

7-19-19



BUILDING PERMIT APPLICATION

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

Application Date: 6-28-19

Permit Number: BP-2019-00673

GPIN/Tax Map: 6728-33-23331

Issued: 7-23-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address	<u>2036 Haskin Rd, Goochland, VA 23063</u>		
	Owner	<u>Laura Meadows</u>	Phone #	<u>804-239-8246</u>
	Address	<u>2036 Haskin Rd, Goochland, VA 23063</u>	Email	<u>lmeadows9.lm@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact	<u>Same as above</u>		
	Address			

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 Prop line</u>	Center Line Setback	<u>---</u>	Rear Setback	<u>5'</u>	CUP/Variance/COA	
	Side Setback	<u>5'</u>	Side Setback	<u>5'</u>	Flood Zone	<u>---</u>		
	APPROVED	<input checked="" type="checkbox"/>	REJECTED	<input type="checkbox"/>	COMMENTS:			

Planning & Zoning Officer: David Floyd Date: 7/22/19 141

CONTRACTOR INFORMATION	Contractor	<u>N/A - same as above</u>			Phone	
	Address				Email	
	Contractor License Number		Type		Expiration	

Scope of Work: There will be no foundation, electrical, plumbing, or insulation. Pole structure is existing, all materials were given to me. 9 telephone poles are buried 3ft in the ground and encased in concrete

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)			
<u>Storage</u>	<u>Storage</u>	<u>NONE</u>			
<input type="checkbox"/> SEWER Public/Private <u>N/A</u>	<input type="checkbox"/> WATER Public/Private <u>N/A</u>	# of Bathrooms	# of Bedrooms	# of floors	
		<u>N/A</u>	<u>N/A</u>	<u>2</u>	
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			
<u>None</u>	<u>600</u>	<u>600</u>			

Building Only - Excludes All Trades Permits

Value of Work	<u>\$3,000 16,500⁰⁰</u>	Application Fee	\$ <u>86²⁴</u>
		State Levy Fee	\$ <u>1⁷³</u>
		Septic/Well Fee	\$ <u>---</u>
		Zoning Fee	\$ <u>25⁰⁰</u>
		RLD	\$ <u>---</u>
		SWP	\$ <u>---</u>
		Total	\$ <u>112⁹²</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: Laura Meadows Date: 6/28/19



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: 7/19/19
 Permit Number: BP-2019-00670
 GPIN/Tax Map: 7704-84-9696
 Issued: 7-22-19

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

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

OWNER INFORMATION	Site Address 505 Jefferson Hill Way	
	Owner David Shires	Phone # 347-7370
	Address 505 Jefferson Hill Way	Email

APPLICANT INFORMATION	Applicant/Contact DON WEAVER	Phone # 437-0094
	Address 14,241 Middlethian Tpk. Ste 241 Middlethian 23113	Email don@deckcreations.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 Deck Creations	Phone 804-320-2212
	Address 14,241 Middlethian Tpk. Ste. 241 Middle 23113	Email
	Contractor License Number 2705 120 631	Type A

DESCRIPTION OF WORK	Scope of Work: 14'x16' screen porch on existing roof ^{5.24} DECK				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. 224	Total Sq. Ft. 224		

Building Only - Excludes All Trades Permits

Value of Work	24,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: Donald Weaver Date: 7/19/19
James Beard 7/22/2019

Application Fee	\$ 120.00
State Levy Fee	\$ 240
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 122.40



BUILDING PERMIT APPLICATION

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

Application Date: 7/16/19

Permit Number: BP-2019-00662

GPIN/Tax Map: 7716-95-6840

Issued: 7-19-19

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

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OWNER INFORMATION	Site Address 1650 Centerville Parke Lane, Manakin-Sabot, VA 23103	
	Owner Chris & Kim Lynch	Phone # 804-214-1023
APPLICANT INFORMATION	Address 1650 Centerville Parke Lane Manakin-Sabot, VA 23103	
	Applicant/Contact ADD A DECK, INC.	Phone # 804-285-4239
	Address 6408 Mallory Drive Henrico, VA 23226	
	Email admin@addadeck.com	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parke at Centerville</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' from pavement</u>	Center Line Setback	Rear Setback <u>30' B/S</u>	CUP/Variance/COA
	Side Setback <u>15' from Centerville Parke Dr.</u>	Side Setback <u>20' B/S</u>	Flood Zone <u>C</u>	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Officer <u>David Floyd</u>		Date <u>7/15/19</u>		<u>RPUD</u>

CONTRACTOR INFORMATION	Contractor ADD A DECK, INC.		Phone 804-285-4239
	Address 6408 Mallory Drive Henrico, VA 23226		Email admin@addadeck.com
	Contractor License Number 2701-033201A	Type Class A	Expiration 11/30/2020

DESCRIPTION OF WORK	Scope of Work: Build a 12'x18 screened porch on existing deck and add new 6'x18' composite deck.				
	Proposed Use porch & deck	Current Use deck	Environmental Impacts (stream crossing, wetlands, amt land disturbed) n/a		
	<input checked="" type="checkbox"/> SEWER Public/Private []	<input checked="" type="checkbox"/> WATER Public/Private []	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. 324.00	Total Sq. Ft. 324.00		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 18,000.00</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 7/17/19

Application Fee	\$ <u>9300</u>
State Levy Fee	\$ <u>186</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>2500</u>
RLD	\$
SWP	\$
Total	\$ <u>11986</u>



