



BUILDING PERMIT APPLICATION

Application Date: **9-17-19**
 Permit Number: **BP-2019-00846**
 GPIN/Tax Map: **59-3-2-90-B / 1726-8513**
 Issued: **10.28.2019**

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 1630 WILKES RIDGE PARKWAY, RICHMOND, VA 23233	
	Owner MEDARVA (BRUCE KUPPER)	Phone #
	Address 8700 STONY POINT PARKWAY #100, RICHMOND, VA 23235	Email KUPPER@MEDARVA.COM

APPLICANT INFORMATION	Applicant/Contact GORDON McCORMICK - PRICE SIMPSON HARVEY	Phone # (804) 814-3076
	Address 207 N FOUSHEE ST., RICHMOND, VA 23220	Email GMCCORMICK@PRICESIMPSONHARVEY.CO

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: **TBA** Date: _____

CONTRACTOR INFORMATION	Contractor Emerald Construction Company	Phone (804) 747-4854
	Address 2219 Dabney Road, Richmond, VA 23230	
	Contractor License Number 2705021196 A	Type A

DESCRIPTION OF WORK	Scope of Work: RENOVATE EXISTING MEDICAL OFFICE FOR NEW MRI/LT PROGRAM.				
	Proposed Use MEDICAL OFFICE	Current Use MEDICAL OFFICE	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A -> TENANT UPFIT		
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms EXISTING (NONE)	# of Bedrooms 1	# of floors 1
	Finished Sq. Ft. RENOVATED SF: 2,741 SF	Unfinished Sq. Ft. UNRENOVATED SF: 3,034	Total Sq. Ft. 5,775 SF; 2,741 SF IN SCOPE		

Building Only - Excludes All Trades Permits

Value of Work	669,900
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Application Fee	\$ 5024.24
State Levy Fee	\$ 100.49
Septic/Well Fee	\$
Zoning Fee	\$ 100.00
RLD	\$
SWP	\$
Total	\$ 5,224.73

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: **9/17/19**



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: 10/14/2019

Permit Number: **BP-2019-00940**

GPIN/Tax Map: **7733-06-029.3/67-4-0-4-0**

Issued: **10-25-19**

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

Residential Commercial

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OWNER INFORMATION	Site Address 225 Deer Keep Richmond, VA 23228	Phone # 767-0775
	Owner Bernie Donnelly	
	Address 225 Deer Keep	Email
APPLICANT INFORMATION	Applicant/Contact Farrar Pace (JoPa Co.)	Phone # 798-6882
	Address 8711 West Broad St. Richmond, VA 23294	Email fpace@jopa.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Deer Keep	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 55' From ROW	Center Line Setback	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS:		
Planning & Zoning Officer <i>[Signature]</i>		Date 10/18/19		AD

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

DESCRIPTION OF WORK	Scope of Work: 18' x 36' (648 sqft) Gunite swimming pool with AUTOMATIC COVER and 800 sqft of travertine decking.					
	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. 1448	Unfinished Sq. Ft. 1448	Total Sq. Ft. 1448			

Building Only - Excludes All Trades Permits

Value of Work	\$ 85,500.00
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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 *[Signature]* Date **10/14/19**

Application Fee	\$ 346.75
State Levy Fee	\$ 7.94
Septic/Well Fee	\$ -
Zoning Fee	\$ 25-
RLD	\$ -
SWP	\$ -
Total	\$ 429.69



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: 10-15-19Permit Number: PP-2019-00927GPIN/Tax Map: 6802-29-1706/ 4-14-0-2-0Issued: 10-25-19

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

 Residential Commercial

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

OWNER INFORMATION	Site Address <u>4416 PAYNE RD, COLUMBIA, VA 23038</u>	
	Owner <u>JAMES MACINNIS</u>	Phone # <u>404-661-7440</u>
APPLICANT INFORMATION	Address <u>2006 MOUNTAIN CREEK DR, STONE MTN, GA 30087</u>	
	Applicant/Contact <u>SAME AS ABOVE</u>	Email <u>james.macinnis34@gmail.com</u>
APPLICANT INFORMATION	Address	
	Email	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>The Hills on Payne Road</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from Road</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/15/19</u>			

CONTRACTOR INFORMATION	Contractor <u>OWNER</u>	Phone <u>804-627-2424</u>
	Address <u>4416 PAYNE RD</u>	Email <u>legacycontractors.va@gmail.com</u>
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>CONCRETE PAD 20'x40' - BUILDING 20'x36'</u> <u>ERECT STEEL BUILDING ON PAD</u>			
	Proposed Use <u>VEHICLE + FARM ITEMS</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>720 Sq Ft.</u>	Total Sq. Ft. <u>720 Sq Ft.</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$15,000</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 James Macinnis Date 14 Oct 2019

Application Fee	\$ <u>101.10</u>
State Levy Fee	\$ <u>2.02</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>2500</u>
RLD	\$
SWP	\$
Total	\$ <u>128.12</u>



BUILDING PERMIT APPLICATION

Application Date: 10-16-19

Permit Number: BP-2019-00933

GPIN/Tax Map: 6719-35-1023/31-28-0-5-0

Issued: 10-25-19

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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>2510 Pony farm Rd. Maidens VA. 23102</u>		
	Owner	<u>Miguel A. Correa</u>		Phone # <u>(804) 651-6339</u>
	Address	<u>2510 Pony farm Rd. Maidens VA 23102</u>		
APPLICANT INFORMATION	Applicant/Contact			
	Address			

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			
	Contractor License Number	Type	Expiration	

DESCRIPTION OF WORK	Scope of Work: <u>add roof to existing deck. (back yard)</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>272</u>	<u>272</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>45.66</u>
Value of Work	<u>2,500</u>	State Levy Fee \$ <u>.91</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 \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>46.57</u>
Signature of Applicant <u>Miguel Correa</u> Date <u>oct/16/2019</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: 10/8/19
 Permit Number: BP-2019-00930
 GPIN/Tax Map: 6840-91-8745/20-21-0-4-0
 Issued: 10-25-19

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>2981 WILLOW TRACE LANE 23153</u>	
	Owner <u>GARY TROXELL</u>	Phone #
APPLICANT INFORMATION	Address <u>2981 WILLOW TRACE LANE 23153</u>	
	Applicant/Contact <u>JEFF STAKE</u>	Email <u>GARY.TROXELL@GMAIL</u>
APPLICANT INFORMATION	Address <u>3108 ROCK CRESS LANE 23153</u>	
	Applicant/Contact <u>JEFF STAKE</u>	Phone # <u>804-334-4092</u>
APPLICANT INFORMATION	Address <u>3108 ROCK CRESS LANE 23153</u>	
	Applicant/Contact <u>JEFF STAKE</u>	Email <u>JEFFSTAKE3@GMAIL</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>MILFORD</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>200' 55' FROM RR</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Planning & Zoning Officer <u>David Floyd</u> Date <u>10/15/19</u> <u>RR</u>		

