <i>106.25</i>
State Levy Fee	\$ <i>1.13</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>107.38</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: *Scott M. Johnson* Date: 6/5/2019
Scott M. Johnson, AICP



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-2019-00555
 GPIN/Tax Map: 6777-09-4034 / Tax Parcel ID 43-24-0-2-0
 Issued: Issued 6-25-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION
 Site Address: 2026 Shade Hunter Lane, Maidens, VA 23102
 Owner: Arthur & Kimberly Jennings
 Phone #: 804.556.2747
 Address: 2026 Shade Hunter Lane, Maidens, VA 23102
 Email: arjenningsiii@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: Leigh Gordon (Gordon Brothers Construction)
 Phone #: 804.972.3877
 Address: 2945 River Road West, Goochland, VA 23063
 Email: gordonbrothersconstruction@yahoo.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: Gordon Brothers Construction, LLC
 Phone: 804.556.8180
 Address: 2945 River Road West, Goochland, VA 23063
 Email: gordonbrothersconstruction@yahoo.com
 Contractor License Number: 2705144137
 Type: Class A
 Expiration: 12-31-19

DESCRIPTION OF WORK
 Scope of Work: Convert one bedroom to home office
 Convert existing 24'x24' garage into Mastersuite with bathroom, closet and laundry room. *This home has a total of 3 bedrooms. Therefore no change to septic is required.

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
576		576		

Building Only - Excludes All Trades Permits

Value of Work	\$ 100,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *Leigh Gordon* Date: 5/13/19
Josias Beck 6/7/19

Application Fee	\$ 462.00
State Levy Fee	\$ 9.24
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 471.24



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: 3-1-2019 Rec: 3/4/19
Permit Number: BP-2019-00221
GPIN/Tax Map: 1733-29-9538/LA-22-A-15-0
Issued: 3-19-19
This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION
Site Address: 13289 Kenwick Court
Owner: Rivergate 15 LLC
Phone #: 804 387 0035 / 804 372 7713
Address: PO Box 42333 Henrico VA 23242
Email:

APPLICANT INFORMATION
Applicant/Contact: ~~Travis Gardner~~ DONNA SURD
Phone #: 804-640-7713
Address: 29960 PO Box 42333 Henrico VA 23242
Email: travis.gardner@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: Rivergate Sec. 1
Proffer: Yes No
Amount: —
Date Paid: —
Front Setback: 40 from ROW
Center Line Setback: —
Rear Setback: 35'
Side Setback: 15'
Side Setback: 15'
Flood Zone: —
CUP/Variance/COA: —
APPROVED REJECTED COMMENTS:
Planning & Zoning Officer: David Floyd Date: 3/5/19 RI

CONTRACTOR INFORMATION
Contractor: Gardner Construction Corporation (OWNER)
Phone: 804-640-7713
Address: ~~513 Forest Avenue Suite 207A~~
Email: travis@gardner-co.com
Contractor License Number: 2705149682 Type: BLD A Expiration: 01-03-2021

DESCRIPTION OF WORK
Scope of Work: New two story home attached garage
Revised 5-31-19
Reduced sq footage to 5788 and increase unfinished sq ft to 4058
Proposed Use: Single Family Detached
Current Use: Vacant Lot
Environmental Impacts (stream crossing, wetlands, amt land disturbed): NO, NO, 39,640 sq ft.
SEWER: Public/Private
WATER: Public/Private
of Bathrooms: 5.5 # of Bedrooms: 5 # of floors: 2
Finished Sq. Ft.: 7524 5788 Unfinished Sq. Ft.: 1233 3108 4058 Total Sq. Ft.: 8754 10,629 9846

Building Only - Excludes All Trades Permits
Value of Work: 1,200,000.00
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: [Signature] Date: 3-1-2019
Application Fee: \$5412-
State Levy Fee: \$108.24
Septic/Well Fee: \$
Zoning Fee: \$50-
RLD: \$
SWP: \$
Total: \$5570.24

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: Meyer Goergen Telephone: 804-288-3600

Mailing Address: 1802 Bayberry Court, Suite 200 Richmond VA 23226

OWNER'S STATEMENT

I, DONNA SURD of (address) P.O. Box 29960 Henrico, VA 23242 affirm that I am the owner of a certain tract of parcel of land located at 13289 Kenwick Ct and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54.1-1111 of the Code of Virginia.

[Signature] Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE R-5 # STORIES 2 CONSTRUCTION TYPE 5B OCCUPANY LOAD 10 CODE EDITION 2012

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL [Signature] DATE 6.25.19.
Code Official



BUILDING PERMIT APPLICATION

Application Date: 06/18/2019

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-2019-00609

GPIN/Tax Map: 6778-43-3227/31-10-91-A

Issued: 6-25-19

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 2211 Camelback Road Maidens, VA 23102	
	Owner Anthony Gordon	Phone # 804-928-9869
	Address 2211 Camelback Road Maidens, VA 23102	

APPLICANT INFORMATION	Applicant/Contact Jeannie Salvatore		Phone # 804-495-4646
	Address 2410 Southland Dr Chester VA 23281		Email JSALVATORE@JESWORK.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 Jes Construction		Phone 804-495-4646
	Address 2410 Southland Dr Chester VA 23281		Email JSALVATORE@JESWORK.COM
	Contractor License Number 2705-06-8655	Type A	Expiration 04-30-20

DESCRIPTION OF WORK	Scope of Work: Installing 10 intelli jacks, as well as 56 lin ft supplemental beam				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>77.75</u>
Value of Work	14,611.00	State Levy Fee \$ <u>1.55</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>[Signature]</u> Date <u>06/18/19</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>79.30</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: 6/12/19

Permit Number: AP-2019-00586

GPIN/Tax Map: GPIN: 7726-76-4548
TAX PARCEL: 59-10-47-0

Issued: 6-21-19

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.

