



# 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:

Permit Number:

BP-2019-01061

GPIN/Tax Map:

6785-20-1098 / 60-6-0-3-0

Issued:

11-22-19

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.

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 691 Lee Rd. Crozier, VA 23059	
	Owner Nancy Rusniak	Phone # 804-972-1350
	Address 691 Lee Rd. Crozier, VA 23059	Email nancy@rusinak.org

APPLICANT INFORMATION	Applicant/Contact Sigora Solar LLC		Phone # 434.465.6788 ext.119
	Address 1222 Hars Street, Charlottesville, VA 22903		Email permitting@sigorasolar.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>55' 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>C</i>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>[Signature]</i> Date <i>11/15/19</i> <span style="float: right;">A2</span>			

CONTRACTOR INFORMATION	Contractor Sigora Solar LLC		Phone 434.465.6788 ext.119
	Address 1222 Harris Street, Charlottesville, VA 22903		Email permitting@sigorasolar.com
	Contractor License Number 2705141338	Type AES ELE	Expiration 7/31/20

DESCRIPTION OF WORK	Scope of Work: Installation of a Ground Mounted Solar Photovoltaic System System Size: 11.10 kWp DC					
	Proposed Use Residential Single Family		Current Use Residential Single Family		Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>		<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>		# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	\$8500
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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 *Michael Graves* Date 11/11/2019

Application Fee	\$ 50.25
State Levy Fee	\$ 1.01
Septic/Well Fee	\$ -
Zoning Fee	\$ 25.00
RLD	\$ -
SWP	\$ -
Total	\$ 76.26

**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 U # STORIES \_\_\_\_\_ CONSTRUCTION TYPE VB OCCUPANY LOAD \_\_\_\_\_ CODE EDITION 15

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

APPROVAL [Signature] DATE 11-19-19

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: 11-1-19  
 Permit Number: BP-2019-01009  
 GPIN/Tax Map: 2799-01-5826 / 25-1-03-C  
 Issued: 11-5-19

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>5951 River Rd West, Goochland VA 23063</u>	
	Owner <u>Janice Patrick</u>	Phone # <u>Janice 434-981-7106</u>
	Address <u>same</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>same</u>	Phone # <u>Jim 434-989-2369</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'</u>	Center Line Setback <u>70'</u>	Rear Setback —	CUP/Variance/COA
	Side Setback —	Side Setback —	Flood Zone <u>X</u>	—
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Replacing old sign.</u> Planning & Zoning Officer: <u>David Floyd</u> Date: <u>10/4/19</u> <span style="float: right;">AI</span>			

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

DESCRIPTION OF WORK	Scope of Work: <u>ground mounted Farm Sign</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>20 sq. ft.</u>	Total Sq. Ft. <u>20 sq. ft.</u>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.00</u>
Value of Work	<u>\$500.00</u>	State Levy Fee	\$ <u>60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>Janice P. Patrick</u> Date: <u>10/29/19</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>55.60</u>



# BUILDING PERMIT APPLICATION

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

Application Date: 10/16/2019

Permit Number: *AP-2019-0966*

GPIN/Tax Map: 7726-19-9998 / *147-21-0-8-0*

Issued: *11-5-19*

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 1700 Ashland Rd.	
	Owner <b>HF Richmond LLC</b>	Phone #
	Address 1410 Commonwealth Dr. Suite 202 Wilmington, NC 28403	Email

APPLICANT INFORMATION	Applicant/Contact <b>Jeff Lee</b>	Phone # <b>804-271-5685</b>
	Address C/O Superior Signs, 2510 Willis Rd, N. Chesterfield, VA 23237	Email jeff.lee@SuperiorSignsRVA.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Centerville Business Plaza</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>5' from ROW</i>	Center Line Setback	Rear Setback	GUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>No change to frontage. Just setback.</i> Planning & Zoning Officer: <i>[Signature]</i> Date: <i>10/25/19</i> <i>OUT S. gns. BI</i>			

CONTRACTOR INFORMATION	Contractor <b>Superior Signs LLC</b>		Phone <b>804-271-5685</b>
	Address 2510 Willis Road, N. Chesterfield, VA 23237		Email jeff.lee@SuperiorSignsRVA.com
	Contractor License Number 2705156399	Type BLD	Expiration 03/20

DESCRIPTION OF WORK	Scope of Work: Replace (1) set of Channel Letters, Re-face (2) 16" x 70" Tenant Panels in existing monument sign - all to read "Subway" per attached plans.				
	Proposed Use Restaurant	Current Use Restaurant	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	\$1850.00
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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: 10/16/2019

Application Fee	\$ 30.00
State Levy Fee	\$ .60
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 30.60

Doc: 9-19-19



# BUILDING PERMIT APPLICATION

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

Application Date: 9-20-19

Permit Number: PD-2019-00859

GPIN/Tax Map: 6803-72-5781 / 4-1-0-26-A

Issued: 11-7-19

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

Residential  Commercial

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

OWNER INFORMATION	Site Address 4609 Payne Rd. Columbia VA 23038	
	Owner Raymond & Karin Luck	Phone # (540) 967-7241
APPLICANT INFORMATION	Address 4609 Payne Rd. Columbia VA 23038	
	Applicant/Contact Raymond Luck	Email case580c@gmail.com