BUILDING PERMIT APPLICATION

Application Date: 7/2/2019

Permit Number: BP-2019-00635

GPIN/Tax Map: 6777-46-6899/43-38-B-2-0

Issued: 7-19-19

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Residential Commercial

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OWNER INFORMATION	Site Address 1661 Indy's Run	
	Owner Mark & Carol Sands	Phone #
	Address 1661 Indy's Run	Email msands@richmondford.com

APPLICANT INFORMATION	Applicant/Contact Mike Krickovic	Phone # 804-908-2253
	Address PO Box 1510, Mechanicsville, VA 23116	Email mike@kandzbuilders.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Breere Hill</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>40' From ROW</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone	

APPROVED REJECTED COMMENTS:
Planning & Zoning Officer: *David Floyd* Date: *7/11/19* RP

CONTRACTOR INFORMATION	Contractor Krickovic & Ziegler, LLC	Phone 804-569-9745
	Address PO Box 1510 Mechanicsville, VA 23116	Email lonnie@kandzbuilders.com
	Contractor License Number 2705100072	Type Class A

DESCRIPTION OF WORK	Scope of Work: Add a 24 x 24 detached garage <i>30 30</i>				
	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. 525 900	Total Sq. Ft. 525 900		

Building Only - Excludes All Trades Permits

Value of Work	<i>38,000</i>
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Application Fee	\$ <i>185.00</i>
State Levy Fee	\$ <i>366</i>
Septic/Well Fee	\$
Zoning Fee	\$ <i>2500</i>
RLD	\$
SWP	\$
Total	\$ <i>21166</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: *[Signature]* Date: *7/2/19*



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6-26-19
 Permit Number: BP-2019-00616
 GPIN/Tax Map: 6786-68-9174, AA-1-0-69-0
 Issued: 7-19-19

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.

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OWNER INFORMATION	Site Address 1701 CARDWELL RD. CROZIER, VA 23039		Phone # 804 484-2299
	Owner THE CHRISTIAN ARABIC CHURCH		Phone # 8048887803
	Address 1701 CARDWELL RD. CROZIER, VA 23039		Email pastor@thearabicchurch.org
APPLICANT INFORMATION	Applicant/Contact REV. FAKHRI YACOUB		Phone # 8044842299
	Address 500 FOREST AVE. HENRICO, VA 23229		Email pastor@thearabicchurch.org

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>75' from Row</u>	Center Line Setback —	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 Ford</u> Date: <u>6/27/19</u> <u>A2</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>OUTDOOR Pavilion (BEHIND THE CHURCH BUILDING)</u> <u>61 x 36 -</u>				
	Proposed Use Pavilion	Current Use none	Environmental Impacts (stream crossing, wetlands, amt land disturbed) n/a		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0	# of floors 0
	0 Finished Sq. Ft.	2196 Unfinished Sq. Ft.	2196 Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>112.50</u> State Levy Fee \$ <u>2.25</u> Septic/Well Fee \$ Zoning Fee \$ <u>50.00</u> RLD \$ SWP \$ Total \$ <u>164.75</u>
Value of Work	15,000	
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	<u>Fakhri Yacoub</u> Date <u>6/27/2019</u>	



BUILDING PERMIT APPLICATION

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

Application Date: 06/12/2019 *6-14-19*

Permit Number: *BP-2019-00588*

GPIN/Tax Map: 7714-91-5880

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

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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		Phone # (804) 495-4646	
	Address 2410 Southland Drive, Chester, VA 23831		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 <i>Permit revised 7-18-19 to add (4) more push piers based on actual field conditions with value increase of \$6,800.00</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	\$23,404 <i>of 30,204.00</i>	Application Fee	\$ <i>117.37</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.		State Levy Fee	\$ <i>2.35</i>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant <i>[Signature]</i>	Date 06/12/2019	Total	\$ <i>119.66</i>

Bension Fee 31.22
Total 150.88



BUILDING PERMIT APPLICATION

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

Application Date: 6-26-19
Permit Number: BP-2019-00615
GPIN/Tax Map: 7735-05-9464 / 67-10-019-0
Issued: 7-17-19

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>17 Lower Tuckahoe West</u>	
	Owner	<u>Chase Lansing</u>	Phone # <u>804-401-5714</u>
	Address	<u>17 Lower Tuckahoe West</u>	Email <u>.</u>

APPLICANT INFORMATION	Applicant/Contact	<u>James River Construction, LLC Ken Felts</u>	Phone # <u>804-306-6803</u>
	Address	<u>8728 Forest Hill Ave, Richmond 23235</u>	Email <u>Kfelts@jamesriverconstruction.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Enlarging existing kitchen, NOT a new one.</u>			

Planning & Zoning Officer: David Floyd Date: 7/1/19 RI

CONTRACTOR INFORMATION	Contractor	<u>James River Construction, LLC</u>		Phone <u>804-306-6803</u>
	Address	<u>8728 Forest Hill Ave, Richmond 23235</u>		Email <u>Kfelts@jamesriverconstruction.com</u>
	Contractor License Number	Type	Expiration	

2705062194 CLASS A 4-30-21

DESCRIPTION OF WORK	Scope of Work: <u>Attached 1,193 sq ft GARAGE Addition</u>				
	Proposed Use	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>1/2</u>	# of Bedrooms	# of floors <u>2</u>
	Finished Sq. Ft. <u>530 kitchen</u>	Unfinished Sq. Ft. <u>663</u>	Total Sq. Ft. <u>1,193</u>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>484.50</u>
Value of Work	<u>5,105,000</u>	State Levy Fee	\$ <u>9.69</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>519.19</u>