CONTRACTOR INFORMATION	Contractor <u>WOODRIGHT CONSTRUCTION INC</u>		Phone <u>804-334-4092</u>
	Address <u>3108 ROCK CRESS LN 23153</u>		Email <u>JEFFSTAKE3@GMAIL</u>
	Contractor License Number <u>2705032394A</u>	Type <u>A</u>	Expiration <u>2-28-20</u>

DESCRIPTION OF WORK	Scope of Work: <u>UNFINISHED 24X24 FREE STANDING GARAGE w/ STORAGE ABOVE 288 SQ FT</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE AREA 576</u>		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors <u>1 1/2</u>
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>864</u>	Total Sq. Ft. <u>864</u>		
	Building Only - Excludes All Trades Permits				

Value of Work <u>\$35,000.00</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant <u>[Signature]</u> Date <u>10/8/19</u>

Application Fee	\$ <u>169.50</u>
State Levy Fee	\$ <u>3.39</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>197.89</u>

BUILDING PERMIT APPLICATION

Application Date: 9/27/19
 Permit Number: BP-2019-00887
 GPIN/Tax Map: 6823-24-8054 / 5-23-0-3-0
 Issued: 10/7/19

County of Building Inspection
 Box 119
 Highland, VA 23063
 (4) 556-5815 Fax (804) 556-5651
 (800) 777-7111 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: 4143 Drew Ridge Dr. - Louisa, VA 23093
 Owner: Vicky Perkinson
 Phone #: 804-592-7359
804-572-5842
 Address: 305 Bond Brook Creek Rd.
 Email: perkinsonvicky@yahoo.com

APPLICANT INFORMATION
 Applicant/Contact: MARY HALLOCK - 804-492-3934
 Phone #: 804-592-7359
 Address: 305 Bond Brook Creek Rd.
 Email: KrystalKheapods94@hotmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount	Date Paid
<u>Shelton Creek</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
<u>55' 000 Row</u>	<u>5</u>	<u>5</u>	
Side Setback	Side Setback	Flood Zone	
<u>5</u>	<u>5</u>		<u>A-2</u>

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: A Barnes Date: 10/3/2019

CONTRACTOR INFORMATION
 Contractor: Krystal Kheapods 94
 Phone: 804-492-3034
804-366-1398
 Address: 305 Bond Brook Creek Rd.
 Email: KrystalKheapods94@hotmail.com
 Contractor License Number: 2705074163
 Type: C
 Expiration: 3/31/21

DESCRIPTION OF WORK
 Scope of Work: Install a 27' Round Above Ground Swimming Pool. Revised 10-2-19 to include 16x37 deck around pool -

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)			
<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors	
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			
	<u>592</u>	<u>592</u>			

Building Only - Excludes All Trades Permits

Value of Work	Application Fee
<u>9892.55</u> #16,280.00	\$ <u>361.52</u>
	State Levy Fee
	\$ <u>1.13</u>
	Septic/Well Fee
	\$ <u>25.00</u>
	Zoning Fee
	\$ <u>25.00</u>
	RLD
	\$ <u>0.00</u>
	SWP
	\$ <u>0.00</u>
	Total
	\$ <u>822.65</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: [Signature] Date: 9/27/19

PRC: 9-10-19



BUILDING PERMIT APPLICATION

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

Application Date: 9/15/19
Permit Number: PD-2019-00222
GPIN/Tax Map: 7726-19-9998/47-21-0-8-0
Issued: 10-23-19
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

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OWNER INFORMATION
Site Address: 1700 Ashland Rd
Owner: Valero
Address: _____
Phone #: _____
Email: _____

APPLICANT INFORMATION
Applicant/Contact: DM Signs
Address: PO Box 662 Dinwiddie, VA
Phone #: 804-469-3233
Email: _____

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: None
Proffer: Yes No
Amount: _____
Date Paid: Signco. com
Front Setback: 5' from ROW
Center Line Setback: _____
Rear Setback: _____
CUP/Variance/COA: COA 2019-8
Side Setback: _____
Side Setback: _____
Flood Zone: _____
APPROVED REJECTED COMMENTS: No change to front print
Planning & Zoning Officer: David Floyd Date: 10/17/19

CONTRACTOR INFORMATION
Contractor: DM Signs
Address: Above
Phone: Above
Email: Above
Contractor License Number: 2705140973
Type: C
Expiration: 03-31-20

DESCRIPTION OF WORK
Scope of Work: Rebrand of Valero Signage
Proposed Use: _____
Current Use: _____
Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____
SEWER: Public/Private
WATER: Public/Private
of Bathrooms: _____ # of Bedrooms: _____ # of floors: _____
Finished Sq. Ft.: _____ Unfinished Sq. Ft.: _____ Total Sq. Ft.: _____

Building Only - Excludes All Trades Permits
Value of Work: 1000.00
Application Fee: \$ 3000
State Levy Fee: \$ 60
Septic/Well Fee: \$ _____
Zoning Fee: \$ _____
RLD: \$ _____
SWP: \$ _____
Total: \$ 3060
Signature of Applicant: [Signature] Date: 9/15/19



BUILDING PERMIT APPLICATION

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

Application Date: 9/30/19 *Doc: 10-8-19*

Permit Number: *BP-2019-00920*

GPIN/Tax Map: 7727-79-3403 7727-87-0299

Issued: *48-1-0-47-0*

Residential Commercial
Issued: 10-23-19

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.

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OWNER INFORMATION	Site Address 2115 Ashland Rd Rockville, Va 23146	
	Owner Luck Stone Corp.	Phone # 804.749.3232
	Address 485 Boscobel Rd. Manakin-Sabot, Va 23103	

APPLICANT INFORMATION	Applicant/Contact Allan Myers	Phone # 804.980.5772
	Address 301 Concourse Blvd Suite 300	
		Email justin.mingus@allanmyers.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>NONE</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <i>75' from ROW</i>	Center Line Setback _____	Rear Setback <i>10'</i>	CUP/Variance/COA _____
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Floyd</i> Date <i>10/11/19</i> <i>MA</i>			

CONTRACTOR INFORMATION	Contractor Avis		Phone 804.730.2112
	Address 8434 Meadowbridge Rd Mechanicsville 23116		Email henry.e.bajer.aviselectric.com
	Contractor License Number 2701024422	Type Class A <i>E/E, CBL, RBL</i>	Expiration 10/31/2019-2021

DESCRIPTION OF WORK	Scope of Work: Replace current control tower with a new control tower (Like for Like) <i>2019 modular control room</i>				
	Proposed Use Like	Current Use Like	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	<input type="checkbox"/> SEWER <input checked="" type="checkbox"/> Public/Private	<input type="checkbox"/> WATER <input checked="" type="checkbox"/> Public/Private	# of Bathrooms 1	# of Bedrooms 0	# of floors 2
	Finished Sq. Ft. 312		Unfinished Sq. Ft.		Total Sq. Ft. 312