APPLICANT INFORMATION	Address 4609 Payne Rd. Columbia VA 23038	
	Applicant/Contact Raymond Luck	Phone # (540) 967-7241
TO BE COMPLETED BY ZONING DEPARTMENT	Address 4609 Payne Rd. Columbia VA 23038	
	Applicant/Contact Raymond Luck	Email case580c@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 55' from Prop. Line	Center Line Setback * Flag Lot *	Rear Setback 5'	CUP/Variance/COA _____
	Side Setback 5'	Side Setback 5'	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Approval for Party only	Planning & Zoning Officer David Floyd	Date 9/23/19	AI

CONTRACTOR INFORMATION	Contractor Raymond Luck		Phone (540) 967-7241
	Address 4609 Payne Rd. Columbia VA 23038		Email case580c@gmail.com
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: 20x20 covered concrete patio to include grill + outdoor wood burning pizza				
	Proposed Use _____	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed) _____		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms _____	# of Bedrooms _____	# of floors _____
	Finished Sq. Ft. _____	Unfinished Sq. Ft. 400	Total Sq. Ft. 400		

Building Only - Excludes All Trades Permits		Application Fee \$ 39.00
Value of Work \$ 6500 -		State Levy Fee \$ 2.78
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
Signature of Applicant <i>[Signature]</i>	Date 9-18-19	Zoning Fee \$ 25.00
		RLD \$
		SWP \$
		Total \$ 64.78

OWN, GAS STOVE + BUILDING SIDE

Rec: 9-19-19



**BUILDING PERMIT APPLICATION**

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

Application Date: 9-15-19  
 Permit Number: SP-2019-00877  
 GPIN/Tax Map: 6800-72-5781/4-1-0-26A  
 Issued: 11-7-19

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: 4609 Payne Rd Columbia VA 23038  
 Owner: Raymond & Karin Luck Phone #: (540) 967-7241  
 Address: 4609 Payne Rd Columbia VA 23038 Email: case580c@gmail.com

**APPLICANT INFORMATION**  
 Applicant/Contact: Raymond Luck Phone #: (540) 967-7241  
 Address: 4609 Payne Rd. Columbia VA 23038 Email: case580c@gmail.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
Front Setback <u>100' @ Row</u>	Center Line Setback	Rear Setback <u>5</u>	CUP/Variance/COA <u>A-1</u>
Side Setback <u>35' @ farm road</u>	Side Setback <u>5'</u>	Flood Zone	

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

**CONTRACTOR INFORMATION**  
 Contractor: Raymond Luck Phone: (540) 967-7241  
 Address: 4609 Payne Rd Columbia VA 23038 Email: case580c@gmail.com  
 Contractor License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

**DESCRIPTION OF WORK**  
 Scope of Work: 2 ~~1000 sq ft~~ detached - accessory 1,400 sq ft fm. music room + workshop with unfinished storage for RV + tractor

Proposed Use <u>personal</u>	Current Use <u>n/a</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>n/a</u>		
SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
Finished Sq. Ft. <u>1,400</u>	Unfinished Sq. Ft. <u>1,200</u>	Total Sq. Ft. <u>2,600</u>		

**Building Only - Excludes All Trades Permits**

Value of Work	<u>\$75,000</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: Raymond Luck Date: 9-17-19

Application Fee	\$ <u>397.00</u>
State Levy Fee	\$ <u>71.94</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
<b>Total</b>	\$ <u>493.94</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: 11/4/19  
 Permit Number: BP-2019-01013  
 GPIN/Tax Map: 6813-15-0657 / 4-7-0-10-0  
 Issued: 11-8-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential  Commercial

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

OWNER INFORMATION	Site Address <u>4700 Shannon Station Lane, Columbia, VA 23038</u>			
	Owner <u>Robert &amp; Margaret Zabawa</u>		Phone # <u>804-432-5421</u>	
	Address <u>12 St. Johns Place, Hilton Head, SC 29928</u>		Email	
APPLICANT INFORMATION	Applicant/Contact <u>Andrew Campbell</u>		Phone # <u>804-426-9312</u>	
	Address <u>14807 Colony Forest Place, Midlothian VA 23114</u>		Email <u>Chi.permits@gmail.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Shannon Forest</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from ROW</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>Left Side - 35'</u>	Side Setback <u>5'</u>	Flood Zone <u>C</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>11/6/19</u> <span style="float: right;">A1</span>			
CONTRACTOR INFORMATION	Contractor <u>Campbell Home Improvement</u>		Phone <u>804-426-9312</u>	
	Address <u>14807 Colony Forest Place, Midlothian VA 23114</u>			
	Contractor License Number <u>2705100592</u>	Type <u>Class B</u>	Expiration <u>8/31/21</u>	
DESCRIPTION OF WORK	Scope of Work: <u>Build a 8' x 16' wood, freestanding deck (tear down old deck &amp; rebuild)</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>128</u>	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work  
\$1920.00