Signature of Applicant: [Signature] Date: 6-26-19



BUILDING PERMIT APPLICATION

Application Date: 7-3-19
 Permit Number: BP-2019-00637
 GPIN/Tax Map: 6074-98-7028/60-9-0-4-0
 Issued: 7-16-19

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

Residential Commercial

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OWNER INFORMATION	Site Address <u>6602 Pleasant Green Lane</u>	
	Owner <u>Lee Mount Enterprises LLC</u>	Phone # <u>434-409-9795</u>
	Address <u>6602 Pleasant Green Ln, Crozier Va 23039</u>	Email <u>leemountenterprises@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Michelle L Townsend, member/manager</u>	Phone # <u>same</u>
	Address <u>6602 Pleasant Green Lane, Crozier Va 23039</u>	Email <u>same</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Pleasant Green</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>---</u>	Date Paid <u>---</u>
	Front Setback <u>55' from ROW</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>---</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>---</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>7/11/19</u> A2			

CONTRACTOR INFORMATION	Contractor <u>self</u>	Phone <u>---</u>
	Address <u>P.O. Box 7 Crozier, VA 23039</u>	
	Contractor License Number <u>---</u>	Type <u>---</u>

DESCRIPTION OF WORK	Scope of Work: <u>Retaining wall - 56"</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>N/A</u>
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>93</u>
Value of Work	<u>\$18,000</u>	State Levy Fee	\$ <u>1.86</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>Michelle L Townsend</u> <u>7-3-19</u>		Septic/Well Fee	\$ <u>---</u>
		Zoning Fee	\$ <u>25-</u>
		RLD	\$ <u>---</u>
		SWP	\$ <u>---</u>
		Total	\$ <u>119.86</u>



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

Application Date: 7-11-19
Permit Number: BP-2019-00646
GPIN/Tax Map: 1104-95-3276 | 62-40-0-
Issued: 7-16-19 20-0

Residential Commercial

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OWNER INFORMATION
Site Address: 711 TAYLORS HILL CT. MARKIN SALES 23103
Owner: BRUCE & MARIANN JOHNSON Phone #: 784-4424
Address: 711 TAYLORS HILL CT. Email:

APPLICANT INFORMATION
Applicant/Contact: KENNETH WHITLEY Phone #: 272-7003
Address: 8381 GREENOCK DR. BON AIR 23335 Email: Kwhitley@hotmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: _____ Proffer: Yes 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: KENNETH R. WHITLEY Phone: 804 272 7003
Address: 8381 GREENOCK DRIVE Email: Kwhitley@hotmail.com
Contractor License Number: 2705010312 Type: CBC RBC Expiration: 4/30/2020

DESCRIPTION OF WORK
Scope of Work: REPLACE EXISTING DELK BOARDS & ADD PVC SLEEVES TO EXISTING POSTS-NEW PIPES
Proposed Use: _____ Current Use: DELK 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: \$14,000.00

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: 7/10/2019

Application Fee: \$ 75.00
State Levy Fee: \$ 1.50
Septic/Well Fee: \$ _____
Zoning Fee: \$ _____
RLD: \$ _____
SWP: \$ _____
Total: \$ 76.50



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: 7-2-19

Permit Number: BP-2019-00631

GPIN/Tax Map: 6851-30-6939/21-1-0-2-C

Issued: 7-16-19

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

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

OWNER INFORMATION	Site Address <u>3451 Three Chopt Rd</u>	
	Owner <u>James Devers</u>	Phone # <u>703-499-0933</u>
	Address <u>3451 Three Chopt Rd</u>	

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>100' CE</u>	Center Line Setback <u>Row</u>	Rear Setback <u>35</u>	CUP/Variance/COA <u>cannot be used as a second dwelling</u>
	Side Setback <u>20</u>	Side Setback <u>20</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint</u>			
	Planning & Zoning Officer: <u>[Signature]</u> Date: <u>7/8/19</u>			

CONTRACTOR INFORMATION	Contractor <u>Mid-Atlantic Home Imp LLC</u>		Phone <u>AD</u>
	Address <u>829 Toms Rd Barboursville, VA 22923</u>		Email <u>midatlantichomeimp56@gmail.com</u>
	Contractor License Number <u>2705-116990</u>	Type <u>A Res/CBC</u>	Expiration <u>02/21</u>

DESCRIPTION OF WORK	Scope of Work: <u>Finish off basement, Framing, Insulation, Plbg, + Elec + Storage area</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>1200⁰⁰</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>1200⁰⁰</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$65,000⁰⁰</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: 7-2-19

Application Fee	\$ <u>304.50</u>
State Levy Fee	\$ <u>6.09</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>310.59</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: 10-10-19
Permit Number: BP-2019-02577
GPIN/Tax Map: 776-85-0810/59-3-20
Issued: 7-17-19
This application is not authorization to start work. 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>1800 Wilkes Ridge Circle, Richmond, VA 23233</u>	
	Owner <u>Notch Retail Development LLC</u>	Phone # <u>804-379-0048</u>
APPLICANT INFORMATION	Address <u>800 E. Canal Street Ste 1900</u>	Email <u>CSimone@leipertz.com</u>
	Applicant/Contact <u>Leipertz Construction, Inc / Chris Simone</u>	Phone # <u>804-379-0048</u>
	Address <u>11110 Grove Park Ct, Midlothian VA 23114</u>	Email <u>CSimone@leipertz.com</u>