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>NW corner of Three Chop + Broad St</u>	Phone # <u>Clarke Jones</u> <u>804-363-7073</u>
	Owner <u>LJP Properties (Larry Page)</u>	Email
	Address <u>P.O. Box 72075 RVA 23235</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Robert Carpenter</u>	Phone # <u>804-537-2264</u>
	Address <u>5302 Ditchley Rd RVA 23226</u>	Email <u>carp2@cableone.net</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>50 ft from ROW</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>---</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>---</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*Must be approved by 7/8/19</u>	Planning & Zoning Officer: <u>David Feay</u> Date: <u>6/18/19</u>		

CONTRACTOR INFORMATION	Contractor <u>see Applicant</u>	Phone
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Erect Temp free standing sign w/ sales & storage trailers</u> <u>Big Bang Fireworks</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30.00</u>
Value of Work <u>100⁰⁰</u>		State Levy Fee \$ <u>1.00</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.		Septic/Well Fee \$ <u>---</u>
		Zoning Fee \$ <u>50.00</u>
		RLD \$ <u>---</u>
		SWP \$ <u>---</u>
		Total \$ <u>80.00</u>
Signature of Applicant <u>Robert Feay</u>	Date <u>6-12-19</u>	



BUILDING PERMIT APPLICATION

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

Application Date: 6-7-19

Permit Number: BP-2019-00571

GPIN/Tax Map: 6767-03-9049 / 42-6-0-1-0

Issued: 6-21-19

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>2958 River Road W; Goochland, VA 23063</u>	
	Owner <u>Nathan Wiley / Blue Ridge Custom Homes</u>	Phone # <u>804-297-9950</u>
	Address <u>1186 Lickinghole Road; Goochland, VA 23063</u>	Email <u>nathanwbrch@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Tyler Wilkerson</u>	
	Address <u>2455 Choney Creek Road; Goochland, VA 23063</u>	Email <u>tylerwbrch@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	GUP/Varlance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to Foot Print.</u> Planning & Zoning Officer: <u>[Signature]</u> Date: <u>6/14/19</u>			

CONTRACTOR INFORMATION	Contractor <u>Blue Ridge Custom Homes</u>		Phone <u>804-614-4556</u>
	Address <u>1186 Lickinghole Road; Goochland, VA 23063</u>		Email <u>blueridgecustomhomes@gmail.com</u>
	Contractor License Number <u>2705086712</u>	Type <u>Class A</u>	Expiration <u>07/31/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>Installing new, building-mounted sign on the front of the structure for Blue Ridge Custom Homes</u>					
	Proposed Use <u>Office/Meeting Space</u>	Current Use <u>Vacant</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>			
	<input type="checkbox"/> SEWER <input checked="" type="checkbox"/> Public/Private	<input checked="" type="checkbox"/> WATER <input type="checkbox"/> Public/Private	# of Bathrooms <u>0.5</u>	# of Bedrooms <u>N/A</u>	# of floors <u>1</u>	
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft. <u>335sq ft</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 1,900.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 05/31/19

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

Louise Beck 6/18/2019



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6-4-2019
 Permit Number: BP-2019-00569
 GPIN/Tax Map: 7728-50-6821 / 48-10-0-C-0
 Issued: 6-20-19

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.

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OWNER INFORMATION	Site Address <u>2191 Lanier Lane - Rockville, VA 23146</u>	
	Owner <u>Shelbeck Excavating LLC.</u>	Phone # <u>434-960-3170</u>
	Address <u>3414 ROLLING RD SOUTH SCOTTSDALE, VA 22180</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Christopher Roberts</u>		Phone # <u>804-690-6341</u>
	Address <u>12233 South Anna Dr. - Rockville, VA 23146</u>		Email <u>services@ATEC-LLC@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lanier Industrial Park</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>30' from ROW</u>	Center Line Setback	Rear Setback <u>30'</u>	CUP/Variance/COA _____
	Side Setback <u>30'</u>	Side Setback <u>10'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <u>David Lloyd</u> Date: <u>6/20/19</u> m2			

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

DESCRIPTION OF WORK	Scope of Work: <u>Install concrete building on property & supply power to it. For R-Tec Hydraulics.</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>88</u>	Unfinished Sq. Ft. <u>232</u>	Total Sq. Ft. <u>320</u>		
	Building Only - Excludes All Trades Permits				

Value of Work <u>\$4,000.00</u>	Application Fee \$ <u>30.00</u>
	State Levy Fee \$ <u>60</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ <u>100.00</u>
	RLD \$ _____
	SWP \$ _____
Signature of Applicant: <u>LL</u>	Total \$ <u>130.00</u>
Date: <u>6-7-19</u>	

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



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: 5/6/19
 Permit Number: BP-2019-00432
 GPIN/Tax Map: 29-3-0-12-0/6749-62-9902
 Issued: Issued 6-20-19

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>2622 Dogtown Rd Goochland</u>	
	Owner	<u>Bruno Roy</u>	Phone # <u>804-683-8518</u>
	Address	<u>3100 Mill Trace Ln Sandy Hook, VA 23153</u>	Email <u>off2hcky@aol.com</u>
APPLICANT INFORMATION	Applicant/Contact	<u>Bruno Roy</u>	Phone # <u>804-683-8518</u>
	Address	<u>3100 Mill Trace Ln Sandy Hook, VA 23153</u>	Email <u>off2hcky@aol.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Fauquier Gardens</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/GOA
	<u>75' from Row</u>	<u>100'</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>David Floyd</u> Date <u>5/8/19</u> AI				

CONTRACTOR INFORMATION	Contractor	Phone
	<u>Owner</u>	
	Address	Email
Contractor License Number	Type	Expiration
	<u>home</u>	<u>for the aged to</u>

DESCRIPTION OF WORK	Scope of Work: <u>change of use from maxine home residence SFD to residential floor plan and adding two decks, (12x14 Back Deck 5x14 covered front porch)</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<u>residence</u>	<u>VACANT</u>			
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	<u>3</u>	<u>4</u>	<u>1</u>		
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			
<u>2000</u>	<u>915 basement 238 NEW DECKS</u>	<u>2915</u>			

Building Only - Excludes All Trades Permits		Application Fee \$ <u>282.00</u>	
Value of Work	<u>60,000</u>	State Levy Fee	\$ <u>564</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>312.64</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>5/6/19</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: May 21, 2019
 Permit Number: BP-2019-00534
 GPIN/Tax Map: 7727-48-8719
 Issued: 6-20-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION	Site Address	
	2301 Commerce Center Drive, Rockville, VA., 23146	
	Owner	Phone #
	Rockville 623 LLC	
	Address	Email
	P. O. Box 29682 Richmond, Va., 23242	