Building Only - Excludes All Trades Permits		Application Fee \$ <i>1,200.00</i>
Value of Work	\$160,000	State Levy Fee \$ <i>24.00</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>Justin L. Mingus</i> Date 10/8/19		Septic/Well Fee \$ _____
		Zoning Fee \$ <i>100.00</i>
		RLD \$ _____
		SWP \$ _____
		Total \$ <i>1,324.00</i>

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: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

I, Doug Quarles of (address) 515 Stone Mill Drive, Manakin-Sabot, VA 23103 affirm that I am the owner of a certain tract of parcel of land located at 2115 Ashland Road, Rockville, VA 23146 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

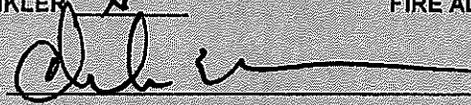
Commercial fee is based on the building value of the job \$0 to \$ 4000 of value.... \$ 30.00 + \$ 7.50 per portion of \$ 1000 above \$ 4000
Add 2% State Levy to fee

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 U # STORIES 2 CONSTRUCTION TYPE VD OCCUPANY LOAD 3 CODE EDITION 15

FIRE SPRINKLER X FIRE ALARM N MODIFICATION N

APPROVAL  DATE 10-18-19

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: 10-15-19

Permit Number: BP-2019-00943

GPIN/Tax Map: 6797-18-2242 / 45-23-0-24-

Issued: 10-22-19

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 1295 Autumn Breeze Drive	
	Owner MARK WENSELL	Phone # 804-241-6080
	Address 1295 Autumn Breeze Drive	Email OdellKen@aol.com

APPLICANT INFORMATION	Applicant/Contact Ken Odell	Phone # 804-241-6080
	Address PO Box 889 Deltaville, VA 23043	Email odellken@aol.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 Woodland Concepts		Phone 804-241-6080
	Address P.O. Box 889 Deltaville, VA 23043		Email OdellKen@aol.com
	Contractor License Number 2705067705	Type A, CBE, HIC, RBC	Expiration 3-31-2020

DESCRIPTION OF WORK	Scope of Work: Screen Porch over Existing Deck				
	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. 360	Total Sq. Ft. 360		

Building Only - Excludes All Trades Permits

Value of Work	15,000
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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 10/15/19

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



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: 10-2-2019Permit Number: BP-2019-00901GPIN/Tax Map: 7117-22-1161Issued: 10/18/19

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

Residential

Commercial

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

OWNER INFORMATION	Site Address <u>2118 Proffitt Road, Manskin-Sabot, VA 23103</u>	
	Owner <u>Roy & Kim Leffler</u>	Phone # <u>804-719-9490</u>
	Address <u>same</u>	Email <u>kimleffler@outlook.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>same</u>	
	Address	Email

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

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

DESCRIPTION OF WORK	Scope of Work: <u>Finishing lower level (basement)</u>				
	<u>REC-ROOM, STORAGE, BEDROOM, BATHROOM, SEWING ROOM</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 <u>1</u>	# of Bedrooms <u>1</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>2,286</u>	Unfinished Sq. Ft. <u>-</u>	Total Sq. Ft. <u>2,286</u>		

Building Only - Excludes All Trades Permits

Value of Work

\$33,500

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

Signature of Applicant Raymond LefflerDate 10-2-19

Application Fee	\$ <u>162.76</u>
State Levy Fee	\$ <u>3.25</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>166.01</u>

Rec: 10-8-19

 <p>BUILDING PERMIT APPLICATION</p> <p>Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay</p> <p><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial</p>	Application Date: <u>10-8-19</u>
	Permit Number: <u>BP-2019-00917</u>
	GPIN/Tax Map: <u>6814-41-1997/1-2-0-6-0</u>
	Issued: <u>10/18/19</u>
	This application is <u>not</u> authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION	Site Address <u>5735 Three Chopt Road</u>	Phone # <u>434-825-0448</u>
	Owner <u>Stephen Wright</u> ✓	Email <u>stephen.wright6701@comcast.net</u>
	Address <u>5735 Three Chopt Road</u>	
APPLICANT INFORMATION	Applicant/Contact <u>Catherine Gallagher</u>	Phone # <u>804-333-9192</u>
	Address <u>196 Selftown Road, Warsaw, VA 22572</u>	Email <u>catherine@riverpoolsandspas.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from Row</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Floyd</u> Date <u>10/11/19</u> <u>A1</u>			

CONTRACTOR INFORMATION	Contractor <u>River Pools & Spas</u>	Phone <u>804-333-9192</u>
	Address <u>196 Selftown Road, Warsaw, VA 22572</u>	Email <u>catherine@riverpoolsandspas.com</u>
	Contractor License Number <u>2705099652</u> Type <u>A</u> Expiration <u>10/31/19-21</u>	

DESCRIPTION OF WORK	Scope of Work: <u>install inground 16'x36' fiberglass pool w/ fence barrier</u>				
	Proposed Use residential	Current Use residential	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>576</u>	Total Sq. Ft. <u>576</u>		

Building Only – Excludes All Trades Permits		Application Fee \$ <u>169.50</u>
Value of Work <u>35000</u>		State Levy Fee \$ <u>3.39</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>Catherine Gallagher</u> Date <u>10-8-19</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>2500</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>197.89</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: 9/30/2019

Permit Number: *BP-2019-00900*

GPIN/Tax Map: 59-5-0-1-0 / *7726-71-9334*

Issued: *10-18-19*

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

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

OWNER INFORMATION	Site Address 1549 Wilkes Ridge Parkway, Henrico, VA 23233	
	Owner Erickson Living	Phone # 410-829-6577
	Address 701 Maidens Lane, Baltimore, MD 21228	Email david.berrien@erickson.com

APPLICANT INFORMATION	Applicant/Contact Whiting-Turner/Joe Saunders		Phone # 804-677-7104
	Address 3015 W. Moore St. Suite 100, Richmond, VA 23230		Email joey.saunders@whiting-turner.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>West Creek Business Park</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>20' from Road</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone <i>X</i>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: *[Signature]* Date: *10/10/19*

CONTRACTOR INFORMATION	Contractor Whiting-Turner		Phone 8043304700
	Address 3015 W. Moore St. Suite 100. Richmond		Email joey.saunders@
	Contractor License Number <i>2701000748</i> 4399	Type Contractor	Expiration <i>3/31/21</i> 12/31/19 <i>WHITING-TURNER.COM</i>

DESCRIPTION OF WORK	Scope of Work: Temporary Construction Trailer <i>office trailer for Erickson - lums</i>			
	Proposed Use Construction Office	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 1	Finished Sq. Ft. 160	Unfinished Sq. Ft. 0	Total Sq. Ft. 160

Building Only - Excludes All Trades Permits		Application Fee \$ <i>30.00</i>
Value of Work	\$3,000	State Levy Fee \$ <i>.60</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <i>[Signature]</i> Date: <i>9/30/19</i>		Septic/Well Fee \$
		Zoning Fee \$ <i>50.00</i>
		RLD \$
		SWP \$
		Total \$ <i>80.60</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: 10-10-19