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

CONTRACTOR INFORMATION	Contractor <u>Leipertz Construction, Inc</u>		Phone <u>804-379-0048</u>
	Address <u>11110 Grove Park Ct. Midlothian, VA 23114</u>		
	Contractor License Number <u>2701017287</u>	Type <u>Class A</u>	Expiration <u>9-30-19</u>

DESCRIPTION OF WORK	Scope of Work: <u>Indoor Pool for Residence Inn</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	<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. <u>528</u>	Total Sq. Ft. <u>528</u>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>518.76</u>
Value of Work	<u>52,110.00</u>	State Levy Fee	\$ <u>10.38</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>-0-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>529.14</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>10-10-19</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: 7/2/19

Permit Number: BP-2019-00632

GPIN/Tax Map: 7126-68-7360/48-2-B-6-0

Issued: 7-9-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>12646 Pamela lane Richmond, VA 23233</u>		Owner <u>Joshua Parsley</u>		Phone # <u>514-9414</u>	
	Address <u>12646 Pamela lane Richmond, va 23233</u>		Email			
	Applicant/Contact		Phone #			
APPLICANT INFORMATION	Address		Email			
	Subdivision <u>Belleview Gardens</u>		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid	
TO BE COMPLETED BY ZONING DEPARTMENT	Front Setback <u>40' from ROL</u>	Center Line Setback	Rear Setback <u>15' from PL. (with easement)</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>7/3/19</u>		<u>RI</u>	
	Contractor <u>Billys Pool Service</u>		Phone <u>761-7904</u>			
CONTRACTOR INFORMATION	Address <u>13372 greenwood church rd Ashland,</u>		Email <u>poolsbybilly@ya</u>			
	Contractor License Number <u>2705136588</u>		Type <u>pol</u>	Expiration <u>09-30-2019</u>		
	Scope of Work: <u>install 15x30 fiberglass inground pool with auto cover</u>					
DESCRIPTION OF WORK	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. <u>450</u>	Total Sq. Ft. <u>450</u>		
	Building Only - Excludes All Trades Permits					
Value of Work <u>24000</u>		Application Fee <u>\$ 120-</u>		State Levy Fee <u>\$ 2.40</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>Billy Becker</u> Date <u>7/2/19</u>		Septic/Well Fee <u>\$</u>		Zoning Fee <u>\$ 25-</u>		
		RLD <u>\$</u>		SWP <u>\$</u>		
		Total <u>\$ 147.40</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: 07/01/19

Permit Number: BP-2019-00633

GPIN/Tax Map: 31-25-2 | 678-04-0490

Issued: 7-9-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address 2110 Alldever Dr	
	Owner Linda Dewar	Phone # 804-556-6789
	Address 2110 Alldever Dr	

APPLICANT INFORMATION	Applicant/Contact Jeannie Salvatore		Phone # 804-465-4646
	Address 2410 Southland Dr		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		Email jsalvatore@jeswork.com
	Contractor License Number 2705-06-8655	Type A	Expiration 04-30-20

DESCRIPTION OF WORK	Scope of Work: Installing 1 intellijack, along with 25 LF 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. 2,138	Unfinished Sq. Ft.	Total Sq. Ft. 2,138		

Building Only - Excludes All Trades Permits

Value of Work	7250.00
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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 Jeannie Salvatore Date 07-01-19

Application Fee	\$ 44.63
State Levy Fee	\$.89
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 45.52





BUILDING PERMIT APPLICATION

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

Application Date: 5-29-19

Permit Number: **BP-2019-00576**

GPIN/Tax Map: 6739-04-4571/28-1-0-87-E

Issued: 7-2-19

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	
	Owner Gordon Brothers Construction	Phone # 804.556.8180
	Address 2945 River Road West, Goochland, VA 23063	Email gordonbrothersconstruction@yahoo

APPLICANT INFORMATION	Applicant/Contact Leigh Gordon	Phone # 804.972.3877
	Address same as above	Email same as above

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

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: *David Floyd* Date: *6/12/19* AI

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

DESCRIPTION OF WORK	Scope of Work: <i>BORE HOLES FOR FOOTERS. STICK BLOCK & 1993-SW WIND BRKE SO AS TO SET MOBLE HOME TO CORRECT SPECIFICATIONS. Serial # FP2723A</i>			
	Proposed Use <i>R25</i>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <i>NONE</i>	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <i>2</i>	# of Bedrooms <i>3</i>
	# of floors <i>1</i>	Finished Sq. Ft. <i>924</i>	Unfinished Sq. Ft. —	Total Sq. Ft. <i>924</i>

Building Only - Excludes All Trades Permits

Value of Work	<i>\$20,000.00</i>
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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: _____

Application Fee	\$ <i>102.00</i>
State Levy Fee	\$ <i>2.04</i>
Septic/Well Fee	\$
Zoning Fee	\$ <i>50.00</i>
RLD	\$
SWP	\$
Total	\$ <i>154.04</i>

David Floyd 7/2/2019



BUILDING PERMIT APPLICATION

Application Date: June 26, 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-2019-00619*

GPIN/Tax Map: 6841-85-2516-9999 / 13-10-0-1-T

Issued: *7-3-19*

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 3763 Three Chopt Road, Gum Spring, VA 23065	
	Owner Crown Castle GT Company LLC	Phone # 804-330-3316
	Address PMB 353 McMurray, PA 15317	Email scott.johnson@crowncastle.com
APPLICANT INFORMATION	Applicant/Contact Verizon Wireless / Stuart Squier	
	Address 3126 W. Cary St. #604, Richmond, VA 23221	Phone # 804-901-7433 Email stuart.squier@gdnsites.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>5' from ROW</i>	Center Line Setback —	Rear Setback <i>5'</i>	CUP/Variance/COA —
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>No change to existing footprint</i>			