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

Signature of Applicant: [Signature] Date: 10-30-19

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>55.60</u>



# BUILDING PERMIT APPLICATION

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

Residential       Commercial

Application Date: 10-10-19

Permit Number: BP-2019-00923

GPIM/Tax Map: 6801-76-4068 / 10-1-0-25-0

Issued: 11-13-19

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

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

OWNER INFORMATION	Site Address <u>3468 Tabscott Rd.</u>		Phone # <u>954-242-1639</u>
	Owner <u>Kimberly B Hill</u>		Email <u>happyhill9@mac.com</u>
	Address <u>830 NE 74th ST, Boca Raton, FL 33487</u>		Phone # <u>540-513-3270</u>
APPLICANT INFORMATION	Applicant/Contact <u>Shay Brownlee with Bethel Builders, LLC</u>		Email <u>Shayb@bethelbuilders-va.com</u>
	Address <u>100 Fredericksburg Ave, Louisa, VA 23093</u>		Phone # <u>540-513-3270</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>A</u>	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
	Planning & Zoning Officer <u>Doreen Taylor</u>		Date <u>10/15/19</u>	<u>AI</u>

CONTRACTOR INFORMATION	Contractor <u>Bethel Builders, LLC</u>		Phone <u>540-513-3270</u>
	Address <u>100 Fredericksburg Ave, Louisa, VA 23093</u>		Email <u>Shayb@bethelbuilders-va.com</u>
	Contractor License Number <u>2705148374</u>	Type <u>CBC / RBC</u>	Expiration <u>09-30-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>51 x 44 Barn with living quarts above.</u> <u>Finished.</u>				
	Proposed Use <u>Barn / single family</u>	Current Use _____	Environmental impacts (stream crossing, wetlands, amt land disturbed) <u>33,156 sqft (1.2%)</u>		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1 full</u> <u>3 2 1/2 bath</u>	# of Bedrooms <u>3</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>1312</u>	Unfinished Sq. Ft. <u>1836</u>	Total Sq. Ft. <u>3,148</u>		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ <u>1,429.50</u>
Value of Work	<u>\$315,000.00</u>	State Levy Fee	\$ <u>28.59</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>5000</u>
		RLD	\$ <u>10000</u>
		SWP	\$ _____
		Total	\$ <u>1608.09</u>
Signature of Applicant <u>Shay Brownlee</u>		Date	<u>10/3/19</u>

**LIEN AGENT INFORMATION**

Please check one of the following:

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

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

Name: Louisa Title Agency Telephone: 540-967-1656

Mailing Address: 208 Elm Avenue . Po Box 276, Louisa, VA 23093

**OWNER'S STATEMENT**

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

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

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

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

OWNER'S SIGNATURE 

**PERMIT FEE SCHEDULE**

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

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

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

**OFFICE USE ONLY**

USE \_\_\_\_\_ # STORIES \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_ OCCUPANY LOAD 6 CODE EDITION \_\_\_\_\_

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

APPROVAL  DATE 11/3/19

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

Application Date: 9-7-19  
 Permit Number: BP-2019-00912  
 GPIN/Tax Map: 39-1-0-34-0  
 Issued: 11-13-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 1720 Hashkins Rd Goochland VA 23063  
 Owner: Bolling, Russell Phone #: \_\_\_\_\_  
 Address: 1720 Hashkins Rd Goochland Email: \_\_\_\_\_

**APPLICANT INFORMATION**  
 Applicant/Contact: CMH Homes, Inc Phone #: 434-973-1539  
 Address: 4301 Seminole Trl Charlottesville VA 22911 Email: Shelby.Dent@claytonhomes.com

**TO BE COMPLETED BY ZONING DEPARTMENT**  
 Subdivision: None Proffer:  Yes  No Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 Front Setback: 55' from Property Line Center Line Setback: \_\_\_\_\_ Rear Setback: 35' CUP/Variance/COA: \_\_\_\_\_  
 Side Setback: 20' Side Setback: 20' Flood Zone: None  
 APPROVED  REJECTED  COMMENTS: \*Existing to be removed within 60 days of issuing C.O.  
 Planning & Zoning Officer: David Floyd Date: 10/11/19

**CONTRACTOR INFORMATION**  
 Contractor: CMH Homes, Inc Phone: 434-973-1539  
 Address: 4301 Seminole Trl Charlottesville VA 22911  
 Contractor License Number: 2705048123 Type: A Expiration: 4-30-21

**DESCRIPTION OF WORK**  
 Scope of Work: Install a 3 bed 2 bath 28x60 double wide. Install new septic, connect to existing well. 2019 (2) 5x5 wooden decks with steps to grade 04027074NCA2  
 Proposed Use: Doublewide Current Use: SEH-Burn Down Environmental Impact: < 1 acre disturbance 4300sqft  
 SEWER:  Public/Private  WATER:  Public/Private  # of Bathrooms: 2 # of Bedrooms: 3 # of floors: 1  
 Finished Sq. Ft.: 1680 Unfinished Sq. Ft.: \_\_\_\_\_ Total Sq. Ft.: 1680

Building Only - Excludes All Trades Permits  
 Value of Work: 133,000.00  
 Application Fee: \$ 610.50  
 State Levy Fee: \$ 12.21  
 Septic/Well Fee: \$ \_\_\_\_\_  
 Zoning Fee: \$ 30.00  
 RLD: \$ \_\_\_\_\_  
 SWP: \$ \_\_\_\_\_  
 Total: \$ 622.71  
 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: Shelby Dent Date: 9/7/19

