



BUILDING PERMIT APPLICATION

Application Date: 08/13/19

Permit Number: *BP-2019-00741*

GPIN/Tax Map: 62-36-C-25-0 / 7714-17-99A2

Issued: *8-21-19*

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address 404 Hickory Court		Phone # 804-784-1511
	Owner Robert Jaspén		Email
	Address 404 Hickory Court		

APPLICANT INFORMATION	Applicant/Contact Jeannie Salvatore		Phone # 804-621-7718
	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 804-621-7718
	Address 2410 Southland Dr		Email jsalvatore@jeswork.com
	Contractor License Number 2705068655	Type A	Expiration 04/30/20

DESCRIPTION OF WORK	Scope of Work: Installing 3150 sq ft crawlseal liner, dehumidifier, encapsulation as shown on drawing				
	Proposed Use	Current Use residential	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 \$ <i>74.25</i>
Value of Work 16,055.00		State Levy Fee \$ <i>1.68</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 08/13/19		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <i>785.93</i>

Jeannie Beck

08/21/19

10/21



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: 6-26-19
 Permit Number: BP-2019-00615
 GPIN/Tax Map: 7733-05-9464 / 67-10-0-19-0
 Issued: 7-17-19
 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>17 Lower Tuckahoe West</u>		Phone # <u>804-401-5714</u>		
	Owner <u>Chase Lansing</u>		Email <u></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 <u>Lower Tuckahoe</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u></u>	Date Paid <u></u>	
	Front Setback <u>40' from road</u>	Center Line Setback <u></u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u></u>	
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone <u></u>	CUP/Variance/COA <u></u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Enlarging existing kitchen, NOT a new one.</u>				
	Planning & Zoning Officer <u>David Floyd</u>		Date <u>7/1/19</u>		
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 <u>2705062194</u>	Type <u>CSSA</u>	Expiration <u>4-30-21</u>		
DESCRIPTION OF WORK	Scope of Work: <u>Attached 1,193 sq ft - Permit revised 8-14-19 to expand garage by 725 sq ft (3x24). Only affects 1st floor</u> <u>GARAGE Addition</u>				
	Proposed Use <u></u>	Current Use <u></u>	Environmental Impacts (stream crossing, wetlands) amt land disturbed <u></u>		
	<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 <u></u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>530 kitchen</u>	Unfinished Sq. Ft. <u>663 735</u>	Total Sq. Ft. <u>1193 1265</u>		
Building Only - Excludes All Trades Permits			Application Fee \$ <u>484.50</u> State Levy Fee \$ <u>9.69</u> Septic/Well Fee \$ <u></u> Zoning Fee \$ <u>25.00</u> RLD \$ <u></u> SWP \$ <u></u> Total \$ <u>519.19</u>		
Value of Work <u>\$ 105,000</u>	I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.				
Signature of Applicant <u>[Signature]</u>	Date <u>6-26-19</u>				



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 4-30-19

Permit Number: 2019-00415

GPIN/Tax Map: 6167-01-1636/42-40-0-22-0

Issued: 5-7-19

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.

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>3020 SWANN'S INN CRECENT GOOCHLAND, VA 23063</u>	
	Owner <u>SWANN'S INN LLC / TRAVIS W. JOHNSON</u>	Phone # <u>804-564-9097</u>
	Address <u>207 ECHO MEADOWS</u>	Email <u>LEGACYHOMES09@AOL.COM</u>

APPLICANT INFORMATION	Applicant/Contact <u>SAME AS ABOVE</u>	Phone # <u>804-564-9097</u>
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Swann's Inn</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>\$19,348.00</u>	Date Paid <input checked="" type="checkbox"/> Due
	Front Setback <u>40' from Rd</u>	Center Line Setback <u>65'</u>	Rear Setback <u>25'</u>	CUP/Variance/COA
	Side Setback <u>10'/25'</u>	Side Setback <u>10'/25'</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Cash Proffer due before issuing. CO. * Survey locate left setback P-3</u>	Planning & Zoning Officer <u>David Floyd</u>	Date <u>5/1/19</u>	

CONTRACTOR INFORMATION	Contractor <u>LEGACY HOMES LLC</u>	Phone <u>804-564-9097</u>
	Address <u>207 ECHO MEADOWS RD. ROCKVILLE, VA 23146</u>	Email <u>LEGACYHOMES09@AOL.COM</u>
	Contractor License Number <u>2705052698</u>	Type <u>CLASS A</u>

DESCRIPTION OF WORK	Scope of Work: <u>375 390 SINGLE FAMILY DWELLING Revised 8-20-19</u> <u>to add additional 39 sq ft for bedroom, bathroom</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>9500 SQ FT. LAND DISTURBED +</u>		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>	# of floors <u>1</u> <u>loft area</u>
	Finished Sq. Ft. <u>2018 390 =</u>	Unfinished Sq. Ft. <u>1481-390 =</u>	Total Sq. Ft. <u>(3529)</u>		

Building Only - Excludes All Trades Permits	Value of Work <u>\$250,000.00</u>	Application Fee <u>\$1,137.00</u>	State Levy Fee <u>\$22.74</u>
		Septic/Well Fee <u>\$</u>	Zoning Fee <u>\$50.00</u>
		RLD <u>\$</u>	SWP <u>\$</u>
		Total <u>\$1,209.74</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: Jed J Date: 4-30-19



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: 8/14/19
 Permit Number: DP-2019-00739
 GPIN/Tax Map: 6709-77-225 117-10-160
 Issued: 8-21-19

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>5311</u> 5311 old Columbia Rd Goochland, VA 23063	
	Owner <u>Chris Griffith</u>	Phone # <u>804-774-1717</u>
	Address <u>5311 old Columbia Rd, Goochland VA 23063</u>	
APPLICANT INFORMATION	Applicant/Contact <u>Owner</u>	
	Address <u>5311 old Columbia Rd, Goochland VA 23063</u>	
		Phone # <u>804-774-1717</u>
		Email <u>griff85936@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/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>Remodel, Tear down the rotten porch and side rooms that are now going to be master bathroom, All new windows, new subflooring, Remove some existing non-bearing walls, Add 1/2 bath and pantry to laundry room</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>2 1/2</u>	# of Bedrooms <u>4</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>3,400</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>3,400</u>		