Planning & Zoning Officer: *David Boyd* Date: *6/25/19* A1

CONTRACTOR INFORMATION	Contractor Edward L. Muller Construction Co. Inc		Phone 804-932-1083
	Address 304 Roxbury Industrial Center, Charles City, VA 23030		Email berrymuller@mullerconstruction.com
	Contractor License Number 2701009463	Type Class A CBC	Expiration 2020-11-30

DESCRIPTION OF WORK	Scope of Work: <i>- relocation</i> Relocation project from old 185' existing communication tower to new 190' tower. Moving antennas to 185' of existing tower, moving all ground equipment including shelter, placing new 30kW diesel generator on existing pad.				
	Proposed Use Communications tower	Current Use Communications tower	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A (existing site, no new land disturbance.)		
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms N/A	# 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	\$90,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: 6/25/2019

Application Fee	\$ <i>675.00</i>
State Levy Fee	\$ <i>13.50</i>
Septic/Well Fee	\$ —
Zoning Fee	\$ <i>200.00</i>
RLD	\$ —
SWP	\$ —
Total	\$ <i>888.50</i>



BUILDING PERMIT APPLICATION

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

Application Date: **6-27-19**

Permit Number: **BP-2019-00621**

GPIN/Tax Map: 42-2-0-2-0

Issued: **7-3-19**

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 3041 River Rd W		Phone # 804-513-1482	
	Owner Jennie Wood		Email jennieawood@icloud.com	
	Address 3041 River Rd W, Goochland VA 23063		Email permitting@sigorasolar.com	
APPLICANT INFORMATION	Applicant/Contact Sigora Solar, LLC		Phone # 540-949-6553	
	Address 1222 Harris St., 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 540-949-6553	
	Address 1222 Harris St., Charlottesville, VA 22903		Email jon.kirchner@sigorasolar.com	
	Contractor License Number 2705141338	Type	Expiration 07/31/2020	
DESCRIPTION OF WORK	Scope of Work: Installation of Flush Roof Mounted PV solar system / system size: 4.96 kw			
	# of Panels & Type: (16) PHONO PS310M-20/U			
	# of Inverters & Type: (1) solarEdge SE3800H-US			
	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
Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.
Building Only - Excludes All Trades Permits				
Value of Work	25,346.70			Application Fee \$ 126.06
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>Michael Graves</u> Date <u>6/21/2019</u>				State Levy Fee \$ 252
				Septic/Well Fee \$ _____
				Zoning Fee \$ _____
				RLD \$ _____
				SWP \$ _____
				Total \$ 128.58



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: 6-26-19

Permit Number: PD-2019-006/4

GPIN/Tax Map: 6831-05-7058/12-1-045-B

Issued: 7-2-19

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

Residential

Commercial

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

OWNER INFORMATION	Site Address 3561 Forest Grove Road, Sandy Hook, VA 23153-2014			
	Owner Johnson Home & Property Solutions,	Phone # 703-987-8074		
APPLICANT INFORMATION	Address 162 Country Club Drive, Cross Junction, VA 22625			
	Applicant/Contact Kimberley Johnson OWNER	Email kim@johnsonhome		
TO BE COMPLETED BY ZONING DEPARTMENT	Address			
	Phone # <u>501-434-0000</u>			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer _____ Date _____			

CONTRACTOR INFORMATION	Contractor Owner		Phone	
	Address		Email	
	Contractor License Number	Type	Expiration	

DESCRIPTION OF WORK	Scope of Work: <u>Rehabilitation/Remodel Refer to drawings A-1 and A-2 job plans</u> <u>All interior remodel kitchen upgrade</u>				
	Proposed Use Residential	Current Use Residential	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 2	# of Bedrooms 3	# of floors 1
	985 Finished Sq. Ft.	0 Unfinished Sq. Ft.	985 Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>147.00</u>
Value of Work	\$20,000 <u>930,000</u>	State Levy Fee	\$ <u>2.94</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Kimberley Johnson</u> Date <u>6/26/2019</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>149.94</u>

Jacqui Burk 7/2/2019



BUILDING PERMIT APPLICATION

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

Application Date: 5-319
 Permit Number: BD-201900451
 GPIN/Tax Map: 7714-14-2027/62-1-0-240
 Issued: 7-3-19

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>318 River Road West</u>	
	Owner <u>William F. Kaselberg IV</u>	Phone # <u>804-350-3951</u>
	Address <u>7677 Hill Drive, Richmond, VA 23225</u>	Email <u>wfkberg@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Rick Kaselberg</u>	
	Address <u>7677 Hill Drive Richmond, VA 23225</u>	Email <u>wfkberg@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from lot line</u>	Center Line Setback	Rear Setback <u>30'</u>	CUP/Variance/COA
	Side Setback <u>left side 30'</u>	Side Setback <u>10'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Ford</u> Date: <u>6/13/19</u> B1			

CONTRACTOR INFORMATION	Contractor <u>Mako Builders Inc</u>		Phone <u>804-350-3951</u>
	Address <u>7677 Hill Drive Richmond, VA 23225</u>		Email <u>wfkberg@gmail.com</u>
	Contractor License Number <u>2701016164</u>	Type <u>Class A</u>	Expiration <u>4-30-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>Construct new warehouse¹ on same footprint as original building for storage of HVAC equipment with bath</u>					
	Proposed Use <u>Warehouse space</u>	Current Use <u>Warehouse space</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u>			
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1/2 bath</u>	# of Bedrooms <u>N/A</u>	# of floors <u>one</u>	
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>2500</u>	Total Sq. Ft. <u>2500</u>			