**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 \_\_\_\_\_ # STORIES \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_ OCCUPANY LOAD 6 CODE EDITION \_\_\_\_\_

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

APPROVAL [Signature] DATE \_\_\_\_\_

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: 11-4-19  
 Permit Number: BP-2019-01011  
 GPIN/Tax Map: 683a-27-1081/12-1-0-9-A  
 Issued: 11-13-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 4555 Broad Street Rd Gum Spring, VA 23065  
 Owner: James Graves Phone #: (804) 513-2165  
 Address: 4555 Broad Street Rd Gum Spring, VA 23065 Email: \_\_\_\_\_

**APPLICANT INFORMATION**  
 Applicant/Contact: William Simonson Phone #: (804) 247-0743  
 Address: 200 Hazelmere DR. N. Chesterfield, VA 23236 Email: bgcinc52@gmail.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>100' from Road</u>	Center Line Setback: _____	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>20'</u>	Side Setback: <u>20'</u>	Flood Zone: <u>C</u>	_____

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer: David Floyd Date: 11/5/19 AI

**CONTRACTOR INFORMATION**  
 Contractor: William Brian Simonson Phone: (804) 247-0743  
Bucks Home Improvements  
 Address: 200 Hazelmere DR. N. Chesterfield, VA 23236 Email: bgcinc52@gmail.com  
 Contractor License Number: 2705167420 Type: Class B Expiration: 07/31/2020

**DESCRIPTION OF WORK**  
 Scope of Work: Extension of Existing Deck and Add A wheelchair ramp per code  
New Deck 183' wheelchair ramp 192'

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	<u>375'</u>	<u>375</u>		

**Building Only - Excludes All Trades Permits**

Value of Work: \$7,800.00

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: Will S. Date: 10/30/19

Application Fee	\$ <u>47.10</u>
State Levy Fee	\$ <u>.94</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>7304</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: 10-21-19  
 Permit Number: 2019-00947  
 GPIN/Tax Map: 6161-0A-4223 / 42-13-D-1-0  
 Issued: 11-14-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION	Site Address <b>3009 RIVER RD W, GOOCHLAND, VA 23063</b>	
	Owner <b>RIVER ROAD PROPERTY LLC</b>	Phone # <b>(804) 556-0835</b>
	Address <b>3009 RIVER RD W, GOOCHLAND, VA 23063</b>	Email <b>greg@btf3.com</b>

APPLICANT INFORMATION	Applicant/Contact <b>GREGORY WHARTON</b>		Phone # <b>(804) 543-6058</b>
	Address <b>3009 RIVER RD W, GOOCHLAND, VA 23063</b>		Email <b>greg@btf3.com</b>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>---</u>	Date Paid: <u>---</u>
	Front Setback: <u>5' from RW</u>	Center Line Setback: <u>---</u>	Rear Setback: <u>---</u>	CUP/Variance/COA: <u>COA-2019-10</u>
	Side Setback: <u>---</u>	Side Setback: <u>---</u>	Flood Zone: <u>---</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to foot prints.</u> Planning & Zoning Officer: <u>Daniel Lloyd</u> Date: <u>10/31/19</u>			

CONTRACTOR INFORMATION	Contractor: <u>OUTER</u> <u>N/A - No Contractor Required</u>		Phone: <u>---</u>
	Address: <u>---</u>		Email: <u>---</u>
	Contractor License Number: <u>---</u>	Type: <u>---</u>	Expiration: <u>---</u>

DESCRIPTION OF WORK	Scope of Work: <b>Installation of sign in front of building, located where previous sign was located.</b>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>30.00</u>
Value of Work	<b>\$980.00</b>	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>[Signature]</u> Date: <u>10/16/19</u>		Septic/Well Fee \$ <u>---</u>
		Zoning Fee \$ <u>---</u>
		RLD \$ <u>---</u>
		SWP \$ <u>---</u>
		Total \$ <u>30.60</u>



# BUILDING PERMIT APPLICATION

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

Application Date: 11-5-19  
 Permit Number: BP-2019-01017  
 GPIN/Tax Map: 6832-13-7189 / 12-13-0-1-0  
 Issued: 11-15-19

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>4315 Broad Street Rd Gum Spring VA 23065</u>		
	Owner	<u>Ronnie L. &amp; Ruby Charlene Benjamin</u>	Phone #	<u>804-513-3319</u>
APPLICANT INFORMATION	Address	<u>4315 Broad Street Rd Gum Spring VA 23065</u>		
	Applicant/Contact	<u>Same as above Ronnie + Charlene Benjamin</u>	Email	<u>CLPB47@gmail.com</u>
	Address	<u>SAME AS ABOVE</u>		
		Phone #	<u>SAME AS ABOVE</u>	
		Email		

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Ham-Lin Oaks</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>100' from ROW</u>	<u>141'</u>	<u>5'</u>	_____
	Side Setback	Side Setback	Flood Zone	
	<u>5'</u>	<u>5'</u>	<u>C</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
	Planning & Zoning Officer	<u>David Lloyd</u>	Date	<u>11/6/19</u> <span style="float: right;">RR</span>