Building Only - Excludes All Trades Permits															
Value of Work <u>102,000</u>															
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.															
Signature of Applicant <u>Chris Griffith</u>	Date <u>8/14/19</u>														
<table border="1"> <tr><td>Application Fee</td><td>\$ <u>117.00</u></td></tr> <tr><td>State Levy Fee</td><td>\$ <u>2.22</u></td></tr> <tr><td>Septic/Well Fee</td><td>\$ _____</td></tr> <tr><td>Zoning Fee</td><td>\$ _____</td></tr> <tr><td>RLD</td><td>\$ _____</td></tr> <tr><td>SWP</td><td>\$ _____</td></tr> <tr><td>Total</td><td>\$ <u>119.22</u></td></tr> </table>		Application Fee	\$ <u>117.00</u>	State Levy Fee	\$ <u>2.22</u>	Septic/Well Fee	\$ _____	Zoning Fee	\$ _____	RLD	\$ _____	SWP	\$ _____	Total	\$ <u>119.22</u>
Application Fee	\$ <u>117.00</u>														
State Levy Fee	\$ <u>2.22</u>														
Septic/Well Fee	\$ _____														
Zoning Fee	\$ _____														
RLD	\$ _____														
SWP	\$ _____														
Total	\$ <u>119.22</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: 7-11-19

Permit Number: BP-2019-00649

GPIN/Tax Map: 6769-02-0861-9999/30-10-1

Issued: 8-20-19

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 2551 Sandy Hook Rd, Goochland VA 23063	
	Owner Francis Shelton Wingfield	Phone #
	Address 2461 Sandy Hook Rd, Goochland VA 23063	Email

APPLICANT INFORMATION	Applicant/Contact T-Mobile c/o Pallavi Ayyala	Phone # 410-440-7422
	Address 6095 Marshalee Dr, Suite 300, Elkridge MD 21075	Email payyala2@nbcllc.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>100' from Road</u>	Center Line Setback —	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>*No change to existing footprint.</u>		

Planning & Zoning Officer: David Floyd Date: 7/15/19 A2

CONTRACTOR INFORMATION	Contractor FCI Towers Inc	Phone
	Address <u>2528 Horse Pasture Rd Suite 100 Virginia Beach, VA 23464</u>	Email
	Contractor License Number <u>2705048431</u>	Type

Scope of Work: T-Mobile proposes to remove (3) antennas and replace with (6) new antennas and ancillary equipment and cabling on an existing telecommunications facility per plan per code.

Proposed Use	Current Use Existing telecomm Facility	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: 19,000

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

Signature of Applicant: [Signature] Date: 7/10/2019

Application Fee	\$ <u>142.50</u>
State Levy Fee	\$ <u>2.85</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>50.00</u>
RLD	\$
SWP	\$
Total	\$ <u>195</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: 7-31-19
 Permit Number: BP-2019-00706
 GPIN/Tax Map: 6832-97-2225/12-25-0-4-0
 Issued: 8-2019

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 4269 TBD Hadenerville Farm Rd. Mineral VA 23117	
	Owner Hadenerville Estates LLC	Phone # 804-218-1072
	Address P.O. Box 6833 Richmond VA 23230	Email

APPLICANT INFORMATION	Applicant/Contact CMT Homes Inc		Phone # 804-798-3206
	Address 12244 Washington Hwy Ashland VA 23005		Email teresakite20@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 55' from Road	Center Line Setback	Rear Setback 35'	CUP/Variance/COA
	Side Setback 20'	Side Setback	Flood Zone X	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>[Signature]</i> Date 8/1/19 41			

CONTRACTOR INFORMATION	Contractor CMT Homes Inc		Phone 804-798-3206
	Address Same		Email
	Contractor License Number 2705048123	Type A	Expiration 4-30-21

DESCRIPTION OF WORK	Scope of Work: Set 16' x 76' singlewide w/ new well and septic - Private road no VDOT permit required per VDOT (2) 5' x 5' landings				
	Proposed Use Residential	Current Use Vacant Land	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 2	# of Bedrooms 3	# of floors 1
	Finished Sq. Ft. 1190	Unfinished Sq. Ft. 50	Total Sq. Ft. 1240		

Building Only - Excludes All Trades Permits		Application Fee \$ 330.00 State Levy Fee \$ 6.00 Septic/Well Fee \$ Zoning Fee \$ 50.00 RLD \$ 100.00 SWP \$ 200.00 Total \$ 686.00
Value of Work	70,690.00	
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	<i>[Signature]</i>	
Date	7-30-19	
CMT Homes		

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: Dominion Capital Title Telephone: 888-607-0404

Mailing Address: 3900 Westerre Pkwy. #300 Henrico VA 23233

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RE # STORIES 1 CONSTRUCTION TYPE WB OCCUPANY LOAD 6 CODE EDITION 12

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL Michael R. Bushing DATE 6.13.19.
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8-2-19
 Permit Number: BP-2019-00717
 GPIN/Tax Map: 6841-88-8652/13-12-0-C1
 Issued: Issued 8/16/19.
 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.

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OWNER INFORMATION
 Site Address: 4582 Newline Road
 Owner: Melvin Cox Phone #: 804-366-1707
 Address: _____ Email: mjcox855@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: Melvin Cox (Wayne Allen) Phone #: 804-366-1707
 Address: 4582 Newline Road Email: mjcox855@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>75' from Rd</u>	Center Line Setback: _____	Rear Setback: <u>5'</u>	CUP/Variance/COA: _____
Side Setback: <u>5'</u>	Side Setback: _____	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: Daniel Floyd Date: 8/16/18 AI

CONTRACTOR INFORMATION
 Contractor: Carltonia Carports, Inc Phone: 800-670-4262
 Address: 187 Cardinal Ridge Trail, Dobson NC 27017 Email: _____
 Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK
 Scope of Work: 30x50 Metal Garage - To be anchored w/ helix anchors on virgin soil.