Permit Number: BP 2019-00921

GPIN/Tax Map: 7705-76-9241/57-10-0-4-0

Issued: 10-18-19

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

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

OWNER INFORMATION	Site Address <u>1641 Devon Way</u>	
	Owner <u>Richard Matthews</u>	Phone # <u>804 592-1471</u>
	Address <u>1641 Devon way</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>B Dry Waterproofing Stuart Conlee</u>	
	Address <u>10453 Design Rd Ashland, VA 23005</u>	Phone # <u>804 641 3915</u> Email <u>SCOONEE@BDry.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			

CONTRACTOR INFORMATION	Contractor <u>B Dry Waterproofing</u>		Phone <u>804 641 3915</u>
	Address <u>10453 Design Rd Ashland VA 23005</u>		Email <u>SCOONEE@BDry.com</u>
	Contractor License Number <u>2705070817</u>	Type <u>CLASS A CONT.</u>	Expiration <u>08-31-2020</u>

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

Building Only - Excludes All Trades Permits

Value of Work \$5650

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 10-7-2019

Application Fee	\$ <u>3720</u>
State Levy Fee	\$ <u>74</u>
Sepic/Well Fee	\$
Zoning Fee	\$
R/LD	\$
SWP	\$
Total	\$ <u>73794</u>

Proc: 9-13-19

BUILDING PERMIT APPLICATION Goochland County Building Inspection Department P O Box 119 Goochland VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317 <i>Issued 10-18-19</i>	Application Date: <u>9-18-19</u>
	Permit Number: <u>BP-2019-00850</u>
	Old Map Number: <u>18-1-0-12-0</u>
	GPIN: <u>0810-77-1085</u>

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

OWNER INFORMATION	Site Address <u>3146 HADENSVILLE FIRE RD. GOOCHLAND</u>		District <u>BYRD</u>		
	Owner <u>PERKINS CHURCH</u>		Phone # <u>804-598-5710</u>		
	Address <u>4106 THREE CHOPT RD GUM SPRING VA 23065</u>				
	Proposed Use <u>CHURCH</u>	Current Use <u>CHURCH</u>	Existing Buildings on Property <u>YES / CHURCH</u>		
	Proposed Occupant Load (Commercial)	Lot Size <u>2.36 ACRES</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____	
	New Street Address		Zoning District <u>A1</u>		
	Front Setback <u>75' from RAW</u>	Center Line Setback _____	Rear Setback <u>5'</u>	C.U. Permit _____	Variance _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Census Track _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer David Floyd Date 9/19/19

Applicant/Contact: Leigh Gordon Phone 804.972.3877

Email: gordonbrothersconstruction@yahoo.com

CONTRACTOR INFORMATION	Contractor <u>Gordon Brothers Construction, LLC</u>		Phone <u>804.556.8180</u>	
	Address <u>2945 River Road W. Goochland, VA 23063</u>			
	Contractor License Number <u>2705144137</u>	Type <u>A</u>	Expiration <u>12-31-2019</u>	

Description of Work	Scope of Work: <u>BUILD T SHAPED PAVILION OVER EXISTING CONCRETE WHERE OLD PAVILION WAS</u>				
	SEWER Public/Private	WATER Public/Private			
	# of Floors <u>NA</u>	Total Sq. Ft. <u>NA</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1400</u>	# of Bedrooms <u>NA</u>

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

VALUE OF WORK	
Building	<u>\$ 30,000.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>225.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
Total	\$ <u>279.50</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 Leigh Gordon



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: 9-30-2019
 Permit Number: BP-2019-00895
 GPIN/Tax Map: 67810-27-0383/44-15-1-5-D
 Issued: 10-16-19
 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>1875 Covington Rd Crozier VA 23039</u>	
	Owner <u>Sean Knapp</u>	Phone # <u>804-998-3372</u>
	Address <u>Same</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Steve Graber</u>	Phone # <u>804-937-0446</u>
	Address <u>11021 Grub Hill Church Rd Amelia VA 23002</u>	Email <u>Steve@superiorbuildings.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Covington</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>---</u>	Date Paid <u>---</u>
	Front Setback <u>55' from Road</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>---</u>
	Side Setback <u>35' from Road</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>10/9/19</u> A2			

CONTRACTOR INFORMATION	Contractor <u>Superior Buildings LLC</u>		Phone <u>804-937-0446</u>
	Address <u>4998 Shipp Ln. Harrisonburg VA 22802</u>		Email
	Contractor License Number <u>2705-128439</u>	Type <u>Class A</u>	Expiration <u>4-30-2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Detached Pole Barn Garage</u>				
	Proposed Use <u>Garage</u>	Current Use <u>a</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Finished Sq. Ft.		Unfinished Sq. Ft. <u>936</u>	Total Sq. Ft. <u>936</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>120.83</u>
Value of Work <u>\$25,000</u>	<u>\$25,740⁰⁰</u>	State Levy Fee	\$ <u>2.56</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ <u>---</u>
Signature of Applicant: <u>[Signature]</u>	Date: <u>9-30-19</u>	Zoning Fee	\$ <u>25-</u>
		RLD	\$ <u>---</u>
		SWP	\$ <u>---</u>
		Total	\$ <u>155.39</u>

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: 09/16/2019

Application Accepted: **BP-2019-00857**

Old Map Number: **45-23-0-17+0**

GPIN: ~~45-23-0-17-0~~ **6797-17-1875**

Issued: 10-16-19

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.

OWNER INFORMATION	Site Address 1300 Autumn Breeze Drive Oilville, Va 23139		District Centerville	
	Owner Brian McNealy / Kathy McNealy		Phone # 678-428-5712	
	Address 1300 Autumn Breeze Drive Oilville, Va 23139			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage 1.5	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Autumn Breeze</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District R1	
	Front Setback <i>40' from ROW</i>	Center Line Setback	Rear Setback <i>35'</i>	C,U. Permit
	Side Setback <i>15'</i>	Side Setback <i>15'</i>	COA	Flood Zone
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer *David Floyd* Date *9/23/19*

Applicant/Contact: Don Trumble Phone 804-241-8068

Email:

CONTRACTOR INFORMATION	Contractor Trumble Builders Inc.		Phone 804-241-8068	
	Address 12261 Pinhook Rd. Rockville VA 23146			
	Contractor License Number 2705014227	Type Class A	Expiration 09/30/202	

Description of Work: **Scope of Work:** Install a screened in porch on top of the existing rear deck and add a deck (5'x9') adjacent to the existing deck.