CONTRACTOR INFORMATION	Contractor	Phone
	<u>Ronnie + Charlene Benjamin</u>	<u>804-513-3319</u>
	Address	Email
	<u>4315 Broad Street Rd Gum Spring VA 23065</u>	<u>CLPB47@gmail.com</u>
	Contractor License Number	Expiration
	<u>detached</u>	

DESCRIPTION OF WORK	Scope of Work: <u>Install prefabricated metal building 30x50 = 1500 sqft for garage + unfinished storage</u>				
	Proposed Use	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed)		
	<u>Garage personal</u>				
	SEWER	WATER	# of Bathrooms	# of Bedrooms	# of floors
	<input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> Public/Private <input type="checkbox"/>	<u>0</u>	<u>0</u>	<u>1</u>
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			
—	<u>1500</u>	<u>1500</u>			

Building Only - Excludes All Trades Permits

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

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

Signature of Applicant: [Signature] Date: 11-5-19

Revised 10-31-19 to change the height of poles + colors of poles, + no spanners



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

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

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

OWNER INFORMATION	Site Address 2301 Commerce Center Drive, Rockville, VA., 23146			
	Owner Rockville 623 LLC		Phone #	
	Address P. O. Box 29682 Richmond, Va., 23242		Email	
APPLICANT INFORMATION	Applicant/Contact Kimberly Bowman		Phone # 336-789-3069	
	Address 1990 Rockford Street, Mt. Airy, N.C. 27030		Email kimberly@interstatesign.com	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>5'</u>	Center Line Setback <u>5'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to Footprint, replacing current sign.</u>			
	Planning & Zoning Officer: <u>Daniel Floyd</u> Date: <u>6/3/19</u>			

CONTRACTOR INFORMATION	Contractor Interstate Sign Co., Inc.		Phone 336-789-3069	
	Address 1990 Rockford Street, Mt. Airy, N.C. 27030		kimberly@interstatesign.com	
	Contractor License Number 2705005899	Type Class B	Expiration 11/30/2019	

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

**Building Only - Excludes All Trades Permits**

Value of Work	<del>\$30,420.75</del> <u>\$30,125.75 KB</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: Kimberly Bowman Date: May 22, 2019

Application Fee	\$ <u>225.94</u>
State Levy Fee	\$ <u>4.52</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>50.00</u>
RLD	\$
SWP	\$
Total	\$ <u>280.46</u>



# BUILDING PERMIT APPLICATION

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

Application Date: October 30, 2019

Permit Number: BP-2019-01014

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

Issued: 11-18-19

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>12361 South Crossing Dr Manakin Sabot - 23103</u> 0 Hockett Road, Manakin Sabot, VA	
	Owner <b>Readers Branch Partners, LLC</b>	Phone # <b>804-741-4663</b>
	Address 2250 Old Brick Road, Suite 200, Glen Allen, Va 23060	Email mrainey@eagleofva.com

APPLICANT INFORMATION	Applicant/Contact <b>Mark Rainey / Eagle Construction of VA., LLC</b>	Phone # <b>804-382-4028</b>
	Address 2250 Old Brick Road, Suite 220, Glen Allen, VA 23060	Email mrainey@eagleofva.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Readers Branch</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>15'</u>	Center Line Setback	Rear Setback	CUP/Variance/COA <u>RZ-2017-6</u>
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Planning & Zoning Officer: <u>[Signature]</u> Date <u>11/13/19</u> <u>RPA</u>		

CONTRACTOR INFORMATION	Contractor <b>Eagle Construction of VA., LLC</b>	Phone <b>804-741-4663</b>
	Address 2250 Old Brick Road, Suite 220, Glen Allen, VA 23060	Email mrainey@eagleofva.com
	Contractor License Number <u>2705096467</u>	Type <u>Class A Contractor</u>

DESCRIPTION OF WORK	Scope of Work: Construct two (2) masonry entrance features at Readers Branch Subdivision Section 2.				
	Proposed Use Signage	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>90.00</u>
Value of Work	\$12,000.00	State Levy Fee \$ <u>1.80</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  Signature of Applicant: <u>Mark E Rainey</u> Date <u>10-30-19</u>		Septic/Well Fee \$
		Zoning Fee \$ <u>50.00</u>
		RLD \$
		SWP \$
		Total \$ <u>141.80</u>



# BUILDING PERMIT APPLICATION

Application Date: 5/26/19

Permit Number: BP-2019-00889

GPIN/Tax Map: 6797-44-5145 / 45-18-0-10-0

Issued: 11-15-19

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: 1740 Fox Downs Lane, Oilville, VA 23129

Owner: George Volosen Phone #: 214235 8780

Address: 1150 Huntsman Cir Oilville VA 23089 Email: georgevolosen@yahoo.com

**APPLICANT INFORMATION**

Applicant/Contact: George Volosen Phone #: 214235 8780

Address: 1150 Huntsman Cir Oilville VA 23089 Email: \_\_\_\_\_

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: <u>Fox Downs</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>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>35' from Fox Downs Ln</u>	Side Setback: <u>20'</u>	Flood Zone: _____	

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

Planning & Zoning Officer: David Floyd Date: 10/9/19 A2

**CONTRACTOR INFORMATION**

Contractor: Owner Phone: 214235 8780

Address: \_\_\_\_\_ Email: georgevolosen@yahoo.com

Contractor License Number: Revised Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

**DESCRIPTION OF WORK**

Scope of Work: Construct 50 ft addition to dining room. Expand existing deck by 500 sq ft. Remodel Master bedroom, Kitchen, Bathrooms, 2nd floor bedroom closet. Remove secondary staircase.