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Kimberly Bowman	338-789-3069
	Address	Email
	1990 Rockford Street, Mt. Airy, N.C. 27030	kimberly@interstatesign.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>None</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/GOA
	<u>5'</u>	<u>5'</u>	<u>5'</u>	
	Side Setback	Side Setback	Flood Zone	
	<u>5'</u>	<u>5'</u>	<u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <u>No change to footprint, replacing current sign.</u>	
	Planning & Zoning Officer: <u>Daniel Floyd</u>	Date: <u>6/3/19</u>		

CONTRACTOR INFORMATION	Contractor	Phone	
	Interstate Sign Co., Inc.	338-789-3069	
	Address	Email	
	1990 Rockford Street, Mt. Airy, N.C. 27030	kimberly@interstatesign.com	
	Contractor License Number	Type	Expiration
	2705005899	Class B	11/30/2019

DESCRIPTION OF WORK	Scope of Work: We will be removing the current freestanding main ID sign that is there now, and replacing with a new freestanding illuminated main ID sign and new foundation. We will also be adding 2' X 6' illuminated spandrels to the light poles at the fueling stations. <u>Rockville 623 LLC</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	Fueling Site	Fueling Site	n/a		
	SEWER	WATER	# of Bathrooms	# of Bedrooms	# of floors
	<input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> Public/Private <input type="checkbox"/>	n/a	n/a	n/a
Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.	
n/a		n/a		2 @ 2' X 6' = 24 sq. ft / Freestanding sign 41.04 / 65.04 Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	\$30,120.75 <u>\$30,125.75 KB</u>	Application Fee	\$ <u>225.94</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		State Levy Fee	\$ <u>4.52</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant <u>Kimberly Bowman</u>	Date <u>May 22, 2019</u>	Total	\$ <u>280.46</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: 5-19-19

Permit Number: DP-2019-00457

GPIN/Tax Map: 5891-39-4766 / 9-1-0-46-C

Issued: 5-19-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>3747 Shannon Hill Rd. Columbia VA 23038</u>	
	Owner <u>Catherine Slayton</u>	Phone # <u>772-919-5908</u>
	Address <u>same</u>	Email <u>Casey@shonts.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>M12 Solutions LLC (Leslea Johansen)</u>	
	Address <u>11043 Deulinburg Terrace, Providence Forge VA</u>	Email <u>Leslea.M12SolutionsLLC@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>5' from lot line</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>5/13/19</u> <u>A1</u>			

CONTRACTOR INFORMATION	Contractor <u>M12 Solutions LLC</u>		Phone <u>804-955-7856</u>
	Address <u>11043 Deulinburg Terrace Providence Forge VA 23146</u>		Email <u>Leslea.M12SolutionsLLC@gmail.com</u>
	Contractor License Number <u>2705167207</u>	Type <u>Class A</u>	Expiration <u>4/30/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>Installation of an 16'x32' in ground pool with along w/ pool barrier</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, any land disturbed)	
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms # of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>512</u>	Total Sq. Ft. <u>512</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>73.36</u>
Value of Work	<u>\$19,600 / \$14,080.00</u>	State Levy Fee	\$ <u>1.51</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant	<u>Leslea</u>	Date	<u>5/31/19</u>
		Total	\$ <u>101.87</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: 06/12/2019 *6-14-19*
 Permit Number: *DP-2019-00588*
 GPIN/Tax Map: 7714-91-5880
 Issued: *6-18-19*

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 103 WILLOW OAKS ROAD RICHMOND, VA 23238	
	Owner Michael Douglas (Former owner Marrero Marisol)	Phone # (804) 441-2151
	Address 103 WILLOW OAKS ROAD RICHMOND, VA 23238	Email solimar8111@Gmail.com
APPLICANT INFORMATION	Applicant/Contact JES Construction LLC/Jennifer Haynes	
	Address 2410 Southland Drive, Chester, VA 23831	Phone # (804) 495-4646 Email JHaynes@JESwork.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 JES Construction LLC		Phone (804) 495-4646
	Address 2410 Southland Drive, Chester, VA 23831		JHaynes@JESwork.com
	Contractor License Number 2705068655	Type A	Expiration 04/30/2020

DESCRIPTION OF WORK	Scope of Work: Install (11) Foundation push piers and 588 square feet polyrenewal foam				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>117.37</u> State Levy Fee \$ <u>2.35</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>119.66</u>
Value of Work	\$23,404	
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	06/12/2019	



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: May 23, 2019
Permit Number: BP-2019-00528
GPIN/Tax Map: 7727-01-9196/47-1-0-450
Issued: 6-18-19

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>2000 Valentine Rd, Rockville VA, 23146</u>	
	Owner <u>Glynn Whitten</u>	Phone # <u>647-1363</u>
	Address <u>PO Box 2356, Glen Allen, VA</u>	Email <u>d4cd400@yahoo.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Same as above</u>	
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount ←	Date Paid ←
	Front Setback <u>55' from ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>Daniel Ford</u> Date: <u>5/31/19</u> <u>A2</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>remove existing landing & steps / build small deck & new steps</u> <u>120</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>120</u>	Total Sq. Ft. <u>120</u>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.00</u>
Value of Work	<u>\$1,500.00</u>	State Levy Fee	\$ <u>.60</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>Glynn Whitten</u> Date: <u>5/23/19</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>55.60</u>



BUILDING PERMIT APPLICATION

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

Application Date: 6-14-19

Permit Number: BP-2019-00590

GPIN/Tax Map: 6787-39-5638/44-16-0-9-2

Issued: 6-18-19

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

Residential Commercial

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>1600 Horsepen Mills Rd, Maidens, VA 23102</u>		
	Owner	<u>Stephen Bassett</u>	Phone #	<u>804-651-1026</u>
APPLICANT INFORMATION	Address	<u>1600 Horsepen Mills Rd, Maidens, VA 23102</u>		
	Applicant/Contact	<u>Stephen Bassett</u>	Email	<u>S.bassett@dominionfiber.com</u>
	Address	<u>1600 Horsepen Mills Rd, Maidens, VA 23102</u>	Phone #	<u>804-651-1026</u>
	Address	<u>1600 Horsepen Mills Rd, Maidens, VA 23102</u>	Email	<u>S.bassett@dominionfiber.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/Varlane/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			

Planning & Zoning Officer _____ Date _____

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

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

Building Only - Excludes All Trades Permits

Value of Work	<u>\$6,000.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 6/14/19