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. <i>241</i>	Finished Sq. Ft.	Unfinished Sq. Ft. <i>241</i>	# of Bedrooms

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

VALUE OF WORK	
Building	\$22,000.00
Excludes All Trades Permits	

Application Fee	\$ <i>111.00</i>
Zoning Fee	\$ <i>25.00</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>2.00</i>
RLD	\$

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]*

138 82



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: 9/25/19
 Permit Number: BP-2019-00873
 GPIN/Tax Map: 6820-97-4165 / 19-3-0-10
 Issued: 10-16-19
 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: 4500 Whitehall Rd, Goochland, VA 23063
 Owner: Loren Duvetkot Phone #: 804-380-6646
 Address: 4500 Whitehall Rd, Goochland, VA 23063 Email: lorenduvetkot@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: Harlan Mason Phone #: 804-357-9822
 Address: 12506 Hearts Ease LN, Montpelier, VA 23192 Email: hkmason1@icloud.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None Proffer: Yes No Amount: — Date Paid: —
 Front Setback: 75' from Road Center Line Setback: — Rear Setback: 35' CUP/Variance/COA: —
 Side Setback: 20' Side Setback: 20' Flood Zone: —
 APPROVED REJECTED COMMENTS: —
 Planning & Zoning Officer: David Floyd Date: 10/9/19 #A1

CONTRACTOR INFORMATION
 Contractor: H.K. Mason Homes LLC / Harlan Mason Phone: 804-357-9822
 Address: 12506 Hearts Ease LN, Montpelier, VA 23192 Email: hkmason1@icloud.com
 Contractor License Number: 2705162235 Type: RBC Expiration: 01-31-2020

DESCRIPTION OF WORK
 Scope of Work: Rebuild existing porch + add 98 sq. ft. of new porch for living room / Mud Room / Bathroom
Add 692 SF interior addition
 Proposed Use: — Current Use: — Environmental Impacts (stream crossing, wetlands, amt land disturbed): No stream or wetlands, less than 1000 SF disturbed
 SEWER: Public/Private WATER: Public/Private # of Bathrooms: 1 # of Bedrooms: 0 # of floors: 1
 Finished Sq. Ft.: 692 Unfinished Sq. Ft.: 98 SF Porch Total Sq. Ft.: 790

Building Only - Excludes All Trades Permits 98
 Value of Work: 55,000.00
 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: Harlan Mason Date: 9/6/2019
 Application Fee: \$ 259.30
 State Levy Fee: \$ 3.19
 Septic/Well Fee: \$ —
 Zoning Fee: \$ 25.00
 RLD: \$ —
 SWP: \$ —
 Total: \$ 289.69



BUILDING PERMIT APPLICATION

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

Application Date: 9-5-19
Permit Number: BP-2019-00810
GPIN/Tax Map: 6006-87-7424/44-15-117-0
Issued: 10-16-19
This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION	Site Address	1980 Covington Road, Crozier, VA 23039	
	Owner	South River Custom Homes	Phone # 804-716-4597
APPLICANT INFORMATION	Address	10138-B Hull Street Road, Midlothian VA 23112	Email alex@southrva.com
	Applicant/Contact	Alex Greene	Phone # 804-716-4597
APPLICANT INFORMATION	Address	10138-B Hull Street Road, Midlothian VA 23112	Email alex@southrva.com

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: _____ Planning & Zoning Officer <u>Daniel Lloyd</u> Date <u>9/10/19</u> <u>A2</u>			

CONTRACTOR INFORMATION	Contractor	South River Custom Homes	Phone 804-716-4597
	Address	10138-B Hull Street Road, Midlothian VA 23112	Email alex@southrva.com
	Contractor License Number	2705145332	Type RBC Expiration 3-31-2020

DESCRIPTION OF WORK	Scope of Work: <u>576 sq ft</u> Detached garage		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	detached garage	N/A	disturbed area to be approximately 43,560 sqft
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms N/A # of Bedrooms N/A # of floors 2
	Finished Sq. Ft. 0	Unfinished Sq. Ft. 576	Total Sq. Ft. 576

Building Only - Excludes All Trades Permits

Value of Work	\$30,000
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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 9-5-19

Application Fee	\$ 141.00
State Levy Fee	\$ 2.34
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 174.94



BUILDING PERMIT APPLICATION

Application Date: 9/29/19

Permit Number: *BP-2019-00890*

GPIN/Tax Map: *7724-14-6155/63-38-0-5-0*

Issued: *10-11-19*

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.

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 313 Victoria Way, Richmond, VA 23238		Phone # 914 860 6884
	Owner Chis Marconi and Jennie Perritano		Email perritanojennie@gmail.com
	Address 313 Victoria Way, Richmond, VA 23238		Phone # 804 466 2166
APPLICANT INFORMATION	Applicant/Contact - Daniel Dunn		Email dan@bayoubrothersfiberglasspools.com
	Address 14322 Richmond Road, Farnham, VA 22460		

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>40' ROW</i>	Center Line Setback <i>65' C</i>	Rear Setback <i>25</i>	CUP/Variance/COA <i>R-3</i>
	Side Setback <i>15</i>	Side Setback <i>15</i>	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>[Signature]</i> Date <i>10/3/2019</i>			

CONTRACTOR INFORMATION	Contractor All Phase Construction		Phone 804 466 2166
	Address 377 Yankee Pt. Rd Lancaster VA 22503		Email dan@bayoubrothersfiberglasspools.com
	Contractor License Number 2705093349	Type General Class A	Expiration 3/31/21

DESCRIPTION OF WORK	Scope of Work: Installation of a Fiberglass Pool <i>w/ fence barrier</i> <i>15'-6" x 26'-7"</i>				
	Proposed Use Backyard Pool	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms n/a	# of Bedrooms a/a	# of floors n/a
	Finished Sq. Ft. n/a	Unfinished Sq. Ft. n/a <i>432</i>	Total Sq. Ft. n/a <i>432</i>		

Building Only - Excludes All Trades Permits		Application Fee \$ <i>193.00</i>	
Value of Work 40000		State Levy Fee \$ <i>3.84</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 9/26/19		Septic/Well Fee \$	
		Zoning Fee \$ <i>25.00</i>	
		RLD \$	
		SWP \$	
		Total \$ <i>22084</i>	

[Signature] 10.11.19.



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	2/14/19
Permit #	2018-00571
GPIN	7715-74-4948
Tax Map	58-49-9-19-0

LOCATION

Street Address: 900 Kinloch Point Ln.

PROPERTY OWNERSHIP

ELI-2018-00571

Name	<u>Julia Chu</u>	Phone	
Mailing Address	<u>4521 Highwoods Parkway Coxen Allen, VA. 23060</u>	Email	

APPLICANT

Name	<u>Kevin M. King</u>	Phone	<u>339 5740</u>
Address	<u>5453 Mantilo Creek Rd. Mech. VA. 23116</u>	Email	<u>kingelect@comcast.net</u>

CONTRACTOR

Name	<u>King Elect Co. Inc.</u>	Phone	<u>7303439</u>		
Mailing Address	<u>5453 Mantilo Creek Rd. Mech. VA. 23116</u>	Email	<u>kingelect@comcast.net</u>		
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705083328</u>	<u>6/30/20</u>	<u>Elect</u>	<u>B</u>

DESCRIPTION OF WORK

wiring new single family dwelling

REVISED 10/11/19 adding a 30kw generator

# of Bathrooms	Service Size	Power Company	Inquiry #
	<u>400 amp</u>	<u>DOMINION</u>	<u>10272821</u>
Value of Work (required)			
<u>0000. 13,000 Lmk</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: Kevin M. King Date: 2/14/19