Proposed Use: <u>Residential</u>	Current Use: <u>Residential</u>	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>1500</u>	Total Sq. Ft.: <u>1500</u>

Building Only - Excludes All Trades Permits

Value of Work: <u>16,000 \$48,750.00</u>	Application Fee: \$ <u>231.37</u>
	State Levy Fee: \$ <u>4.63</u>
	Septic/Well Fee: \$ _____
	Zoning Fee: \$ <u>25.00</u>
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ <u>261.00</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: 8-2-19



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: August 12, 2019

Permit Number: BP-2019-00734

GPIN/Tax Map: 27-1-0-82-A

Issued:

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

Residential Commercial

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

OWNER INFORMATION	Site Address 1987 Haskin Rd., Goochland, Va 23063	
	Owner Howard and Hanne Kallman	Phone # 804-356-6195
	Address 1987 Haskin Rd., Goochland, Va 23063	Email hkallman@hughes.net

APPLICANT INFORMATION	Applicant/Contact Howard Kallman	
	Address 1987 Haskin Rd., Goochland, Va 23063	Phone # 804-356-6195
		Email hkallman@hughes.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 Work to be performed by Owner		Phone 804-356-6195
	Address		Email hkallman@hughes.net
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Convert unfinished basement area to finished Rec room				
	Proposed Use Finished Rec Room	Current Use Unfinished	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0	# of floors 0
	234 Finished Sq. Ft.	234 Unfinished Sq. Ft.	234 Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>69.91</u> State Levy Fee \$ <u>1.40</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>71.31</u>
Value of Work	\$2,000. 12,870.00	
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>Howard Kallman</u> Date <u>8/13/2019</u>	



BUILDING PERMIT APPLICATION

Application Date: 07/30/19Permit Number: BP-2019-00702GPIN/Tax Map: 7704-39-5334/62-31-A-5-2Issued: 8/13/19This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

 Residential Commercial

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

OWNER INFORMATION	Site Address <u>510 Meadow View Lane</u>	
	Owner <u>William Miller</u>	Phone # <u>804 757 373 4370</u>
	Address <u>510 Meadow View Lane</u>	
APPLICANT INFORMATION	Applicant/Contact <u>Michael R. Byrd LLC</u>	
	Address <u>119 Gaymont Rd</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>The meadows</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from Rdc</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>[Signature]</u> Date <u>7/31/19</u> KER			

CONTRACTOR INFORMATION	Contractor <u>Michael R Byrd LLC</u>		Phone <u>804 216 3699</u>
	Address <u>119 Gaymont Rd., Richmond, VA 23229</u>		Email <u>1michaelbyrd@gmail.com</u>
	Contractor License Number <u>2705119089</u>	Type <u>Bld-CLASS A</u>	Expiration <u>11/2019</u>

DESCRIPTION OF WORK	Scope of Work: <u>Detached Garage per Attached Plans w/ 550sf finished storage</u>					
	Proposed Use <u>Storage</u>	Current Use <u>0</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u>			
	<input checked="" type="checkbox"/> SEWER <input type="checkbox"/> Public/Private	<input type="checkbox"/> WATER <input checked="" type="checkbox"/> Public/Private	# of Bathrooms <u>1</u>	# of Bedrooms <u>0</u>	# of floors <u>2</u>	
	Finished Sq. Ft. <u>550</u>		Unfinished Sq. Ft. <u>800</u>		Total Sq. Ft. <u>1350</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>574.50</u>	
Value of Work <u>125,000</u>		State Levy Fee \$ <u>1149</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____	
Signature of Applicant <u>Michael Byrd LLC</u> Date <u>7/30/19</u>		Zoning Fee \$ <u>2500</u>	
		RLD \$ _____	
		SWP \$ _____	
		Total \$ <u>61099</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: 8-6-19

Permit Number: BP-2019-00723

GPIN/Tax Map: 44-1-68B / 6786-58-6101

Issued: 8-13-19

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 <u>1715 Taylor Road Crozier, VA 23039</u>	
	Owner <u>Megan Winfield</u>	Phone # <u>(804) 337-9422</u>
	Address <u>same as site</u>	Email <u>mawin524@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact	
	Address	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from Row</u>	Center Line Setback <u>100' CL</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>8/8/19</u> A2			

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

DESCRIPTION OF WORK	Scope of Work: <u>Install a 12'x42' horse run in with 2 12x12 stalls + 1 10x12 run in and 10x12' tack. See plans attached (modular amish structure).</u>				
	Proposed Use <u>Animal Shelter</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None - 0</u>		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Finished Sq. Ft. _____	Unfinished Sq. Ft. <u>504</u>	Total Sq. Ft. <u>504</u>		

Building Only -- Excludes All Trades Permits		Application Fee \$ <u>74.96</u>
Value of Work <u>\$13,991.00</u>		State Levy Fee \$ <u>1.50</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Megan A. Winfield</u> Date <u>8/6/2019</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>101.46</u>

Shrink/Swell report waived per GARY FISHER (B64)



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: 5-7-19Permit Number: BP 2019-00438GPIN/Tax Map: 7725-33-0619 / 58-32-3-A-0Issued: 8-12-19

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

 Residential Commercial

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

OWNER INFORMATION	Site Address <u>15020 Capital One Drive</u>	
	Owner <u>Capital One Bank</u>	Phone # <u>804-495-6860</u>
	Address <u>15000 Capital One Drive</u>	Email <u>C.Brown@capitalone.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Gilbane Building Company - Carter King</u>	
	Address <u>3435-B Leigh Street Richmond, VA</u>	Phone # <u>804-709-8351</u>
		Email <u>JKing@gilbane.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Creek</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>20' from R/W</u>	Center Line Setback	Rear Setback <u>30'</u>	CUP/Variance/COA <u>CU-2019-9</u>
	Side Setback <u>30'</u>	Side Setback <u>30'</u>	Flood Zone	<u>CUP Pending</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>* Height restriction CUP applied for. Does not issue until approved. MI</u>		
	Planning & Zoning Officer <u>David Ford</u>	Date <u>5/15/19</u>		

CONTRACTOR INFORMATION	Contractor <u>Gilbane Building Company</u>		Phone <u>804-709-8351</u>
	Address <u>3435-B Leigh Street Richmond, VA</u>		Email <u>JKing@gilbane.com</u>
	Contractor License Number <u>2701004552</u>	Type <u>Class A</u>	Expiration <u>10/31/2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>New parking garage at the Capital One West Creek Campus. New garage serves WC-2 building, and we are building an adjacent surface lot.</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 <u>1</u>
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>566,671 sqft</u>	Total Sq. Ft. <u>566,671 sqft</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$25,585,497.00</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 J. King Date 5/7/19

Application Fee	\$ <u>191,891.23</u>
State Levy Fee	\$ <u>3,837.82</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>100.00</u>
RLD	\$
SWP	\$
Total	\$ <u>195,829.05</u>

Issued 5-6-19

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

Application Date: 4-15-19
 Application Accepted: BP-2019-00356
 Old Map Number: 21-15-1-4-0
 GPIN: 6850-30-4300

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: 2723 Preston Park Lane		District		
	Owner: Chesterfield Construction Svcs, Inc. DBA Emerald Homes		Phone #		
	Address: P.O. Box 4309, Midlothian, 23112				
	Proposed Use: SING FAM	Current Use: Same	Existing Buildings on Property: N/A		
	Proposed Occupant Load (Commercial): N/A	Acreage: 2.61 ac	Commercial Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: Preston Park	Proffer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$21,302.00	Date Paid: Due	
	New Street Address		Zoning District: R1		
	Front Setback: 40' from ROW	Center Line Setback: 65'	Rear Setback: 35'	C.U. Permit: _____	Variance: _____
	Side Setback: 15'	Side Setback: 15'	COA: _____	Flood Zone: _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Cash Proffer is due before issuing C.O.				