SEWER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms: _____	# of Bedrooms: _____	# of floors: _____
Finished Sq. Ft.: <u>50</u>	Unfinished Sq. Ft.: <u>500</u>	Total Sq. Ft.: <u>550</u>		

**Building Only - Excludes All Trades Permits**

Value of Work: <u>25,000</u>	Application Fee: \$ <u>1</u>
	State Levy Fee: \$ <u>249</u>
	Septic/Well Fee: \$ _____
	Zoning Fee: \$ <u>2500</u>
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ <u>15799</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: 9-26-19



# 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: <u>11-7-19</u>
Permit Number: <u>2019-01030</u>
GPIN/Tax Map: 56-14-0-1-0 / <u>6785-99-2896</u>
Issued: <u>11-15-19</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.

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 1425 Old Mill Rd, Cozier, VA 23039			
	Owner David Williams	Phone # (804) 241-0110		
	Address 1425 Old Mill Rd, Cozier, VA 23039	Email david@snozberryfarm.com		
APPLICANT INFORMATION	Applicant/Contact Sigora Solar, LLC		Phone # 434-465-6788	
	Address 700 Harris St suite 101, Charlottesville, VA 22903		Email permitting@sigorasolar.com	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	Planning & Zoning Officer _____ Date _____			
CONTRACTOR INFORMATION	Contractor Sigora Solar, LLC		Phone 434-465-6788	
	Address 700 Harris St suite 101, Charlottesville, VA 22903		Email permitting@sigorasolar.com	
	Contractor License Number 2705141338	Type A	Expiration 07/31/2020	
DESCRIPTION OF WORK	<b>Scope of Work:</b> Installation of PV solar system / system size: 12.4 kW			
	PV MODULES: (40) SAAE HT60-156M 310W			
	INVERTER(S): (40) ENPHASE IQ7-60-2-US			
	Proposed Use Offset Energy Costs	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 722		

**Building Only – Excludes All Trades Permits**

Value of Work	35,999.10
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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 Michael Graves Date 11/4/2019

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



# BUILDING PERMIT APPLICATION

Application Date: 10/25/19

Permit Number: BP-2019-00987

GPIN/Tax Map: 7027-48-0550/47-33-0-18-0

Issued: 11-19-19

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

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>2409 Granite Ridge Road</u>	
	Owner <u>McConnell Properties LLC</u>	Phone # <u>703-509-0056</u>
	Address <u>PO Box 100, Somerset, VA, 22972</u>	Email <u>RoyalFoundations@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Robert A. McConnell</u>	Phone # <u>703-509-0056</u>
	Address <u>PO Box 100, Somerset, VA, 22972</u>	Email <u>RoyalFoundations@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Rockville Commerce Center</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint.</u> Planning & Zoning Officer: <u>Dennis Boyd</u> Date: <u>10/25/19</u>			

CONTRACTOR INFORMATION	Contractor <u>Royal Foundations Inc</u>	Phone <u>703-509-0056</u>
	Address <u>PO Box 100 Somerset VA, 22972</u>	Email <u>RoyalFoundations@gmail.com</u>
	Contractor License Number <u>2705134727</u>	Type <u>CBC RBC</u>

DESCRIPTION OF WORK	Scope of Work: <u>TENANT UPFIT 1 BATHROOM Greeting AREA 1 office - quality conver solutions</u>				
	Proposed Use <u>Office Warehouse</u>	Current Use <u>NEW</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>450</u>	Unfinished Sq. Ft. <u>5550</u>	Total Sq. Ft. <u>6000</u>		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ <u>112.50</u>
Value of Work	<u>\$15,000</u>	State Levy Fee	\$ <u>2.25</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>Robert A. McConnell</u> Date: <u>10/25/19</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>100 -</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>214.75</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: 11-8-19  
 Permit Number: BP-2019-01037  
 GPIN/Tax Map: 718-10-1126 46-35-0-D-0  
 Issued:

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>Rosewell F Jones III</u>	
	Owner <u>2567 Manakin Rd. Manakin Sabot VA</u>	Phone # <u>804-749-8464</u>
	Address <u>Manakin Sabot Va 23103 23103</u>	Email <u>rjemmett1@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Rosewell F Jones III</u>	
	Address <u>2567 Manakin Rd Manakin Sabot Va 23103</u>	Phone # <u>804-814-8146</u>
		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>75' from Row</u>	Center Line Setback <u>9'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5' Lt Side</u>	Side Setback <u>35' Lt Side</u>	Flood Zone <u>C</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
Planning & Zoning Officer: <u>David [Signature]</u>		Date: <u>11/14/19</u>		<u>A2</u>

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

DESCRIPTION OF WORK	Scope of Work: <u>Detached Garage 24x36 with 12 Foot lean to 12x36</u>				
	Proposed Use <u>Garage</u>	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. <del>278</del> <u>278</u>	Unfinished Sq. Ft. <del>864</del> <u>1296</u>	Total Sq. Ft. <del>864</del> <u>1296</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$23,000 35,640</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: Rosewell F Jones III Date: 11-4-2019

Application Fee	\$ <u>118.92</u>
State Levy Fee	\$ <u>2.38</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>2500</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>1416.30</u>

**LIEN AGENT INFORMATION**

Please check one of the following:

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**OWNER'S STATEMENT**

I Rosewell F Jones III of (address) 2567 Manakin Rd affirm that I am the owner of a certain tract of parcel of land located at 2567 Manakin Rd 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.