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>2/14/19</u>
Permit Fee: <u>\$48.96</u>		Issued date: <u>2/14/19</u>

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

Revision

Fee = \$32.13

(owner's statement on back)



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: September 23, 2019

Permit Number: BP 2019-00881

GPIN/Tax Map: 7733-47-5879 / 44-19-E-80

Issued: 10-10-19

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 8 E Lower Tuckahoe Manakin VA 23103	
	Owner <u>Williamson</u>	Phone #
	Address 8 E Lower Tuckahoe Manakin VA 23103	Email

APPLICANT INFORMATION	Applicant/Contact <u>Matt Helms</u>		Phone #
	Address 2508 Turkey Creek Rd Oilville VA 23129		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' 066 ROW</u>	Center Line Setback	Rear Setback <u>35</u>	CUP/Variance/COA
	Side Setback <u>15</u>	Side Setback <u>15</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>A Barnes</u> Date <u>10/3/2019</u>			

CONTRACTOR INFORMATION	Contractor <u>WestView Companies</u>		Phone <u>8046909605</u>
	Address 2508 Turkey Creek Rd Oilville VA 23129		Email matthelms@westviewcompanies.com
	Contractor License Number <u>2705117309</u>	Type <u>A</u>	Expiration <u>9-30-2021</u>

DESCRIPTION OF WORK	Scope of Work: Constructing a free standing 19x26 deck using 6x6 post, 2x12 girders, 2x10 joists, 2x6 decking. Rails to be 4x4 posts through bolted with 2x8 top rail and 2x2 pickets. All material treated lumber.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
		<u>513</u>	<u>513</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>3000 \$5,130.00</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 9-23-2019

Application Fee	\$ <u>3509</u>
State Levy Fee	\$ <u>.70</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>60.79</u>



BUILDING PERMIT APPLICATION

Application Date: 9/27/19
 Permit Number: BP-2019-00887
 GPIN/Tax Map: 6823-24-8054 / 5-23-0-3-0
 Issued: 10/7/19
 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: 4143 Drew Ridge Dr. Louisa, VA 23092
 Owner: Vicky Perkinson
 Address: _____
 Phone # 804-592-7359
804 572-5842
 Email: perkinsonvicky@yahoo.com

APPLICANT INFORMATION
 Applicant/Contact: MARY HALLOCK - 804 492-3034
 Address: 305 Bonbrook Creek Rd.
 Phone # 804 592-7359
 Email: KrystalKleapods94@hotmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount	Date Paid
<u>Shelton Creek</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Front Setback	Center Line Setback	Rear Setback	CUP/Variances/COA
<u>55' opp Row</u>		<u>5</u>	<u>A-2</u>
Side Setback	Side Setback	Flood Zone	
<u>5</u>	<u>3</u>		

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: J Barnes Date: 10/3/2019

CONTRACTOR INFORMATION
 Contractor: Krystal Kleapods & Partners
 Address: 305 Bonbrook Creek Rd
 Contractor License Number: 2705074163 Type: C Expiration: 3/31/21
 Phone: 804-492-3034
804-366-1398
 Email: KrystalKleapods94@hotmail.com

DESCRIPTION OF WORK
 Scope of Work: install a 27' Round ABOVE ground swimming pool

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

Building Only - Excludes All Trades Permits

Value of Work	Application Fee
<u>9892.55</u>	\$ <u>36.52</u>
	State Levy Fee
	\$ <u>1.13</u>
	Septic/Well Fee
	\$ _____
	Zoning Fee
	\$ <u>25.00</u>
	RLD
	\$ _____
	SWP
	\$ _____
	Total
	\$ <u>82.65</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: [Signature] Date: 9/27/19



BUILDING PERMIT APPLICATION

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

Application Date: 9/6/19Permit Number: BP-2019-00817GPIN/Tax Map: 7725-33-0619-9999 / 58-32/3-A-DIssued: 10-4-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address 15075 Capital One Drive		Phone # 804-640-4406
	Owner Capital One		Email Sharon.Kincaid@CapitalOne.com
	Address 15000 Capital One Drive		
APPLICANT INFORMATION	Applicant/Contact Carter King		Phone # 804-727-2493
	Address 3435-B W. Leigh Street, Richmond, VA 23230		Email jking@gilbaneco.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Creek Business Park</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>20' from ROW</u>	Center Line Setback	Rear Setback <u>10'</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: <u>No change to existing footprint.</u>			
Planning & Zoning Officer: <u>David Floyd</u> Date: <u>9/11/19</u> MI				

CONTRACTOR INFORMATION	Contractor Gilbane Building Company		Phone 804-782-6500
	Address 3435-B W. Leigh Street, Richmond, VA 23230		Email
	Contractor License Number 2701004552	Type A	Expiration 10/31/2020

DESCRIPTION OF WORK	Scope of Work: <u>Renovation of fitness center. Geometric changes. New mechanical and lighting. Remodeling Bathrooms (2) and Locker rooms (2). Replacing ceiling to house West Creek Towne Center Fitness Center.</u>				
	Proposed Use A-3	Current Use A-3	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 3 (2 gang, one single)	# of Bedrooms NA	# of floors 1
	Finished Sq. Ft. 11,248 (work area only)	Unfinished Sq. Ft.	Total Sq. Ft. 11,248 (work area only)		

Building Only -- Excludes All Trades Permits		Application Fee \$ _____
Value of Work	865,000	State Levy Fee \$ _____
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 \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>10,617.25</u>
Signature of Applicant	<u>J. King</u>	Date
		<u>9/6/2019</u>



BUILDING PERMIT APPLICATION

Application Date: **Rec: 9-13-**Permit Number: **BP-2019-00845**GPIN/Tax Map: **5789-38-5625/15-1-0+38-0**Issued: **10-1-19**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 6533 Old Columbia Rd Columbia, Va. 23038	
	Owner Robert E Maureen Harris	Phone # 804-339-9597
	Address 6533 Old Columbia Rd. Columbia, Va. 23038	Email carpbobharris@gmail.com
APPLICANT INFORMATION	Applicant/Contact Robert Harris	
	Address Same	Phone # Same
		Email Same

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 75' from ROW	Center Line Setback _____	Rear Setback 35'	CUP/Varlance/COA _____
	Side Setback 20'	Side Setback 20'	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer David Lloyd Date 9/17/19 AI			

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

DESCRIPTION OF WORK	Scope of Work: Build 32' x 24' single story addition on back of existing home to include utility room, den, 1/2 bath, closet, master bath, & master bedroom				
	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 2	# of Bedrooms 1	# of floors 1
	Finished Sq. Ft. 768	Unfinished Sq. Ft. 24 sq ft	Total Sq. Ft. 768 792		

Building Only - Excludes All Trades Permits		Application Fee	\$ 205.00
Value of Work	38,000.00 \$ 42,900.	State Levy Fee	\$ 4.10
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant R R H Date 7/22/19		Septic/Well Fee	\$ _____
		Zoning Fee	\$ 25.00
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ 234.15