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

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

Applicant/Contact: Ray Avery IV, Exec. VP Emerald Homes Phone: 674-0231 Ext. 6
 Email: ray@emerald-homes.com

Contractor: Chesterfield Construction Svcs, Inc. DBA Emerald Homes Phone: 674-0231
 Address: P.O. Box 4309, Midlothian, 23112
 Contractor License Number: 2701 024711 Type: Class A - BLD. Expiration: 9/30/19

Scope of Work: Revised 8-8-19 to increased deck size by 48sf and add roof over deck. Construct single family dwelling w/attached garage

SEWER Public/Private	WATER Public/Private	# of Bathrooms: 2 1/2	
# of Floors: 2	Total Sq. Ft.: 2597	Finished Sq. Ft.: 2031	Unfinished Sq. Ft.: 566 6/4 # of Bedrooms: 3

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

VALUE OF WORK
 Building \$150,410 151,970.00
 Excludes All Trades Permits

Application Fee	\$ 688.84
Zoning Fee	\$ 50.00
Septic/Well Fee	\$ 40.00
State Levy Fee	\$ 14.85
RLD	\$ 100.00
Stormwater	200.00

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: Ray Avery IV Date: 4/15/19 Total: \$109342
 Revision Fee: 716



BUILDING PERMIT APPLICATION

Application Date: 5.22.2019
 Permit Number: BP-2019-00510
 GPIN/Tax Map: 7116-51-0106/58.18.G.1.0
 Issued: 5-29-19

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

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>1312 HERMITAGE RD MANAKIN SABOT VA, 23103</u>				
	Owner <u>FRANK JENKINS</u>	Phone #			
	Address <u>1312 HERMITAGE RD MANAKIN SABOT VA, 23103</u>	Email			
APPLICANT INFORMATION	Applicant/Contact <u>NATE SEABORN</u>	Phone # <u>804-614-5510</u>			
	Address <u>23 DEERWOOD DR. GUM SPRING VA, 23065</u>	Email <u>NATE SEABORN CONSTRUCTION @GMAIL.COM</u>			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Druid Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid	
	Front Setback <u>75' from 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>[Signature]</u> Date <u>5/28/19</u>				
CONTRACTOR INFORMATION	Contractor <u>NATE SEABORN CONSTRUCTION LLC.</u>		Phone <u>804 614 5510</u>		
	Address <u>23 DEERWOOD DR GUM SPRING VA 23065</u>		Email <u>NATE SEABORN CONSTRUCTION @GMAIL.COM</u>		
	Contractor License Number <u>270515633 2705156355</u>	Type <u>CLASS 1A RBC</u>	Expiration <u>8-31-2020</u>		
	Scope of Work: <u>Revised 8-8-19 expand pool house by 144 sq feet (8x18). Change bathroom & hallway layout. NEW POOL HOUSE - REMOVED</u>				
DESCRIPTION OF WORK	Proposed Use <u>Pool House</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>1125 1269</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>1125 1269</u>		
	Building Only - Excludes All Trades Permits				

Value of Work <u>56,250 \$61,875.00 69,795.00</u>	Application Fee <u>\$290.44</u>
	State Levy Fee <u>\$5.81</u>
	Septic/Well Fee <u>\$</u>
	Zoning Fee <u>\$25-</u>
	RLD <u>\$</u>
	SWP <u>\$</u>
	Total <u>\$321.25</u>

Revision Fee 36.38

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 5-22-19



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: 8/5/19

Permit Number: BP-2019-00718

GPIN/Tax Map: 7716-51-0106 / 58-18-G-1-0

Issued: 8/8/19

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

Residential

Commercial

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

OWNER INFORMATION
Site Address: 1312 Hermitage Road, Manakin-Sabot, VA 23103

Owner: Frank Jenkins Phone # _____

Address: 1312 Hermitage Road, Manakin-Sabot, VA 23103 Email _____

APPLICANT INFORMATION
Applicant/Contact: Travis Jowers Phone # 804-749-4706

Address: 2175 Lanier Lane, Rockville, VA 23146 Email travis@ultimatepools.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: Broad Run Proffer Yes No Amount _____ Date Paid _____

Front Setback: 75' From P.O.L. Center Line Setback _____ Rear Setback 5' CUP/Variance/COA _____

Side Setback: 5' Side Setback 5' Flood Zone _____

APPROVED REJECTED COMMENTS: _____
Planning & Zoning Officer: David Floyd Date: 8/6/19 A2

CONTRACTOR INFORMATION
Contractor: Ultimate Pools Phone: 804-749-4706

Address: 2175 Lanier Lane, Rockville, VA 23146

Contractor License Number: 2705026339 Type: Class A, CBC, RBC, RFC Expiration: 02/28/2021

DESCRIPTION OF WORK
Scope of Work: In-Ground Pool 20' x 45' Rectangle with Auto Cover; 3' to 5-1/2' Deep

Proposed Use _____ Current Use _____ Existing Buildings on Property _____ # of Floors _____

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

Finished Sq. Ft. _____ Unfinished Sq. Ft. 900 Total Sq. Ft. 900

Building Only - Excludes All Trades Permits

Value of Work: 30,000.00

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: 8/5/19

Application Fee	\$ <u>147.00</u>
State Levy Fee	\$ <u>294</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>2500</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>17494</u>



BUILDING PERMIT APPLICATION

Application Date: 7-29-19
 Permit Number: DP 2019-00695
 GPIN/Tax Map: 616 F 13-3288/42-1-0-95-D
 Issued: 8-8-19