Rosewell F Jones III 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 Rosewell F Jones III

**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 1 CONSTRUCTION TYPE VB OCCUPANY LOAD \_\_\_\_\_ CODE EDITION 15

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

APPROVAL Robby Kelb DATE 11/19/19

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: 9/25/19

Permit Number: BP-2019-00880

GPIN/Tax Map: 7733-46-2589 / 67-21-E-23-0

Issued: 11/21/19

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

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

OWNER INFORMATION	Site Address <b>5 Hill Point Court, Richmond, VA 23238</b>	
	Owner <b>James J. &amp; Margaret W. Doherty</b>	Phone # <b>804 784-3682 (H)</b>
	Address <b>5 Hill Point Court, Richmond, VA 23238</b>	Email <b>jaydvausa@aol.com</b>
APPLICANT INFORMATION	Applicant/Contact (owner) <b>James Doherty</b>	
	Address <b>5 Hill Point Court, Richmond, VA 23238</b>	Phone # <b>804 339-7411 (C)</b>
	Email <b>JayDVaUSA@aol.com</b>	

ZONING DEPARTMENT	Subdivision <u>Love Terrace here</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' 00"</u>	Center Line Setback <u>ROW</u>	Rear Setback <u>5' 00" ROW</u>	CUP/Variance/COA <u>R-1</u>
	Side Setback <u>5</u>	Side Setback <u>35' 00" ROW</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>will need to be survey located</u>			
Planning & Zoning Officer <u>Daniel Jay</u>		Date <u>11/5/19</u>		

CONTRACTOR INFORMATION	Contractor (owner)		Phone <b>804 784-3682</b>
	Address		
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	<b>Scope of Work:</b> New Construction. 24'x16' single story frame shed/craft shop in backyard. 110v electric line for subpanel run underground after building construction by licensed contractor. No water or plumbing.				
	Proposed Use Shed/craft shop	Current Use none	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms none	# of Bedrooms none	# of floors one
	Finished Sq. Ft. 382 sqft	Unfinished Sq. Ft. 0	Total Sq. Ft. 382		

**Building Only - Excludes All Trades Permits**

Value of Work	<u>21,010.00</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 9/20/19

Application Fee	\$ <u>106.55</u>
State Levy Fee	\$ <u>213</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>2500</u>
RLD	\$
SWP	\$
Total	\$ <u>13368</u>

*Rec: 10-11-19*



**BUILDING PERMIT APPLICATION**

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

Application Date: 10/11/2019  
 Permit Number: *BP-2019-00935*  
 GPIN/Tax Map: 7714-02-0500 / *62-11-0-A-0*  
 Issued: *11-25-19*  
 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: 515 Stone Mill Drive Manakin-Sabot VA 23103  
 Owner: **Boscobol Properties LLC** Phone #: (804) 673-8800  
 Address: 5413 Patterson Ave Ste 101 Email:

**APPLICANT INFORMATION**  
 Applicant/Contact: **David White** Phone #: (804) 513-5431  
 Address: 11610 Grove Park Ct, Midlothian, VA 23114 Email: dwhite@leipertz.com

**TO BE COMPLETED BY ZONING DEPARTMENT**  
 Subdivision: *None* Proffer:  Yes  No Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 Front Setback: *100' from ROW* Center Line Setback: \_\_\_\_\_ Rear Setback: *30'* CUP/Variance/COA:  
 Side Setback: *30' - RT.* Side Setback: *10' 2 1/2'* Flood Zone: \_\_\_\_\_  
 APPROVED  REJECTED  COMMENTS: *No change to existing footprint*  
 Planning & Zoning Officer: *David Floyd* Date: *10/17/19* M2

**CONTRACTOR INFORMATION**  
 Contractor: **Leipertz Construction** Phone: (804) 379-0048  
 Address: 11610 Grove Park Ct, Midlothian, VA 23114 Email: dwhite@leipertz.com  
 Contractor License Number: 2701017287 Type: Class A CBC, RBC Expiration: 9-30-20

**DESCRIPTION OF WORK**  
**Scope of Work:** Interior renovation with new floors, relocate bathrooms number of bathrooms remains the same. Install new exterior entry door in same location add windows as shown on plans infill exterior as shown on plans. Add new breakroom  
 Proposed Use: Group B Classification 5B Current Use: Group B Classification 5B Environmental Impacts (stream crossing, wetlands, amt land disturbed): No Land Disturbed  
 SEWER Public/Private  WATER Public/Private  # of Bathrooms: 2 # of Bedrooms: 0 # of floors: 1  
 Finished Sq. Ft.: 9000 Unfinished Sq. Ft.: \_\_\_\_\_ Total Sq. Ft.: 9000