Rec: 9-13



BUILDING PERMIT APPLICATION

Application Date

9-13-19

Permit Number:

BP-2019-00849

GPIN/Tax Map:

67169-85-2620/31-1-049-A

Issued:

10-1-19

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 2768 Maidens Rd.	
	Owner Gwen & Adam Saunders	Phone #
	Address SAME	Email

APPLICANT INFORMATION	Applicant/Contact Gwen	Phone # 350-4901
	Address SAME	Email Jusgwen@msn.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 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 9/23/19 AZ

CONTRACTOR INFORMATION	Contractor Owner - Gwen	Phone 350-4901
	Address SAME	Email Jusgwen@msn.com
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: 600 finished 30X60 Metal Building/garage 1200 unfinished 600 finished will be a living area WORKSHOP				
	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. 600	Unfinished Sq. Ft. 1800	Total Sq. Ft. 1800		

Building Only - Excludes All Trades Permits

Value of Work
\$40,000 ~~\$78,000~~ \$58,500.00

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

Signature of Applicant Gwen Saunders Date 9-13-19

Application Fee	\$ 275.00
State Levy Fee	\$ 5.50
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 305.76



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-2019-00720

GPIN/Tax Map: 6749-86-2147-9999 Tax Parcel ID: 29-1-0-86-05

Issued: 10-1-19

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 Central High School	
	Owner Goochland County	Phone # 556.5800
	Address 2748 Dogtown Road, Goochland, VA 23063	Email N/A
APPLICANT INFORMATION	Applicant/Contact Gordon Brothers Construction, LLC / Daniel Gordon	
	Address 2945 River Road West, Goochland, VA 23063	Phone # 437-4231 Email gordonbrothersconstruction@yahoo.com

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

CONTRACTOR INFORMATION	Contractor Gordon Brothers Construction, LLC		Phone 804.556.8180
	Address 2945 River Road West, Goochland, VA 23063		Email gordonbrothersconstruction@yahoo.com
	Contractor License Number 2705144137	Type class A	Expiration 12.31.2019

DESCRIPTION OF WORK	Scope of Work: Convert old kitchen area into blacksmith shop according to the preliminary plan provided by Goochland County and included with this application				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 1	# of Bedrooms N/A	# of floors N/A
	Finished Sq. Ft. ≈ 1000 sq. ft.	Unfinished Sq. Ft. N/A	Total Sq. Ft. ≈ 1000 sq. ft.		

Building Only - Excludes All Trades Permits

Value of Work	\$ 29,750.00
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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: 8/5/19

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

No fees
County Project

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: _____ Telephone: _____

Mailing Address: _____

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 E # STORIES 1 CONSTRUCTION TYPE _____ OCCUPANY LOAD 30 CODE EDITION 2015

FIRE SPRINKLER N FIRE ALARM Y MODIFICATION _____

APPROVAL _____ DATE 9/30/2019

[Handwritten Signature]
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: 8-30-2019

Permit Number: BP-2019-00803

GPIN/Tax Map: 7914-96-6728 / 63-4-0-6-0

Issued: 10/3/19

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

Residential Commercial

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

OWNER INFORMATION	Site Address	<u>651 MONAHAN DR, RICHMOND VA 23238</u>	
	Owner	<u>Ron ARMSTRONG</u>	Phone # <u>804 305-8309</u>
APPLICANT INFORMATION	Address	<u>651 MONAHAN DR, RICHMOND VA 23238</u>	
	Applicant/Contact	<u>Ron ARMSTRONG</u>	Phone # <u>804 305-8309</u>
	Address	<u>651 MONAHAN DR RICHMOND VA 23238</u>	
			Email <u>CATANA @ SKYRBRUCE.COM</u>
			Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Monahan Dr</u>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Front Setback	Center Line Setback	Rear Setback	CIP/Verand/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS	
	Planning & Zoning Office			Date

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

DESCRIPTION OF WORK	Scope of Work: <u>CONSTRUCT DETACHED 24' x 24' GARAGE</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 <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors
	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>776 576</u> (RCA)	Total Sq. Ft. <u>776 576</u> (RCA)		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$13,500.00</u>	<u>\$15,840.00</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: Ron Armstrong Date: 8-30-2019

Application Fee	
State License Fee	
Seal/Welding Fee	
Zoning Fee	
File	
SWP	
Other	

Proc: 9-18-19



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: 9-20-19
 Permit Number: BP-2019-00856
 GPIN/Tax Map: 6795-88-3366 / 56-1-0-82-0
 Issued: 10-1-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION	Site Address <u>1040 Shallow Well Rd, Goochland, VA 23103</u>	Phone # <u>(804) 784-4018</u>
	Owner <u>Hebron Presbyterian Church</u>	Email
	Address <u>1040 Shallow Well Rd, Goochland, VA 23103</u>	
APPLICANT INFORMATION	Applicant/Contact <u>Scott Parks</u>	Phone # <u>(804) 347-7505</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>15' from Row</u>	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>Dennis Floyd</u> Date <u>9/23/19</u> <u>A2</u>		

CONTRACTOR INFORMATION	Contractor <u>Toucan Signs Scott Parks</u>	Phone <u>(804) 749-4000</u> <u>804 784-4018</u>
	Address <u>Deacon on behalf of church</u>	Email <u>dennis@toucan-signs.com</u>
	Contractor License Number	Type _____

DESCRIPTION OF WORK	Scope of Work: <u>Post and panel sign</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>16.9 sq. ft.</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30.00</u>
Value of Work	<u>\$2,722.00</u>	State Levy Fee \$ <u>.60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Scott Parks</u> Date <u>9/17/19</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>50.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>80.60</u>

BUILDING PERMIT APPLICATION

Building Inspection

3063
(804) 556-5651

Commercial

Application Date: 9-26-19

Permit Number: *BP-2019-00882*

GPIN/Tax Map: *2724-14-6155/63-38-0-50*

Issued: *10-1-19*

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.

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

Address: *Victoria Way, Richmond VA 23238*

Contact: *Jeanie Perritano & Chris Marconi*

Phone #: *914-860-6884*

Email: *Perritano.jeanie@gmail.com*

Address: *Victoria Way, Richmond VA 23238*

Contact: *Chris Walker*

Phone #: *804-980-6230*

Email: *walkersruncontractors@outlook.com*

Address: *Star Run Trail, Manakin-sabot VA 23103*

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

REJECTED COMMENTS:

Permitting Officer _____ Date _____

Contractor: *Walkers Run Contractors Inc*

Phone: *804-980-6230*

Address: *Star Run Trail, Manakin-sabot VA 23103*

Email: *walkersruncontractors@outlook.com*

License Number: *270102-9200* Type: *A CBC P/B/C* Expiration: *2-28-2021*

Work: *Remove existing Gable window. Installation of 2x12 Header & New sliding patio door.*

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
VER Private <input type="checkbox"/>	WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors

Finished Sq. Ft. *16* Unfinished Sq. Ft. Total Sq. Ft. *16*



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

Date	09/26/2019
Permit #	2019-00536
Old Map #	
G-Pin	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address 1630 Cardwell Road, Goochland, VA	District
---	----------