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

Residential Commercial

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

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

OWNER INFORMATION	Site Address	<u>2938 River Rd West Building "J"</u>	
	Owner	<u>Goochland County</u>	Phone #
	Address	<u>P.O. Box 10, Goochland VA.</u>	
	Applicant/Contact	<u>SERMAT Construction</u>	Phone #
	Address	<u>2419 West Wood ave R. VA 23230</u>	Email
			<u>RHASKELLE@SERMAT.COM</u>

APPLICANT INFORMATION	Applicant/Contact	<u>SERMAT Construction</u>	Phone #
	Address	<u>2419 West Wood ave R. VA 23230</u>	Email
			<u>RHASKELLE@SERMAT.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>SERMAT Construction</u>	Phone
	Address	<u>2419 Westwood Ave Richmond VA 23230</u>	<u>804-264-4800</u>
	Contractor License Number	<u>2701025440</u>	Type
		<u>Class A</u>	Expiration
			<u>10-31-2020</u>

DESCRIPTION OF WORK	Scope of Work:	<u>Interior Renovation for general services to include 2 new offices, 1 new bath.</u>		
	Light Renovation of Interior Rooms, Porch Attached	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	<u>N/A</u>	
	Proposed Use	Current Use	# of Bathrooms	# of Bedrooms
	<u>Commercial</u>		<u>2</u>	<u>2</u>
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of floors	
			<u>1</u>	
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee \$ State Levy Fee \$ Septic Well Fee \$ Zoning Fee \$ RLD \$ SWP \$ Total \$ <u>0</u>
Value of Work	<u>\$10,000</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u>	
Date	<u>7/29/19</u>	
Full wall work Break room Break storage area		



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: 8-5-19
 Permit Number: BP-2019-00716
 GPIN/Tax Map: 6778-84-5409 / 32-1-0-49-A
 Issued: 8-8-19

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

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

OWNER INFORMATION	Site Address	<u>2389 Red Stone Dr. Maidens, Va 23102</u>		
	Owner	<u>Aubrey Witt</u>	Phone #	<u>556-3211</u>
	Address	<u>Same</u>	Email	
APPLICANT INFORMATION	Applicant/Contact	<u>OWNER</u>		
	Address		Phone #	

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>Dr. Side - 35'</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>8/6/19</u>	<u>A2</u>	

CONTRACTOR INFORMATION	Contractor				Phone	
	Address				Email	
	Contractor License Number		Type		Expiration	

DESCRIPTION OF WORK	Scope of Work:					
	<u>25x23 metal Pro Finx Garage</u>					
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)			
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors	
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			
	<u>575</u>	<u>575</u>				

Building Only - Excludes All Trades Permits

Value of Work	<u>6000. --- \$15,812.50</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 Aubrey Witt Date 8-5-19

Application Fee	\$ <u>8316</u>
State Levy Fee	\$ <u>166</u>
Septic/Well Fee	\$ <u>---</u>
Zoning Fee	\$ <u>2500</u>
RLD	\$ <u>---</u>
SWP	\$ <u>---</u>
Total	\$ <u>10982</u>



BUILDING PERMIT APPLICATION

Application Date: 7/22/2019

Permit Number: BP-2019-00698

GPIN/Tax Map: 6759-60-7193/30-8-0-27-0

Issued: 8-7-19

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.

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 2412 Cheney Creek Rd Goochland VA 23063	
	Owner Mark Streeter	Phone # (845) 269-8411
	Address 2412 Cheney Creek Rd Goochland VA 23063	Email markestreeter@hotmail.com

APPLICANT INFORMATION	Applicant/Contact Britney Myers - PEG Alternative Energy Inc.		Phone # (804)299-3296
	Address 11044 Richardson Rd. Ste. A29 Ashland, VA 23005		Email permitting@pegalte.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/GOA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer _____ Date _____			

CONTRACTOR INFORMATION	Contractor PEG Alternative Energy Inc.		Phone (804)299-3296
	Address 11044 Richardson Rd. Ste. A29 Ashland, VA 23005		Email permitting@pegalte.com
	Contractor License Number 2705159755	Type AES, ELE	Expiration 4/30/2021

DESCRIPTION OF WORK	Scope of Work: 30 photovoltaic panels roof mounted, grid tied to utility with battery back up.				
	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	\$7,253.75
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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 Britney R. Myers Date 7/22/2019

Application Fee	\$ 4,464
State Levy Fee	\$ 89
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 4533



BUILDING PERMIT APPLICATION

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

Application Date: 2-6-19

Permit Number: DP-2019-00118

GPIN/Tax Map: 7734-01-5072 / 64-28-P-34-0

Issued: 3-11-19

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.

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 192 Woodfern		<i>West oak Sulli.</i>	
	Owner Harring Construction Co.		Phone #	804-739-3405
	Address 22221 Pear Orchard Rd. Moseley, VA 23120		Email	<i>sharring@harringconstruction.com</i>
APPLICANT INFORMATION	Applicant/Contact Jeremy Harring		Phone #	804-739-3405
	Address 22221 Pear Orchard Road Moseley, VA 23120		Email	<i>sharring@harringconstruction.com</i>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	<i>West Oak</i>		<i>\$5,269.00</i>	<i>Due</i>
	Front Setback <i>30' from Pave</i>	Center Line Setback	Rear Setback <i>50' B/S</i>	CUP/Variance/COA <i>R2-2002-9</i>
	Side Setback <i>30' B/S</i>	Side Setback <i>30' B/S</i>	Flood Zone <i>X</i>	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* Survey locate front and left setbacks. * Cash proffer due before</i>				
Planning & Zoning Officer: <i>Daniel Floyd</i> Date: <i>2/6/19</i> C.U. R.P.U.D.				