Application Fee	\$ <u>39.00</u>
State Levy Fee	\$ <u>78</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>39.78</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: 5/28/19
 Permit Number: BP-2019-00521
 GPIN/Tax Map: 6748-69-7625/29-1-0-48-1
 Issued: 6-18-19

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

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>2484 Dogtown Rd</u>	
	Owner <u>William e Yolanda Anderson</u>	Phone # <u>804 229 4756</u>
	Address <u>2484 Dogtown Rd</u>	Email <u>JAG Construction 406mail</u>
APPLICANT INFORMATION	Applicant/Contact <u>George French</u>	
	Address <u>4022 Bonniebank Rd suite 302</u>	Phone # <u>804 229 4756</u> Email <u>" "</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 Road</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>25'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint</u> Planning & Zoning Officer: <u>[Signature]</u> Date: <u>5/30/19</u> AI			

CONTRACTOR INFORMATION	Contractor <u>JAG Construction</u>		Phone <u>804 229 4756</u>
	Address <u>4022 Bonniebank Rd</u>		Email <u>JAG Construction 406mail</u>
	Contractor License Number <u>2705124561</u>	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>42x22</u> <u>House Addition Living Room, Master Suite, Bathroom</u>				
	Proposed Use	Current Use <u>Single Family</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>1</u>	# of Bedrooms <u>1</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>924</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>924</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>175,000</u>
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Application Fee	\$ <u>340.00</u>
State Levy Fee	\$
Applicant Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ <u>340.00</u>

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

Signature of Applicant: [Signature] Date: 5/28/19



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6-12-19
 Permit Number: BP-2019-00579
 GPIN/Tax Map: 6841-CO-1280/20-1-0-98-0
 Issued: 6-17-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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>3768 Cedar Plains Road</u>	
	Owner <u>Antonio Mendez</u>	Phone # <u>(804) 564-7418</u>
APPLICANT INFORMATION	Applicant/Contact <u>(804) 564-7418</u>	
	Address <u>3768 Cedar Plains Road Sandy Hook VA</u>	Email

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

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION	Contractor <u>Owner</u>		Phone <u>(804) 564-7418</u>
	Address <u>3768 Cedar Plains Road</u>		Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>construct on</u> <u>Build a Sunroom on an existing deck (closing in)</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>480</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>16 x 30</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>3360</u>	
Value of Work	<u>\$3100 or \$4900.00</u>	State Levy Fee	\$ <u>.67</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Antonio Mendez</u> Date <u>6-12-19</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>3427</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: ~~6/10/19~~ **6-12-19**

Permit Number: **BP-2019-00580**

GPIN/Tax Map: **7704-95-7277 / 62-2-B-18-0**

Issued: **6-17-19**

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

Residential Commercial

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

OWNER INFORMATION	Site Address 121 Willway Drive	
	Owner Sandra Eubank	Phone # 804.641.5583
	Address 121 Willway Drive, Manakin Sabot, VA 23103	

APPLICANT INFORMATION	Applicant/Contact Cameron Hopper		Phone # 804.627.2332
	Address 4908 F Dominion Blvd, Glen Allen, VA		Email chamms1@comcast.net

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 Coastal Contracting of VA, Inc.		Phone 804.360.5775
	Address 4908 F Dominion Blvd, Glen Allen		Email
	Contractor License Number 2705159617	Type A	Expiration 3/31/20

DESCRIPTION OF WORK	Scope of Work: Repair roof damaged trusses and adjacent framing by a tree per structural engineer letter / recommendation (Carl Duncan with CE Duncan & Associates). Repair rear wall of home. Install new deck in place of existing with same layout. Install new vinyl siding and demo old T1-11. <i>Damaged by natural disaster. Not changing any footprint</i>				
	Proposed Use Residential	Current Use Residential	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 1
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	25,000
---------------	---------------

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: _____ Date: **6/10/19**

Application Fee	\$
State Levy Fee	\$
Septic/Water Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 0

Full Waiver Storm Damage



ZONING COMPLIANCE APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103

Goochland, VA 23063

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Issued 6-14-19

Office Use Only

Application File Date:	Application No.: <u>AP-2019-00565</u>	Fee: \$25.00
Zoning Approval: Yes <u>David Floyd</u>	No:	Date: <u>6/14/19</u>

Zoning Application Type: *Please check appropriate box*

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Vallenbrosa LLC
 Address: 1561 Perkinsville Rd.
Midway, VA 23102
 E-mail: emassiescott@gmail.com

Telephone: 804-615-4066
 Cell phone: 7
 FAX: _____

Name of Applicant: Same
 Address: _____
 E-mail: _____

Telephone: _____
 Cell phone: _____
 FAX: _____

Property Information

Street Address: 2600 Perkinsville Rd.
 GPIN Number: 0779-91-10410
 Existing Use: residential/farming

Zoning: A-2
 Acreage: 9.6

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

No 14x22 enclosed

Project Information

1. Estimated square footage of the building(s): 308 SF. (enclosed) plus 130 SF. covered
2. Value of Building: \$7,000.00 ±
3. Written Description of Proposed Physical Improvements:
Small storage shed for garden/farm supplies/
firewood storage, tools.



BUILDING PERMIT APPLICATION

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

Application Date: APRIL 30, 2019

Permit Number: BP-2019-00486

GPIN/Tax Map: 7106-24-0101 / 58-1-093-C

Issued: 6/3/19

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

Residential Commercial

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

OWNER INFORMATION	Site Address: <u>2250 Old Brick Road, Suite 220, Glen Allen, VA 23060</u> <u>1501 HOCKETT ROAD, MANAKIN SABOT, VA 23103</u>	
	Owner: READERS BRANCH PARTNERS, LLC	Phone #: 804.741.4663
	Address: 2250 OLD BRICK ROAD, SUITE 220, GLEN ALLEN, VA 23060	Email:
APPLICANT INFORMATION	Applicant/Contact: VICKI BARNETT	
	Address: 10423 DOW GIL ROAD, ASHLAND, VA 23005	Phone #: 804.798.5097 Email: ADMIN@BRACWALLS.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <u>Readers Branch</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	Front Setback: <u>75' from Row</u>	Center Line Setback: _____	Rear Setback: <u>5'</u>	CUP/Variance/COA: _____
	Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
Planning & Zoning Officer: <u>David Floyd</u> Date: <u>5/20/19</u> REPAID				

CONTRACTOR INFORMATION	Contractor: BRACT RETAINING WALLS AND EXCAVATING, LLC		Phone: 804.798.5097
	Address: 10423 DOW GIL ROAD, ASHLAND, VA 23005		
	Contractor License Number: 2705131869	Type: CONTRACTOR A	Expiration: 11.30.2019

Scope of Work: INSTALL 1 SEGMENTAL BLOCK RETAINING WALL AT THE ROAD = 1,764 SQ FT / 366 LFT

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. 1,764		

Building Only - Excludes All Trades Permits

Value of Work	\$23,400.00	Application Fee	\$ <u>175.50</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.		State Levy Fee	\$ <u>3.51</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>229.01</u>

Signature of Applicant: Vicki Barnett Date: APRIL 30, 2019



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: APRIL 30, 2019

Permit Number: BP-2019-00487

GPIN/Tax Map: 7726-24-0101 / 58-1-0-93-C

Issued: 6-14-19

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.