PROPERTY OWNERSHIP

Name Blue Ridge Custom Homes LLC	Phone 804-614.4556
Mailing Address 3605 Mayland Court, Richmond, Va. 23233	

APPLICANT

Name E and J Construction & Contracting LLC	Phone 804-641-7586
E-Mail Address mrsedej@aol.com	

CONTRACTOR

Name E&J Electrical, Inc.	Phone 804-641-7586
Mailing Address 2880 Olde Beech Hollow Road, Charles City, Va. 23030	License Type Elec./Bldg. Contr.
Class A	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705171698
	Expiration 4/21

DESCRIPTION OF WORK

wire single family residence; with 20KW generator			
2 1/2	300	Dominion Energy	10317622
# 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 _____

Value of work: \$11725.00

Signature of Applicant Josh G. Bower

Permit fee: 75.24

Approval FISHER Date 10.3.19

Issue date: 10.3.19



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	09/26/2019
Permit #	2019-00536
Old Map #	
G-Pin	

LOCATION

Street Address 1630 Cardwell Road, Goochland, VA	District
---	----------

PROPERTY OWNERSHIP

Name Blue Ridge Custom Homes LLC	Phone 804-614.4556
Mailing Address 3605 Mayland Court, Richmond, Va. 23233	

APPLICANT

Name E and J Construction & Contracting LLC	Phone 804-641-7586
E-Mail Address mrsedej@aol.com	

CONTRACTOR

Name E&J Electrical, Inc.	Phone 804-641-7586
Mailing Address 2880 Olde Beech Hollow Road, Charles City, Va. 23030	License Type Elec./Bldg. Contr.
Class A	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705171698
	Expiration 4/21

DESCRIPTION OF WORK

wire single family residence; with 20KW generator			
2 1/2	300	Dominion Energy	10317622
# 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 _____

Value of work: \$11725.00

Permit fee: 75.24

Issue date: 10-3-19

Signature of Applicant Josh G. Bower

Approval FISHER Date 10-3-19



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 10-17-19

Permit #: E11-2019-00938

GPIN:

Tax Map:

LOCATION

Street Address: 3982 County Line Road Kent Store, Va 23084

PROPERTY OWNERSHIP

Name: Wayne Conway Phone: 703-283-5397

Mailing Address: 3982 County Line Rd Kent Store Email:

APPLICANT

Name: Shane Gainey Phone: 434-975-3275

Address: 2293 Seminole Lane Charlottesville Va 12290 Email: eddieneverdarke@gmail.com

CONTRACTOR

Name: Never Dark Whole House Generators Phone: 434-975-3275

Mailing Address: 2293 Seminole Ln Charlottesville, Va 22901 Email: eddieneverdarke@gmail.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705141802	7-31-2021	Contractors	A

DESCRIPTION OF WORK

wiring 22 kw automatic Generator with automatic Transfer Switch with Load Share modules

# of Bathrooms	Service Size	Power Company	Inquiry #
	400 Amp	CVEC	
Value of Work (required)	5,500		

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: Shane Gainey Date: 10-9-19

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>10-23-19</u>
Permit Fee: <u>46.66</u>		Issued date: <u>10-23-19</u>

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

(owner's statement on back)

10/10-10/11

6503



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	10.02.19
Permit #	EU-2019-00915
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	1245 FLAT ROCK CROSSING	District	
----------------	-------------------------	----------	--

PROPERTY OWNERSHIP

Name	MITCHELL & SANDI REESE	Phone	804-677-8318
Mailing Address	1245 FLAT ROCK CROSSING		

APPLICANT

Name	WOODFIN HEATING	Phone	804-277-8603
E-Mail Address	MEADS@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-277-8603
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	MEADS@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 PROPANE GENERATOR, 2-200 AMP ATS

# of Baths	400A	Service Size	DOMINION	Power Company	ENERGY	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 [Signature]

Approval [Signature] Date 10/8/19

Value of Work: 9500.00

Permit fee: ~~573~~ 65.03

Issue date: 10/8/19



RESIDENTIAL TRADES PERMIT APPLICATION

6975

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	10.2.19
Permit #	2019-00314
GPIN	
Tax Map	

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

LOCATION

Street Address 373 Hamlet Rd

PROPERTY OWNERSHIP

Name	Nicholas Hardesty	Phone	
Mailing Address	10684 Anna Marie Drive; Glen Allen VA 23060	Email	

APPLICANT

Name	Laura Stanley	Phone	804.231.9684
Address	PO Box 35418; RVA 23235	Email	laura@dgelectrical.com

CONTRACTOR

Name	Davis & Green	Phone	804.231.9684		
Mailing Address	PO Box 35418; RVA 23235	Email	laura@dgelectrical.com		
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class
		2701 026667	8/31/2020	ELE	A

DESCRIPTION OF WORK

Provide and install 22kW generator

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	\$9,985.00	Fee	67.25

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: 10.2.19

Approval:		Office Use Only	Approval date:	10/3/19
Permit Fee:	67.25		Issued date:	

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

(owner's statement on back)

1012



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	09.26.19
Permit #	ELI-2019-896
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	1843 SOLDIERS LODGE ROAD	District
----------------	---------------------------------	----------

PROPERTY OWNERSHIP

Name	STEVEN OWENS	Phone	804-517-3575
Mailing Address	1843 SOLDIERS LODGE ROAD		

APPLICANT

Name	WOODFIN HEATING	Phone	804-277-8603
E-Mail Address	MEADS@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-2778603
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	MEADS@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 PROPANE GENERATOR, 200 AMP ATS			
# of Baths	Service Size	Power Company	Inquiry #
	200	DOM	_____

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Value of Work: **9500.00**

Permit fee: ~~67.32~~ **65.03**

Signature of Applicant **[Signature]**

Approval **[Signature]** Date **10/1/19**

Issue date: **10/1/19**



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 10-18-19

Permit #: 0112019945

GPIN:

Tax Map:

LOCATION

Street Address: 1755 Fishers Pond Dr.

PROPERTY OWNERSHIP

Name: Schroder Southriver Custom Homes Phone: 928-2730

Mailing Address: 1755 Fishers Pond Dr. Email:

APPLICANT

Name: ~~Schroder~~ Eddie Slayle Phone: 514-6861

Address: 1146 Sparrows Ln Powhatan VA Email: Slayleandsonelctnlc@gmail.com

CONTRACTOR

Name: Slayle & Son Electric Phone: 514-6861

Mailing Address: P.O. Box 443 Powhatan VA 23139 Email: Slayleandsonelctnlc@gmail.com

Gas Certification: YES NO

State License Number: 2705150024 Expiration: 12/31/19 License Type: Electrical Class: B

DESCRIPTION OF WORK

wire 22 kw Generator to code w/transfer switch

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

Value of Work (required): 8,000-

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: 10/18/19

Approval: Office Use Only Approval date: 10-18-19

Permit Fee: 58.14 Issued date: 10-18-19

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

(owner's statement on back)