CONTRACTOR INFORMATION	Contractor Harring Construction Co.		Phone	804-739-3405
	Address 22221 Pear Orchard Road Moseley, V		Email	<i>sharring@harringconstruction.com</i>
	Contractor License Number	Type	Expiration	
	2705021378	Class A	7-31-19	

DESCRIPTION OF WORK	Scope of Work: Single family residential dwelling with attached garage				
	<i>7-31-19. Finish out 287 sq bonus room over garage. Adding gas fireplace on rear porch. No change in work value</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
			<i>NONE / 16,306 \$</i>		
<input checked="" type="checkbox"/> SEWER Public/Private	<input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors	
		5	4	2	
Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.	
<i>3712 + 287 = 3999</i>		<i>1350 - 287 = 1,063</i>		5062	

Building Only - Excludes All Trades Permits

Value of Work	500,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: *2/6/19*

Application Fee	\$ <u>2,262.00</u>
State Levy Fee	\$ <u>45.24</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u>50.00</u>
RLD	\$ <u>100.00</u>
SWP	\$ <u>200.00</u>
Total	\$ <u>2,657.24</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2/25/19

Permit Number: BP-2019-00214

GPIN/Tax Map: 6777-46-3053/43-42-D-19-0

Issued: 3-29-19

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

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>1748 Fishers Pond Drive Maidens 23102 - Lot 19 Section 3</u>	
	Owner <u>Steve Thompson Breeze Hill LLC per email</u>	Phone # <u>539-2524</u>
	Address <u>1390 B Broad Street rd</u>	Email <u>Stavethompsonbuilder@comcast.net</u>

APPLICANT INFORMATION	Applicant/Contact <u>Steve Thompson</u>	Phone # <u>..</u>
	Address <u>..</u>	Email <u>..</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Breeze Hill</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>\$20,910.00</u>	Date Paid <u>Done</u>
	Front Setback <u>40' from bus</u>	Center Line Setback <u>65'</u>	Rear Setback <u>25'</u>	CUP/Variance/COA
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Douglas Floyd</u> Date <u>3/1/19</u> RP			

CONTRACTOR INFORMATION	Contractor <u>Steve Thompson Builder, LLC</u>		Phone <u>539-2524</u>
	Address <u>1390 B Broad Street rd</u>		Email <u>Stavethompsonbuilder@comcast.net</u>
	Contractor License Number <u>2705054732</u>	Type <u>CBC 1213C</u>	Expiration <u>3/31/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>Permit revised 8-6-19 to finish 700 sq ft on 2nd floor for an office. New residential dwelling with attached garage and unfinished 2nd floor. \$FILL BASE.</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>10000 SF</u>		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>4</u>	# of Bedrooms <u>4</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>3094 3794</u>	Unfinished Sq. Ft. <u>1806 4900 1106</u>	Total Sq. Ft. <u>7994 4900</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$350,000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant Steve Thompson Date 2/25/19

Application Fee	\$ 1587.00
State Levy Fee	\$ 32.54
Septic/Well Fee	\$ 40.00
Zoning Fee	\$ 50.00
RLD	\$ 100.00
SWP	\$ 200.00
Total	\$2009.54



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: 8-2-19
 Permit Number: BP-2019-00715
 GPIN/Tax Map: 7704-38-7545 / 62-31-A-31
 Issued: 8-6-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION
 Site Address: 500 MEADOW VIEW LANE
 Owner: JIMMY STREET
 Address: 500 MEADOW VIEW LANE

APPLICANT INFORMATION
 Applicant/Contact: THOMAS SEABORN
 Address: 3125 ROCK CREEK LN. SKIDY HOOK

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: THOMAS CO. SEABORN & SONS INC.
 Address: 3125 ROCK CREEK LANE SKIDY HOOK
 Contractor License Number: 2765 129153A Type: CLASS A Expiration: 8-21-2021

DESCRIPTION OF WORK
 Scope of Work: Adding Shower to existing studio bathroom over garage
~~BATH REMODEL ADDING SHOWER~~

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft. <u>50 SQ FT</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>50 SQ FT</u>		

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: 8-7-2019

Application Fee	\$ <u>3450</u>
State Levy Fee	\$ <u>109</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>3519</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: 8-1-19

Permit Number: BP-2019-00707

GPIN/Tax Map: 6767-42-8849 / 43-37-B-1A-0

Issued: 8-6-19

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

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

OWNER INFORMATION	Site Address <u>2500 Bucknell Ln. Maidens, VA 23102</u>				
	Owner <u>Barry Thomas</u>		Phone # <u>804-754-6064</u>		
	Address <u>Same</u>		Email		
APPLICANT INFORMATION	Applicant/Contact <u>Bryan Roberts</u>			Phone # <u>804-363-2379</u>	
	Address <u>Po Box 367 Oilville, VA 23129</u>			Email <u>bryan@acpoolsllc.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Clifton</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <u>4 1/2' from Row</u>	Center Line Setback <u>62'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____	
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>X</u>	_____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>8/1/19</u> R1				
	Contractor <u>Aquatic Concepts</u>				
CONTRACTOR INFORMATION	Address <u>Po Box 367 Oilville, VA 23129</u>			Phone <u>804-363-2379</u>	
	Contractor License Number <u>2705129869</u>			Email <u>bryan@acpoolsllc.com</u>	
	Type <u>Class A</u>	Expiration <u>8/31/2019</u>			
DESCRIPTION OF WORK	Scope of Work: <u>install inground fiberglass pool and barrier.</u> <u>APPROX. 400 sq ft</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>400</u>	Total Sq. Ft. <u>400</u>		

Building Only - Excludes All Trades Permits

Value of Work 40,000

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

Signature of Applicant [Signature] Date 8/1/19

Application Fee	\$ <u>192.00</u>
State Levy Fee	\$ <u>3.84</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>2500</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>220.84</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: 7.22.19
 Permit Number: BP-2019-00683
 GPIN/Tax Map: 18-1-0-1-A / ^{GPIN} 6811-50-5473
 Issued: 8-6-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION
 Site Address: 5399 Matthews Road, Goochland, VA 23063
 Owner: County of Goochland
 Phone #: (804) 556-5800
 Address: P.O. Box 10, Goochland, VA 23063
 Email:

APPLICANT INFORMATION
 Applicant/Contact: Gordon Brothers Construction, LLC
 Phone #: (804) 556-8180
 Address: 2945 River Road West, Goochland, VA 23063
 Email: gordonbrothersconstruction@yahoo.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: None	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: 15' from Row	Center Line Setback: _____	Rear Setback: 5'	CUP/Variance/COA: _____
Side Setback: 5'	Side Setback: 5'	Flood Zone: _____	

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: David Floyd Date: 7/24/19 IA1

CONTRACTOR INFORMATION
 Contractor: Gordon Brothers Construction, LLC
 Phone: (804) 556-8180
 Address: 2945 River Road West, Goochland, VA 23063
 Email: gordonbrothersconstruction@yahoo.com
 Contractor License Number: 2705144137 Type: Class A Expiration: 12.31.19

DESCRIPTION OF WORK
 Scope of Work: Build 20' x 20' picnic pavillion over 4" thick concrete slab, using plans provided by Goochland County.