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>12561 South Crossing dr.</u> 1501 HOCKETT ROAD, MANAKIN SABOT, VA 23103	
	Owner	READERS BRANCH PARTNERS, LLC	Phone # 804.741.4663
	Address	2250 OLD BRICK ROAD, SUITE 220, GLEN ALLEN, VA 23060	Email

APPLICANT INFORMATION	Applicant/Contact	VICKI BARNETT	Phone # 804.798.5097
	Address	10423 DOW GIL ROAD, ASHLAND, VA 23005	Email ADMIN@BRACWALLS.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Readers Branch</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—	—
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>75' from ROW</u>	—	<u>5'</u>	—
Side Setback	Side Setback	Flood Zone		
<u>5'</u>	<u>5'</u>	<u>5'</u>	—	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Officer: <u>David Floyd</u> Date: <u>5/20/19</u> RPWD				

CONTRACTOR INFORMATION	Contractor	BRACT RETAINING WALLS AND EXCAVATING, LLC		Phone 804.798.5097 x4
	Address	10423 DOW GIL ROAD, ASHLAND, VA 23005		
	Contractor License Number	2705131869	Type	CONTRACTOR A
	Expiration	11.30.2019		

DESCRIPTION OF WORK	Scope of Work: INSTALL 1 SEGMENTAL BLOCK RETAINING WALL AT THE CLUBHOUSE = 4,773 SQ FT / 285 LFT				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input checked="" 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. 4,773		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>526.50</u>
Value of Work	\$70,200.00	State Levy Fee	\$ <u>10.53</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>Vicki Barnett</u> Date: APRIL 30, 2019		Septic/Well Fee	\$
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>587.03</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: 05/06/2019

Permit Number: *BP 2019-00453*

GPIN/Tax Map: 42-1-0-28-0, *16766-08-7140*

Issued: *6-13-19*

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 2750 Maidens Loop		Phone # 804 433 8285		
	Owner John O. Brockenbrough		Email Brockenbrough256@gmail.com		
	Address 2750 Maidens Loop, Maidens, VA 23102				
APPLICANT INFORMATION	Applicant/Contact John H. Brockenbrough		Phone # 804 836 3878		
	Address 6020 Stonewick Court, Glen Allen, VA 23059		Email Brockenbrough256@gmail.com		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <i>75' From Rear</i>	Center Line Setback <i>100'</i>	Rear Setback <i>5'</i>	CUP/Variance/COA <i>CU-2019-4</i>	
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone _____		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Floyd</i> Date <i>5/13/19</i> A2				
	Contractor Owner				
CONTRACTOR INFORMATION	Address		Phone		
	Contractor License Number		Type		
	Expiration		Email		
DESCRIPTION OF WORK	Scope of Work: <i>30x64 Pole Building, 44x30 Production, 20x30 Testing Rm</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 1	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft. 600	Unfinished Sq. Ft. 1320	Total Sq. Ft. 1920		
	Building Only - Excludes All Trades Permits				
Value of Work	<i>\$30,000.00</i> <i>\$22,880.00</i>		Application Fee \$ <i>921.60</i> State Levy Fee \$ <i>18.93</i> Septic/Well Fee \$ <i>25.50</i> Zoning Fee \$ <i>100.00</i> RLD \$ _____ SWP \$ _____ Total \$ <i>7065.53</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 <i>[Signature]</i>		Date <i>5/6/19</i>			



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 5/31/19
 Permit Number: BP-2019-00549
 GPIN/Tax Map: 7716-24-4460/57-36-0-90
 Issued: 6-11-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

This application requires two copies of construction drawings and two copies of the 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 Shadow Creek Lane	
	Owner Allen and Cindy Hollingshead	Phone # 804-357-4714
	Address 408 Shadow Creek Lane	

APPLICANT INFORMATION	Applicant/Contact Chase Loomer		Phone # 804-814-4115
	Address P.O. Box 7200 Richmond, VA 23221		Email CardiffRenovations@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 Cardiff Renovations, LLC		Phone 804-814-4115
	Address P.O. Box 7200 Richmond, VA 23221		Email CardiffRenovations@gmail.com
	Contractor License Number 2705167913	Type Class A 'RBC'	Expiration 5/31/2020

DESCRIPTION OF WORK	Scope of Work: Replacement of existing exterior door to patio and kitchen bay windows, removal of non-bearing wall between kitchen and family room, removal of existing fireplace and re-framing for new unit installation, & removal of closet in master bath				
	Proposed Use single family	Current Use single family	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 no change	# of Bedrooms no change	# of floors no change
	Finished Sq. Ft. no change	Unfinished Sq. Ft. no change	Total Sq. Ft. no change		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>3000</u> State Levy Fee \$ <u>.60</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>3060</u>
Value of Work	\$3,850.00	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u> Date <u>5/31/19</u>	



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 5-14-19

Permit Number: BP-2019-00546

GPIN/Tax Map: 6757-98-5776/42-1-0-66F

Issued: 6-11-19

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

This application requires two copies of construction drawings and two copies of the 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>1940 Sandy Hook Rd, Ste. E</u>	
	Owner <u>Town & country Shops LLC</u>	Phone #
	Address <u>1940 Sandy Hook Rd</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Jessica Sutherland</u>	Phone # <u>8046490325</u>
	Address <u>1908 Chamberlayne Ave.</u>	Email <u>PERMITS@talley signs.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>55' from Row</u>	Center Line Setback	Rear Setback <u>10'</u>	CUP/Variance/COA
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone	<u>COA-2019-4</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date: <u>6/6/19</u> B1			