Building Only - Excludes All Trades Permits

Value of Work \$118,000.00 ~~\$165,000.00~~

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 William F. Kaselberg IV Date 5-3-2019

Application Fee	\$ <u>1,212.75</u>
State Levy Fee	\$ <u>24.75</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u>100.00</u>
RLD	\$ <u> </u>
SWP	\$ <u> </u>
Total	\$ <u>1,337.50</u>



BUILDING PERMIT APPLICATION

Application Date: 3/14/2019

Permit Number: BP-2019-00261

GPIN/Tax Map: 7705-31-4938 / 62-31-C-21-0

Issued: 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

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 565 Ice Pond Cove Mankin Sabot VA 23103	
	Owner Colonial Homecrafters Ltd. on behalf of Chu	Phone # 804-741-6061
	Address	Email

APPLICANT INFORMATION	Applicant/Contact Eddie Goode		Phone # 804-357-6000
	Address 1791 Cambridge Dr Henrico VA 23238		Email egoode@chchomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>The Meadows at Manakin</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>35' from Road</i>	Center Line Setback <i>80'</i>	Rear Setback <i>35'</i>	CUP/Variance/COA
	Side Setback <i>15' / 35'</i>	Side Setback <i>15' / 35'</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>[Signature]</i> Date <i>3/22/19</i> <i>RR</i>			

CONTRACTOR INFORMATION	Contractor Colonial Homecrafters, Ltd		Phone 804-741-6061
	Address 1791 Cambridge Dr Henrico VA 23238		Email egoode@chchomes.com
	Contractor License Number 2701020189	Type Class A Contractor	Expiration 8.31.2019

DESCRIPTION OF WORK	Scope of Work: construct a single family dwelling w/ finished basement w/ attached 3 car garage <i>Revised 7-2-19 to remove side porch & garage wing</i>				
	Proposed Use single family home	Current Use lot	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Only 48,000 ^{6,000} s.f. lot has been already cleared years ago. Home replacing home that was burned.		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 8	# of Bedrooms 6	# of floors 3
	Finished Sq. Ft. 10,377 <i>8,475</i>	Unfinished Sq. Ft. 1,197 2,600 <i>2,908</i>	Total Sq. Ft. 12,074 12,977 <i>11,383</i>		

Building Only - Excludes All Trades Permits

Value of Work ~~\$950,000~~ *\$992,545.*

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

Signature of Applicant *[Signature]* Date 3/14/2019

fees waived due to fire damage.

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



BUILDING PERMIT APPLICATION

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

Application Date: 4-15-19
Permit Number: BP-2019-00351
GPIN/Tax Map: 5789-86-9371/24-1-0-5E
Issued: 7-1-19

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>6276 River Rd. WEST</u>	
	Owner <u>J. E. Liestfeld, JR.</u>	Phone #
	Address	

APPLICANT INFORMATION	Applicant/Contact <u>JERRY GAMMON</u>		Phone # <u>804-514 8800</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>100' 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 Ford</u> Date: <u>6/25/19</u> MAI			

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

DESCRIPTION OF WORK	Scope of Work: <u>Construct 26' x 28' open office with 12' x 16' BATHROOM Addition.</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. <u>984</u>		

Building Only - Excludes All Trades Permits

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

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

Signature of Applicant: [Signature] Date: 4-15-19

Application Fee	\$ <u>110.50</u>
State Levy/Fee	\$ <u>2.25</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>50.00</u>
RLD	\$
SWP	\$
Total	\$ <u>162.75</u>

Lbruant@liestfeld.com



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-2019-00590*

GPIN/Tax Map: 6768-08-7277/30-1-0-100-*B*

Issued: *7-1-19*

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

Residential Commercial

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

OWNER INFORMATION	Site Address 3049 Poorhouse Road, Goochland Va 23063		Phone # (804)937-3407
	Owner HARRIS JACQUELIN OWENS		Email <i>HARRISJ817@GMAIL.COM</i>
	Address 3049 Poorhouse Road, Goochland Va 23063		Phone # (804)222-0900

APPLICANT INFORMATION	Applicant/Contact JLJ Construction LLC		Email jamie@jljconstructionllc.com
	Address 1760 Bickerstaff Road, Richmond Va 23231		Phone # (804)222-0900

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 ROW</i>	Center Line Setback <i>95'</i>	Rear Setback <i>35'</i>	CUP/Variance/COA —
	Side Setback <i>20'</i>	Side Setback <i>35' From ROW</i>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Floyd</i> Date <i>6/19/19</i> <i>A2</i>			

CONTRACTOR INFORMATION	Contractor JLJ Construction LLC		Phone (804)222-0900
	Address 1760 Bickerstaff Road, Richmond Va 23231		Email jamie@jljconstructionllc.com
	Contractor License Number 2705122335	Type A	Expiration 12/31/2020

DESCRIPTION OF WORK	Scope of Work: <i>demo-exist kitchen & Bath</i> Adding addition of 10-Ft X 36 Ft and 12 Ft X 10 Ft deck to the existing house, and relocating an existing bathroom. <i>for kitchen & Bath</i>				
	Proposed Use Residential	Current Use Residential	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 1	# of Bedrooms	# of floors 1
	Finished Sq. Ft. 360	Unfinished Sq. Ft. 120	Total Sq. Ft. 480		

Building Only - Excludes All Trades Permits		Application Fee \$ <i>147.00</i>
Value of Work	\$ 30,000.00	State Levy Fee \$ <i>2.94</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
		Zoning Fee \$ <i>25.00</i>
		RLD \$
		SWP \$
		Total \$ <i>174.94</i>
Signature of Applicant <i>Jamie</i> Date 06/18/2019		

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: JLJ Construction LLC Telephone: (804)222-0900

Mailing Address: 1760 Bickerstaff Road, Richmond Va 23231

OWNER'S STATEMENT

I HARRIS JACQUELIN OWENS of (address) 3049 Poorhouse Road Goochland Va 23063 affirm that I am the owner of a certain tract of parcel of land located at 3049 Poorhouse Road Goochland Va 23063 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.