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

Building Only - Excludes All Trades Permits

Value of Work	\$ 17,000.00
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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: _____ Date: 7/22/19

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

FEES Waived County Project



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: 8-1-19
Permit Number: BP-2019-00711
GPIN/Tax Map: 11-17-0-A-0/6821-39-02.72
Issued: 8-2-19

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 3711 Hadensville Fife Rd, Goochland, VA 23063	
	Owner Audrey C Pryor	Phone # 203-918-8699
	Address 4355 Windsor Lake Dr, Louisa VA 23093	Email cathy.pryor@gmail.com

APPLICANT INFORMATION	Applicant/Contact Audrey C Pryor	
	Address 4355 Windsor Lake Dr, Louisa VA 23093	Phone # 203-918-8699
		Email cathy.pryor@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 Audrey C Pryor		Phone 203-918-8699
	Address 4355 Windsor Lake Dr, Louisa VA 23093		Email cathy.pryor@gmail.com
	Contractor License Number n/a	Type n/a	Expiration n/a

DESCRIPTION OF WORK	Scope of Work: Update kitchen, bathrooms and remodel small bedroom to laundry room & closet.				
	Proposed Use residential	Current Use residential	Environmental Impacts (stream crossing, wetlands, amt land disturbed) n/a		
	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 2 + basement
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	26100
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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 8/1/19

Application Fee	\$ <u>129.45</u>
State Levy Fee	\$ <u>2.59</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>132.04</u>

Applied 7-30-19



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: 6-4-2019

Permit Number: BP-2019-00705

GPIN/Tax Map: 6769-63-1256 / 31-30-0-5-0

Issued: 8-2-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>2681 Turner Rd Goochland Va 23063</u>	
	Owner <u>ANDRE & ERIN LUERO</u>	Phone # <u>804-814-3000</u>
	Address <u>2681 Turner Rd Goochland Va 23063</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Duke Construction Inc</u>	Phone # <u>804-305-1700</u>
	Address <u>2600 Broad St Rm Springs Va 23065</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from RW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>30'</u>	Side Setback <u>30'</u>	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: Daniel Floyd Date: 8/1/19

CONTRACTOR INFORMATION	Contractor <u>Duke Construction Inc</u>		Phone <u>804-305-1700</u>
	Address <u>2600 Broad St Rm Springs Va 23065</u>		Email <u>dukeconstructioninc@gmail.com</u>
	Contractor License Number <u>270502469</u>	Type <u>CBC RBC</u>	Expiration <u>4-30-2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Four RM addition 12x18 18x24</u>				
	Proposed Use <u>residential</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A 432 sq</u>		
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>3</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>432</u>		Unfinished Sq. Ft. <u>0</u>		Total Sq. Ft. <u>432</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>500,000</u>
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Application Fee	\$ <u>116.00</u>
State Levy Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>144.00</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: _____



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-2019-00523

GPIN/Tax Map: 7715-74-9365 / 58-31-0-4-0

Issued: 5-1-19

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

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

OWNER INFORMATION	Site Address 100 Kinloch Lane	
	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 ADOLEMAN@KJSELLSTROMANDLEE.CO.

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>40' from ROW</u>	Center Line Setback —	Rear Setback <u>25'</u>	CUP/Variance/COA —
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>5/29/19</u> <u>RAID</u>			

CONTRACTOR INFORMATION	Contractor Kjellstrom and Lee		Phone 804-288-2282
	Address 1607 Ownby Lane Richmond, VA		Email acoleman@kjellstromandlee.com
	Contractor License Number <u>2701005879</u>	Type Class A	Expiration <u>12/31/2019</u>

DESCRIPTION OF WORK	Scope of Work: Renovate areas of the Kinloch golf Clubhouse. Add a small "members only" pro shop addition.				
	Proposed Use Clubhouse	Current Use Clubhouse	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>ADDITION ~ 243 SF</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>243</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>6922.50</u>	
Value of Work	\$923,000.00	State Levy Fee \$ <u>138.45</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>[Signature]</u> Date <u>5/28/19</u>		Septic/Well Fee \$	
		Zoning Fee \$ <u>100.00</u>	
		RLD \$	
		SWP \$	
		Total \$ <u>7,160.95</u>	



BUILDING PERMIT APPLICATION

Application Date: June 25, 2019

Permit Number: BP-2019-00627

GPIN/Tax Map: 6779-17-9387-9998

Issued: 8-1-19

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>2427 Good Luck Road, Maidens, VA 23102</u>	
	Owner Church Episc Christian (TE) <u>ALLTEL Communications (Per Lease)</u>	Phone #
	Address <u>2425 Good Luck Road, Maidens, VA 23102</u>	Email <u>Kewin 267-939-4119</u>

APPLICANT INFORMATION	Applicant/Contact <u>Verizon Wireless c/o Aftyn Crowe</u>		Phone # 410-712-7092 ext 1528
	Address <u>6095 Marshalee Drive, Suite 300, Elkridge, MD 21075</u> <i>mail per permit</i>		Email <u>acrowe@nbcllc.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' from Road</u>	Center Line Setback —	Rear Setback <u>35'</u>	CUP/Variance/COA —
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*No change to existing footprint</u> Planning & Zoning Officer: <u>David Perry</u> Date: <u>7/8/19</u>			

CONTRACTOR INFORMATION	Contractor <u>Edward L Muller Construction Co Inc</u>		Phone
	Address <u>PO Box 249, Quinton, VA 23141</u>		Email
	Contractor License Number <u>2701009463</u>	Type <u>Class A</u>	Expiration <u>11-30-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>Instal (3) RRUs. Radio Remote Units for Cell Tower</u>				
	Proposed Use Telecommunications	Current Use Telecommunications	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>4,000.00</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: 6/25/19

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$
Septic/Well Fee	\$
Zoning Fee	\$ <u>50.00</u>
RLD	\$
SWP	\$
Total	\$ <u>80.00</u>



BUILDING PERMIT APPLICATION

Application Date:

7-26-19

Permit Number:

BP-2019-00692

GPIN/Tax Map:

7715-26-4255/58-26-0-4-0

Issued:

8-1-19

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

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

Residential

Commercial

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

OWNER INFORMATION	Site Address	365 First Flite Lane Manakin-Sabot Va 23	
	Owner	David Nunnally	Phone #
	Address	365 First Flite Lane Manakin - Sabot Va	Email David.nunnally17@gmail.com