CONTRACTOR INFORMATION	Contractor <u>Talley Sign Company</u>	Phone <u>8046490325</u>
	Address <u>1908 Chamberlayne Ave.</u>	Email <u>PERMITS@talley signs.com</u>
	Contractor License Number <u>2701025262</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>install one (1) illuminated wall sign on front fascia for Allstate.</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	<u>49</u>	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>3000</u>
Value of Work <u>1,500 \$</u>		State Levy Fee \$ <u>60</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/Wall Fee \$ <u>—</u>
Signature of Applicant: <u>[Signature]</u>	Date: <u>5-14-19</u>	Zoning Fee \$ <u>3000</u>
		RLD \$ <u>—</u>
		SWP \$ <u>—</u>
		Total \$ <u>8060</u>

Issued 6-11-19

BUILDING PERMIT APPLICATION Goochland County Building Inspection Department P O Box 119 Goochland VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317	Application Date: 6-6-19
	Permit Number: BP-2019-00559
	Old Map Number: 58-39-4-9-0
	GPIN: 7715-67-6107

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

OWNER INFORMATION	Site Address 318 Broadfield Lane		District
	Owner Ian Martin		Phone # 703-350-2907
	Address 318 Broadfield Lane		
	Proposed Use Residential	Current Use Residential	Existing Buildings on Property House
	Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	Census Track	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Jack Bergman	Phone: 804-229-3964
Email: jack.bergman@verizon.net	

CONTRACTOR INFORMATION	Contractor: JB Contracting Inc	Phone: 804-744-1001
	Address: 17801 Hull St Rd, Moseley, VA 23120	
	Contractor License Number: 2705127080	Type: A

Description of Work	Scope of Work: build a 21 x 15 Screen Porch				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 315	Finished Sq. Ft.	Unfinished Sq. Ft. 315	# of Bedrooms

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

VALUE OF WORK	
Building	30,000.00
Excludes All Trades Permits	

Application Fee	\$ 147.00
Septic/Well Fee	\$
State Levy Fee	\$ 2.94
Zoning Fee	\$
Total	\$ 149.94

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: 



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: 5-23-19
Permit Number: BD-2019-00517
GPIN/Tax Map: 42-8-1-1-0/6767-08-9453
Issued: 5-10-19
This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION
Site Address: 2700 Fairground Rd. Goochland VA 23063
Owner: Doris Brooking
Address: 2686 Fairground Rd. Goochland, VA
Phone #: 804-556-6606
Email:

APPLICANT INFORMATION
Applicant/Contact: CNH Homes Inc. / Teresa Kite
Address: 12244 Washington Hwy. Ashland VA 23005
Phone #: 804-798-3206
Cell: 540-742-4467
Email: teresakite20@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: Cedar Hills Proffer: Yes No Amount: _____ Date Paid: _____
Front Setback: 100' From Row Center Line Setback: _____ Rear Setback: 35' CUP/Variance/COA: _____
Side Setback: 20' Side Setback: 20' Flood Zone: _____
APPROVED REJECTED COMMENTS: * Survey locate right setback.
Planning & Zoning Officer: David Floyd Date: 5/28/19 A2

CONTRACTOR INFORMATION
Contractor: CNH Homes Inc. Phone: 804-798-3206
Address: 12244 Washington Hwy. Ashland VA 23005 Email: ro78@claytonhomes.com
Contractor License Number: 2705048123 Type: A Expiration: 4-30-21

DESCRIPTION OF WORK
Scope of Work: replace removed single wide with 16' x 76' single wide using existing well and septic (2) 5' x 5' landings in same footprint
Serial# CBG051024NC
Proposed Use: Residential Current Use: Residential Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____
SEWER: Public/Private WATER: Public/Private
of Bathrooms: 2 # of Bedrooms: 3 # of floors: 1
Finished Sq. Ft.: 1216 Unfinished Sq. Ft.: 50 Total Sq. Ft.: 1266

Building Only - Excludes All Trades Permits
Value of Work: 73,500.00
Application Fee: \$ 342.75
State Levy Fee: \$ 68.6
Septic/Well Fee: \$ _____
Zoning Fee: \$ 50.00
RLD: \$ _____
SWP: \$ _____
Total: \$ 399.61
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: [Signature] Date: 4/23/19



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 4/9/19

Permit Number: *BP-2019-00342*

GPIN/Tax Map: 7715-74-9365 / 58-31-0-40

Issued: 6-10-19

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

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

OWNER INFORMATION	Site Address 100 Kinloch Lane Manakin Sabot, VA 23103	
	Owner Kinloch Golf Association Corp	Phone #
	Address 100 Kinloch Lane Manakin Sabot, VA 23103	Email

APPLICANT INFORMATION	Applicant/Contact Andrew Coleman		Phone # 804-335-8944
	Address 1607 Ownby Lane Richmond, VA 23220		Email acoleman@kjellstromandlee.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>90' from ROW</i>	Center Line Setback	Rear Setback <i>25'</i>	CUP/Variance/COA
	Side Setback <i>20' from ROW</i>	Side Setback <i>20' from ROW</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* Approval for Training Facility only.</i>	Planning & Zoning Office: <i>David Floyd</i> Date: <i>4/8/19</i> RPUD		

CONTRACTOR INFORMATION	Contractor Kjellstrom and Lee		Phone 804-288-0082
	Address 1607 Ownby Lane Richmond, VA 23220		Email
	Contractor License Number 2701005879	Type Class A; BLD	Expiration 12/31/19

DESCRIPTION OF WORK	Scope of Work: Renovate and expand the training facility at the Kinloch Golf Club.				
	Proposed Use Training Facility	Current Use Training Facility	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
	5747 Finished Sq. Ft.	0 Unfinished Sq. Ft.	Total Sq. Ft. 5747		

Building Only - Excludes All Trades Permits		Application Fee \$ <i>9,937.50</i>
Value of Work 1,325,000.00		State Levy Fee \$ <i>198.75</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
Signature of Applicant <i>G. Hill</i>	Date <i>4/10/2019</i>	Zoning Fee \$
		RLD \$
		SWP \$
		Total \$ <i>10,136.25</i>