Jacquelin Owens Harris Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL *Louis Beck* DATE 6/24/2019
Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 06/21/2019

Permit Number: *BD-2019-00611*

GPIN/Tax Map: *64-12-B-10-0/7724-60-*

Issued: *7-1-19* *3/69*

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 411 Briarwood Circle	
	Owner Staci Taylor	Phone # 804-240-8513
	Address 411 Briarwood Circle	

APPLICANT INFORMATION	Applicant/Contact Jeannie Salvatore		Phone # 804-495-4646
	Address 2710 Southland Dr		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/Varlance/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		Email JSALVATORE@JESWORK.COM
	Contractor License Number 2705-06-8655	Type A	Expiration 04/30/2020

DESCRIPTION OF WORK	Scope of Work: INSTALLING(5) FIVE PUSH PIERS IN CRAWL SPACE AS SHOWN ON DRAWING.				
	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. <i>1,624</i>		

Building Only - Excludes All Trades Permits

Value of Work	7712.00
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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 *Jeannie Salvatore* Date 06/21/2019

Application Fee	\$ <i>46.71</i>
State Levy Fee	\$ <i>.93</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>47.64</i>



BUILDING PERMIT APPLICATION

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

Application Date: 6-21-19Permit Number: BP-2019-00610GPIN/Tax Map: 6785-67-5977/55-15-0-170Issued: 7-1-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>1490 OLD OAKS LAKE</u>	
	Owner <u>DAVID & LORIE WILLIAMS</u>	Phone # <u>804-516-6638 (c)</u>
	Address <u>1490 OLD OAKS LAKE</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>OWNER</u>	Phone # <u>804-516-6638 (c)</u>
	Address	Email <u>both@homeincrozier.com</u>

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

Planning & Zoning Officer _____ Date _____

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

DESCRIPTION OF WORK	Scope of Work: <u>NEW DORMER TO REPLACE EXISTING DORMER; B60 BATH REMODEL; NEW DECK TO REPLACE EXISTING DECK</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>390</u>	Unfinished Sq. Ft. <u>150</u>	Total Sq. Ft. <u>540</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 25,575 = 25,575⁰⁰</u>	Application Fee	\$ <u>127.09</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		State Levy Fee	\$ <u>254</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant	Date <u>06/20/19</u>	Total	\$ <u>129.63</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: 6/17/19Permit Number: ~~2019-000457~~ BP-2019-00594GPIN/Tax Map: 0787-63-5660/44-1-0-47-CIssued: 7-1-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>15511 Sheppard Town Rd Cruzier VA 23034</u>	
	Owner <u>Donnie J Cox</u>	Phone # <u>804-338-4355</u>
	Address <u>"</u>	Email <u>dclox@comcast.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>Donnie J Cox</u>		Phone # <u>804-338-4355</u>
	Address <u>12220 Chhattanya Plaza Suite 146 Middleham VA 23112</u>		Email <u>donnie.cox@wysingroup.com</u>

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

CONTRACTOR INFORMATION	Contractor <u>Edysia Ltd Owner</u>		Phone <u>804-434-224-6667</u>
	Address <u>12220 Chhattanya Plaza Suite 146 Middleham VA 23112</u>		Email <u>donnie.cox@wysingroup.com</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Demo Existing House - 623 Landfill</u> <u>500sqft</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>32.25</u>
Value of Work <u>\$4500</u>		State Levy Fee	\$ <u>65</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>6/17/19</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>32.90</u>



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 7-9-19

Permit # ELI-2019-~~2019-00024~~640

GPIN

Tax Map

LOCATION

Street Address 2314 Lanes End Place

PROPERTY OWNERSHIP

Name Molly Bryson Phone 804-301-5051

Mailing Address 2314 Lanes End Place Email

APPLICANT

Name P&M Electrical Corp. Phone 804-833-6518

Address P.O. Box 1806 Midlothian Va 23113 Email rmanerb@aol.com

CONTRACTOR

Name P&M Electrical Corp Phone 804-833-6518

Mailing Address P.O.Box 1806 Midlothian Va 23113 Email rmanerb@aol.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705090921</u>	<u>01-31-21</u>	<u>ELE</u>	<u>A</u>

DESCRIPTION OF WORK

Install 22kw generator with 2 - 150 amp ats switch

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required) 9,500.00

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

Signature of Applicant: [Signature] Date: 7-9-19

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>7-9-19</u>
Permit Fee: <u>6503</u>		Issued date: <u>7-9-19</u>

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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	7-10-19
Permit #	2019 00042
GPIN	
Tax Map	

LOCATION

Street Address: 1128 GETAWAY LANE

PROPERTY OWNERSHIP

Name	BIRINGER BUILDERS	Phone	
Mailing Address		Email	

APPLICANT

Name	MICHAEL COSTLEY	Phone	804-400-2033
Address	11312 Sunfield CT MIDLOTHIAN VA 23112	Email	

CONTRACTOR

Name	MC CUSTOM ELECTRIC LLC	Phone	804-400-2033						
Mailing Address	11312 Sunfield CT	Email	MCCUSTOMELECTRIC@GMAIL.com						
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705133792	Expiration	3-31-2020	License Type	ELE	Class	B

DESCRIPTION OF WORK

Wire New house w/ BACKUP ^{20-22 KW} GENERATOR w/ ATS.