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	Fairway Estates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—	—
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
75' from Awd	—	5'	—	
Side Setback	Side Setback	Flood Zone	—	
5'	5'	—	—	

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: David Lloyd Date: 7/30/19 A2

CONTRACTOR INFORMATION	Contractor	Phone
	Exquisite pools Inc	804-912-3331
	Address	Email
17099 Chisholm trail Rockville		
Contractor License Number	Type	Expiration
2705152021	A	10-31-19

DESCRIPTION OF WORK	Scope of Work:				
	1 pool inground gunnise w/ fence barrier				
	Swimming Pool 18x36				
	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.			
	648	648			

Building Only - Excludes All Trades Permits		Application Fee	\$ 223.41
Value of Work	49,203	State Levy Fee	\$ 4.67
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	\$ 25.00
		RLD	\$
		SWP	\$
		Total	\$ 263.08
Signature of Applicant	<u>David Lloyd</u>	Date	8/1/2019
<u>David Lloyd</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

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

Date	8-23-19
Permit #	19-770
GPIN	
Tax Map	

LOCATION

Street Address: 1602 Blakely Rd.

PROPERTY OWNERSHIP

Name	Janet forney	Phone	766-878-9573
Mailing Address	1602 Blakely Rd.	Email	N/A

APPLICANT

Name	MW Butler Electrical	Phone	804-746-2240
Address	8420 meadowbridge Rd. (suite I)	Email	Chesney@mwButlerElectrical.com

CONTRACTOR

Name	MW Butler Electrical	Phone	804-746-2240						
Mailing Address	8420 meadowbridge Rd. (suite I)	Email							
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705110673	Expiration	1-31-20	License Type	ELE	Class	A

DESCRIPTION OF WORK

Wire 22kw Generator w/ 200A ATS

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$2,450			

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

Signature of Applicant: [Signature] Date: 8/19/19

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>8/23/19</u>
Permit Fee: <u>32.60</u>		Issued date: _____

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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	8.2.19
Permit #	2019-00286
GPIN	6787-48-2295
Tax Map	44-16-0-15-0

LOCATION

Street Address 1545 Horsepen Hills Road, Maidens, Va.

PROPERTY OWNERSHIP

Name	Kilpatrick Faye H. Revocable Trust	Phone	804.614.4556
Mailing Address	1186 Lickinghole Road, Goochland, Va.	Email	molly@mollybydesign.com

APPLICANT

Name	EandJ Construction & Contracting LLC	Phone	804-641-7586
Address	220 Pondorosa Drive, Sandston, VA 23150	Email	mrsedej@aol.com

CONTRACTOR

Name	EandJ Construction & Contracting LLC			Phone	804-641-7586				
Mailing Address	220 Pondorosa Drive, Sandston, VA 23150			Email	mrsedej@aol.com				
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705171698	Expiration	04/31/2021	License Type	Elec.	Class	A

DESCRIPTION OF WORK

wire single family dwelling w/attached garage & whole house generator

# of Bathrooms	Service Size	Power Company	Inquiry #
3.5	400	Dominion	10297706
Value of Work (required)		\$9800.00	

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: Conna M. Decker Date: 8.2.19

Approval:	<u>D. Fisher</u>	Office Use Only	Approval date:	<u>8-7-19</u>
Permit Fee:	<u>166⁴⁰</u>		Issued date:	

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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: 8/14/19

Permit #: 212019-740

GPIN

Tax Map

LOCATION

Street Address 4645 Marks Lane, Goochland, VA 23063

PROPERTY OWNERSHIP

Name Sandra Baber	Phone 804-840-8244
Mailing Address 4645 Marks Lane, Goochland, VA 23063	Email

APPLICANT

Name Fanning Electrical Service	Phone 804-262-3681
Address 6207 Lakeside Avenue, Henrico, VA 23228	Email info@fanningelectrical.com

CONTRACTOR

Name Fanning Electrical Service	Phone 804-262-3681			
Mailing Address 6207 Lakeside Avenue, Henrico, VA 23228	Email info@fanningelectrical.com			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705 020017	Expiration 2/28/21 02/28/2013	License Type Contractor	Class B

DESCRIPTION OF WORK

Install 16kva generator

# of Bathrooms 3	Service Size 200 amp	Power Company Dominion Energy	Inquiry #
Value of Work (required) 3,500.00			

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: Jerry Fanning Date: 8/14/19

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>8-14-19</u>
Permit Fee: <u>\$37.48</u>		Issued date: <u>8-14-19</u>

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

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	8-20-19
Permit #	ELI-2019-00760
Old Map #	
G-Pin	

LOCATION

Street Address	1615 SABOT CREEK DRIVE 23103	District	
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PROPERTY OWNERSHIP

Name	TOSH STEELMAN	Phone	804-921-9141
Mailing Address	1615 SABOT CREEK DRIVE 23103		

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 WHITESEL RD, 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 22KW GENERATOR. WIRE TO EXISTING 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 

Approval J. Fisher Date 8/21/19

Value of work: \$9000.00

Permit fee: \$62.73

Issue date: 8/21/19

5489



TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

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

8/27/19

TYPE	
<input checked="" type="checkbox"/>	Electrical
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Gas

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

Date	8/21/19
Permit #	ELI-2019-784
Map #	64-27-A-6-0
	7733-08-5445

LOCATION

Street Address 120 LINDENHURST, RICHMOND, VA 23238	District
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PROPERTY OWNERSHIP

Name BILL & BARBARA COURSEY	Phone 804-852-8888
Mailing Address 120 LINDENHURST, RICHMOND, VA 23238	

CONTRACTOR

Company Name James River Air Conditioning Co, Inc.	Phone (804) 358-9333	
Mailing Address 1905 Westmoreland Street	License Type	Class A
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 10902 27010	Expiration

DESCRIPTION OF WORK

INSTALL 22KW, 327K BTU GENERATOR			
# 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 _____ AND THAT I HAVE APPLIED FOR A BUILDING PERMIT. I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR AS REQUIRED BY SECTION 54.1.1111 OF THE CODE OF VIRGINIA. _____ (OWNER)

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

Signature of Applicant: Katherine B. Thompson
Approval: Fisher Date: 8/28/19

Cost of Job: \$ 7000.00
Permit Fee: \$ 53.55
Issue Date: 8/28/19