Rec: 1-4-18

Issued 1-23-2019
BUILDING PERMIT APPLICATION
Goochland County Building Inspection Department
P O Box 119
Goochland VA 23063
(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317
LOT 4-1 READERS BRANCH

Application Date: 12-27-18
Permit Number: BP-2019-00016
Old Map Number: 58-53-0-4-0
GPIN: 7726-04-8715

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

OWNER INFORMATION	Site Address 12170 Readers Pointe Drive <i>Manekin Sabot, VA 23103</i>		District 23103
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060		
	Proposed Use	Current Use	Existing Buildings on Property
	Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Planning & Zoning Officer: *Daniel Floyd* Date: *1/10/19*

Applicant/Contact: BERTON JAMES Phone: (804)217-6910

Email: bjames@eagleofva.com

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

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE <i>Revised - 6/7/19 to change 368 sq ft of unfinished room space into a finished recreation room</i>					
	SEWER Public/Private	WATER Public/Private	2.5	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms	
	2	3761	2873 3241	888 520	3	

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

VALUE OF WORK	
Building	\$248,775.00 <i>\$262,575.00</i>
Excludes All Trades Permits	

Application Fee	\$1131.49
Septic/Well Fee	\$
State Levy Fee	\$22.63
Zoning Fee	\$50-
Total	\$1204.12
<i>Revision Fee \$6334</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

James



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: ~~5/25/19~~ 6/3/19
 Permit Number: BP-2019-00556
 GPIN/Tax Map: 7714-96-5546
 Issued: 6-7-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION	Site Address 643 Monacan Drive		Phone # 804-306-1504
	Owner Gintautas Putinas		Email gintassllc@gumli.com
	Address 643 Monacan Drive		Phone # 804-232-7665
APPLICANT INFORMATION	Applicant/Contact Douglas Aquatics, Inc./Bob Spero		Email bob.spero@douglasaquatics.com
	Address 1900 E. Belt Blvd. Richmond, VA 23224		

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Monacan Hills	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 55' From Road	Center Line Setback —	Rear Setback 5'	CUP/Variance/COA —
	Side Setback 5'	Side Setback 5'	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>6/6/19</u> #2			

CONTRACTOR INFORMATION	Contractor Douglas Aquatics, Inc.		Phone 804-232-7665
	Address 1900 E. Belt Blvd. Richmond, VA 23224		bob.spero@douglasaquatics.com
	Contractor License Number 2701024191	Type VA Class A Contractor	Expiration 11-30-19

DESCRIPTION OF WORK	Scope of Work: Installation of a 17' x 45', 767 sq. ft. inground gunite swimming pool w/ Aluminum fence barrier				
	Proposed Use	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed) 767 sq. ft.		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 767 sq. ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ 237.00
Value of Work	\$ 50,000	State Levy Fee	\$ 4.74
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>5/25/19</u>		Septic/Well Fee	\$
		Zoning Fee	\$ 25.00
		RLD	\$
		SWP	\$
		Total	\$ 266.74

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

Application Date: 5-16-19
 Application Accepted: BP-2019-00490
 Old Map Number: 33-7-0-9-A
 GPIN: 6198-36-8741-9999

814862-R1801 Issued: 6-7-19

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

OWNER INFORMATION	Site Address <u>2570 Oilville Road, Oilville VA 23146</u>		District		
	Owner <u>Crown Castle</u>		Phone # <u>(443) 223-7483</u>		
	Address <u>10980 Grantchester Way, Columbia MD 21044</u>				
	Proposed Use <u>Telecom</u>	Current Use <u>Telecom</u>	Existing Buildings on Property		
	Proposed Occupant Load (Commercial) <u>Existing</u>	Acreeage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District <u>M1</u>		
	Front Setback <u>75' on NW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>10'</u>	C.U. Permit	Variance
	Side Setback <u>Lot: 30'</u>	Side Setback <u>Lot: 10'</u>	COA	Flood Zone	
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>	COMMENTS: <u>No change to existing Footprints</u>	

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

Planning & Zoning Officer: David Floyd Date: 5/16/19

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

Contractor: Crown Castle USA Inc Phone: (443) 223-7483
 Address: 9011 Arboretum Pkwy Richmond VA 23236
 Contractor License Number: 2705065997 Type: Class A Expiration: 11-30-2019

Description of Work: Swap (3) antennas, remove (3) TMAs, add (3) RRHs

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

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

VALUE OF WORK		<p>Total <u>\$115.03</u></p>	Application Fee	\$ <u>63.75</u>
Building	<u>\$8,500</u>		Zoning Fee	\$ <u>50.00</u>
Excludes All Trades Permits			Septic/Well Fee	\$ <u> </u>
			State Levy Fee	\$ <u>1.28</u>
			RLD	\$ <u> </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]



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-2019-00462

GPIN/Tax Map: 6727-22-6039

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>1651 HASKINS RD GOOCHLAND VA</u>	
	Owner <u>MAN LEAFER / 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 MANASSAS VA 23103</u>	Email <u>JWARREN.MONTAGUS@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 1600</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> <u>A1</u>			

CONTRACTOR INFORMATION	Contractor <u>JOHN W. MONTAGUS JR INC.</u>		Phone <u>804 784-4226</u>
	Address <u>310 RIVER RD. WEST MANASSAS VA 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 dormers upstairs Finished Sqft changed</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>from 612 to 752. Total sqft from 1620 to 1760</u>		
	<input type="checkbox"/> SEWER Public/Private <u>NA</u>	<input type="checkbox"/> WATER Public/Private <u>NA</u>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>612 752</u>	Unfinished Sq. Ft. <u>1008</u>	Total Sq. Ft. <u>1620 1760</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>22,540</u> <u>\$81,640 PER</u> <u>GOOCHLAND</u> <u>WDP+SHEPHERD</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