# of Bathrooms	4	Service Size	200AMP	Power Company	DOMINION	Inquiry #	10305666
Value of Work (required)	8500.00 10,500.00						

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

Signature of Applicant: Date: 7-10-19

Approval:		Office Use Only	Approval date:	7-10-19
Permit Fee:	6961		Issued date:	7-10-19

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

(owner's statement on back)

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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

518632

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.

Type:

Electrical

Mechanical

Plumbing

Gas

Date
Permit #
GPIN 7723-59-2086
Tax Map 64-12-F-2-D

LOCATION

Street Address 226 Pagebrooke Dr. Goochland, VA. 23238	District
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PROPERTY OWNERSHIP

Name NANCY K. SHEAFFER	Phone (804) 651-4819
Mailing Address 226 Pagebrooke Drive Goochland, VA 23238	

APPLICANT

Name	Phone
E-Mail Address	

CONTRACTOR

Name KELLEHER CORP.	Phone 804-649-7501			
Mailing Address 1301 SCHOOL ST. RICHMOND, VA. 23220	E-mail address: MMCNAMARAC.KELLEHERHYAC.COM			
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701013698	Expiration 11-30-17	License Type ele, gic, hva, plb	Class A

DESCRIPTION OF WORK

install 9KW Home Generator & connect to existing panel.			
"L.P. GAS by others"			
# 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.

_____(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 _____

Approval _____ Date 7-10-19

Value of Work: \$ 8,843.00

Permit fee: → 62.01

Issue date: 7-10-19

Rec. 7-17-19



COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date 7/13/2019

Permit # 011-2019-00663

GPIN 6719-09-7643

Tax Map

LOCATION

Street Address 2704 Hadensville-Fife Road, Goochland, VA 23063

PROPERTY OWNERSHIP

Name <u>School Board Of Goochland County Virginia</u>	Phone <u>804-556-5605</u>
Mailing Address <u>2938 River Road West, Goochland VA 23063</u>	Email <u>aarmstrong@glnd.k12.va.us</u>

APPLICANT

Name <u>Contractor</u>	Phone
Address	Email

CONTRACTOR

Name <u>Universal Engineering & Contracting LLC</u>	Phone <u>304-678-9065</u>			
Mailing Address <u>400 Airport Road STE 6C Elkins WV 26241</u>	Email <u>pat@uec.global</u>			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2705171424</u>	Expiration <u>03-31-2021</u>	License Type <u>ELE</u>	Class <u>A</u>

DESCRIPTION OF WORK

Installation of Owner Provided Backup Generator and Automatic Transfer Switches.

With diesel gas for Bryd Elementary

# of Bathrooms	Service Size <u>2 x 2000Amps</u>	Power Company <u>Dominion Energy</u>	Inquiry #
Value of Work (required) <u>\$278,000.00</u>			

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

Signature of Applicant: [Signature] Date: 7/13/2019

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>07-18-19</u>
Permit Fee: <u>\$2,942.00</u>		Issued date: <u>7-18-19</u>

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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	8-23-2019
Permit #	2019-00658
GPIN	
Tax Map	

LOCATION

Street Address 733 Merry Go Round Rd Manakin

PROPERTY OWNERSHIP

Name	<u>Major Reynolds</u>	Phone	
Mailing Address	<u>733 Merry Go Round Rd</u>	Email	

APPLICANT

Name	<u>Jay Cox</u>	Phone	<u>357 1964</u>
Address	<u>13346 Farrington Rd Ashland</u>	Email	

CONTRACTOR

Name	<u>Cox Electric</u>	Phone	<u>357 1964</u>		
Mailing Address	<u>13346 Farrington Rd</u>	Email	<u>coxelectric64@gmail.com</u>		
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705016860</u>	<u>11-30-2021</u>	<u>elec</u>	<u>B</u>

DESCRIPTION OF WORK

Install 20 KW Backup Generator System

# of Bathrooms	Service Size	Power Company	Inquiry #
	<u>400 A.</u>	<u> Dominion</u>	<u> </u>
Value of Work (required) <u>\$ 7000⁰⁰</u>			

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

Signature of Applicant: [Signature] Date: 8-23-2019

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>7-23-19</u>
Permit Fee: <u>5355</u>		Issued date: <u> </u>

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

44170-305 6503 PRP 11/31

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	05.29.19
Permit #	212019-701
GPIN	
Tax Map	

LOCATION

Street Address	29 EAST SQUARE LANE	District	
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PROPERTY OWNERSHIP

Name	ROBERT FOUT	Phone	8047089880
Mailing Address	29 EAST SQUARE LANE		

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, 2-150 AMP ATS, SURGE			
# of Baths	Service Size	Power Company	Inquiry #
	300/400	DOM	

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

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

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

Signature of Applicant: [Signature] Value of Work: 9500.00
Approval: [Signature] Date: 7-31-19 Permit fee: 65.03
Issue date: 7-31-19