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>

Revision # 41.77



BUILDING PERMIT APPLICATION

Application Date: 5/21/2019 *5-24-19*

Permit Number: *BP-2019-00535*

GPIN/Tax Map: *726-68-2421/48-2-F-50*

Issued: *1-4-19*

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

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 12661 Pamela Lane Richmond, VA 23233		Phone # 804-381-8773		
	Owner Kowalski, Robert and Ellen		Email robertkowalski417@gmail.com		
	Address 12661 Pamela Lane, Richmond, VA 23233				
APPLICANT INFORMATION	Applicant/Contact Sigora Solar LLC		Phone # 434.465.6788 ext.119		
	Address 1222 Harris Street, Charlottesville, VA 22903		Email permitting@sigorasolar.com		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid	
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA	
	Side Setback	Side Setback	Flood Zone		
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	Planning & Zoning Officer _____		Date _____		
CONTRACTOR INFORMATION	Contractor Sigora Solar LLC		Phone 434.465.6788 ext.119		
	Address 1222 Harris Street, Charlottesville, VA 22903		Email permitting@sigorasolar.com		
	Contractor License Number 2705141338	Type AES ELE	Expiration 7/31/20		
DESCRIPTION OF WORK	Scope of Work: Installation of a Flush Roof Mounted Solar Photovoltaic System System Size: 12.40 kWp DC				
	Proposed Use Residential Single Family	Current Use Residential Single Family	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
Building Only - Excludes All Trades Permits					
Value of Work \$5,270.00		Application Fee \$ <i>32.72</i> State Levy Fee \$ <i>.71</i> Septic/Well Fee \$ <i>—</i> Zoning Fee \$ <i>—</i> RLD \$ <i>—</i> SWP \$ <i>—</i> Total \$ <i>36.43</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 <i>[Signature]</i>		Date 5/21/2019			

Louis Beck 6/4/19



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	6-4-19
Permit #	ELI-2019-00542
Old Map #	
G-Pin	

LOCATION

Street Address 3256 REGSBY HOLLOW ROAD 23153	District
---	----------

PROPERTY OWNERSHIP

Name CHARLES & JOYCE REGSBY	Phone 804-822-6637
Mailing Address 3256 REGSBY HOLLOW ROAD 23153	

APPLICANT

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

CONTRACTOR

Name H.O. FEILD ELECTRIC CO. INC.	Phone 804-365-0263
Mailing Address 10102 WHITESEAL ROAD, SUITE B, ASHLAND, VA. 23005	License Type ELE
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705123991
Expiration 8-31-20	Class B

DESCRIPTION OF WORK

INSTALL 16KW GENERATOR AND 200A SWITCH			
# of Baths	Service Size	Power Company	Inquiry #

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

I _____ of (address) _____ affirm that I am the owner

of a certain tract or parcel of land located at _____

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

_____(Owner)

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

_____(Notary) My commission expires _____

Signature of Applicant

Value of work: \$8800.00

Permit fee: \$61.81

Approval _____ Date _____

Issue date: _____

44170-305 6503
6/20



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	6-11-19
Permit #	211-309-0574
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	2136 SANDY HOOK RD	District	
----------------	--------------------	----------	--

PROPERTY OWNERSHIP

Name	THELMA KENNEY	Phone	8045563522
Mailing Address	2136 SANDY HOOK RD		

APPLICANT

Name	WOODFIN HEATING	Phone	8047644533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 22 KW GENERATOR, 200 AMP ATS

Replace Panel 200 Amps

# of Baths	Service Size	Power Company	Inquiry #
	200	DOM	

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

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

_____(Signature)

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

_____(Notary)

My commission expires _____

Value of Work: 9500.00

Permit fee: ~~67.32~~ 65.03

Signature of Applicant [Signature]

Approval Fisher Date 6-11-19

Issue date: 6-11-19



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	6/5/2019
Permit #	2019-00488
GPIN	
Tax Map	

LOCATION

Street Address 840 Lachlan Road

PROPERTY OWNERSHIP

Name	Boone Homes Inc.	Phone	8047846192
Mailing Address	129 Broad Street Rd. Suite B. Manakin Sabot, VA 23103	Email	

APPLICANT

Name	Terry Guthrie	Phone	8047636550
Address	12733 Oak Lake Ct. Suite D. Midlothian VA 23112	Email	tguthrie@cws-va.com

CONTRACTOR

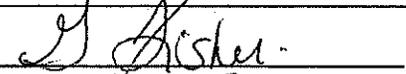
Name	Commonwealth Wiring Solutions, Inc.	Phone	8047636550						
Mailing Address	12733 Oak Lake Ct. Suite D. Midlothian VA 23112	Email							
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705128995	Expiration	9/30/2019	License Type	ELE	Class	A

DESCRIPTION OF WORK

Wiring of a single family dwelling, Installation of 22 KW Generator and 2 transfer switches.			
# of Bathrooms	Service Size	Power Company	Inquiry #
	200	Dominion Energy	10298213
Value of Work (required)	\$16,255.00		

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: 6/5/2019

Approval:		Office Use Only	Approval date:	6-11-19
Permit Fee:	\$96.03		Issued date:	6-11-19

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

(owner's affidavit on back)

896.03

~~1770-305~~ 6/27



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 #	211-2019-603
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	6210 SPRING MOUNTAIN LN	District	
----------------	--------------------------------	----------	--

PROPERTY OWNERSHIP

Name	FOREST KEISTER	Phone	8043050485
Mailing Address	6210 SPRING MOUNTAIN LN		

APPLICANT

Name	WOODFIN HEATING	Phone	8047644533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

CONTRACTOR

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

DESCRIPTION OF WORK

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

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant		Value of Work:	9500.00
Approval		Permit fee:	67.32 65.03
	Date 6-20-19	Issue date:	6-20-19



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	6/19/2019
Permit #	BP-2018-008786
GPIN	7723-34-3258
Tax Map	66-4-0-17-0

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

LOCATION

Street Address 265 Pembroke Court

PROPERTY OWNERSHIP

Name Jones, Alan K., Jones, Misty D.	Phone
Mailing Address	Email

APPLICANT

Name Tribble Electric	Phone (804) 266-4704
Address 1575 Mountain Road, Glen Allen VA 23060	Email kellyc@tribbleelectric.com

CONTRACTOR

Name Tribble Electric	Phone (804) 266-4704			
Mailing Address 1575 Mountain Road, Glen Allen VA 23060	Email kellyc@tribbleelectric.com			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701034592	Expiration 6/30/2019	License Type ELE	Class A

DESCRIPTION OF WORK

Wire new single family home. Wire/Install (1) 48kw generator.

# of Bathrooms	Service Size 800 amp	Power Company Dominion Energy	Inquiry # 2701034592
Value of Work (required) 48,746.00			

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: Dean Turner Date: 6/19/2019

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>6/26/19</u>
Permit Fee: <u>245.16</u>		Issued date: <u>6/26/19</u>

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(owner's statement on back)