**Building Only - Excludes All Trades Permits**  
 Value of Work: \$157,898.00  
 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: *David C. White* Date: 10/11/2019  
 Application Fee: \$ *1184.24*  
 State Levy Fee: \$ *23.68*  
 Septic/Well Fee: \$ \_\_\_\_\_  
 Zoning Fee: \$ \_\_\_\_\_  
 RLD: \$ \_\_\_\_\_  
 SWP: \$ \_\_\_\_\_  
 Total: \$ *1,207.92*



# 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: 10/23/19

Permit Number: BP-2019-00974

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

Issued: 11-26-19

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>12800 TUCKAHOE CREEK PKWY, RICHMOND, VA 23238</u>	Phone #/ <u>(804) 310-7951</u>
	Owner <u>CARMAX</u>	Email <u>JWELLS99@COMCAST.NET</u>
APPLICANT INFORMATION	Address <u>12800 TUCKAHOE CREEK PKWY</u>	Phone #/ <u>(804) 363-8210 cell</u>
	Applicant/Contact <u>AMERICAN PARTITION SYSTEMS, INC (LEE COLDIRON)</u>	Email <u>lee.coldiron@gmail.com</u>
	Address <u>8507 OAKVIEW AVE, RICHMOND, VA 23228</u>	

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

CONTRACTOR INFORMATION	Contractor <u>AMERICAN PARTITION SYSTEMS, INC</u>	Phone <u>(804) 262-1039</u>
	Address <u>8507 OAKVIEW AVE, RICHMOND VA 23228</u>	Email <u>lee.coldiron@gmail.com</u>
	Contractor License Number <u>2701021400</u>	Type <u>CLASS A, CIC</u>

Scope of Work: INSTALL NEW 3'-0" X 8'-0" FIRE RATED DOOR AND FRAME IN EXISTING 2 HR CORRIDOR WALL.

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

Building Only - Excludes All Trades Permits

Value of Work \$ 7,500.00

Application Fee	\$ <u>56.25</u>
State Levy Fee	\$ <u>1.13</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>57.38</u>

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

Signature of Applicant Lee M. Coldiron Date 10/23/19

LEE M. COLDIRON  
AMERICAN PARTITION SYSTEMS, INC



# 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:

11/14/2019

Permit Number:

BP-2019-01073

GPIN/Tax Map: 7716-63-0207 /58-17-0-A-0

Issued:

11-26-19

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 1415 Hermitage Rd, Manakin Sabot, VA 23103				
	Owner Jennie Wright	Phone # (804) 317-5586			
	Address 1415 Hermitage Rd, Manakin Sabot, VA 23103	Email jwebbwright@gmail.com			
APPLICANT INFORMATION	Applicant/Contact Sigora Solar, LLC		Phone # 434-465-6788		
	Address 222 Harris Street, Charlottesville, VA 22903		Email permitting@sigorasolar.com		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid	
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA	
	Side Setback	Side Setback	Flood Zone		
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer _____ Date _____				
CONTRACTOR INFORMATION	Contractor Sigora Solar, LLC		Phone 434-465-6788		
	Address 222 Harris Street, Charlottesville, VA 22903		Email permitting@sigorasolar.com		
	Contractor License Number 2705141338	Type A	Expiration 07/31/2020		
DESCRIPTION OF WORK	<b>Scope of Work:</b> Installation of PV solar system / system size: 12.4 kW PV MODULES: (40) SAAE HT60-156M 310W INVERTER(S): (40) ENPHASE IQ7-60-2-US <i>Roof Mounted</i>				
	Proposed Use Offset Energy Costs	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	<b>Building Only - Excludes All Trades Permits</b>				

Value of Work	\$25,830.00
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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 Michael Graves Date 11/14/2019

Application Fee	\$ 128.24
State Levy Fee	\$ 2.56
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 130.80

**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 \_\_\_\_\_ # STORIES \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_ OCCUPANY LOAD Ø CODE EDITION 15

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

APPROVAL B Hall DATE 11/25/19

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: 11/13/19

Permit Number: BP-2019-01068

GPIN/Tax Map: 7706-81-0278 / 57-39-0-6-0

Issued: 11-26-19

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

OWNER INFORMATION	Site Address 1626 SABOT CREEK DRIVE, MANAKIN SABOT, VA 23103	
	Owner KELLI & DAVID REED	Phone # 804-467-9774
	Address 1626 SABOT CREEK DRIVE, MANAKIN SABOT, VA 23103	Email D.A.REED@VERIZON.NET

APPLICANT INFORMATION	Applicant/Contact Travis Jowers		Phone # 804-749-4706
	Address 2175 Lanier Lane, Rockville, VA 23146		Email travis@ultimatepools.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Sabot Creek</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>40' from Road</i>	Center Line Setback <i>65'</i>	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: <i>David Floyd</i> Date: <i>11/19/19</i> <span style="float: right;">RP</span>				

CONTRACTOR INFORMATION	Contractor Ultimate Pools		Phone 804-749-4706
	Address 2175 Lanier Lane, Rockville, VA 23146		
	Contractor License Number 2705026339	Type Class A, CBC,RBC,RFC	Expiration 02/28/2021

DESCRIPTION OF WORK	Scope of Work: In-Ground Pool 16' x 32' Rectangle with Auto Cover			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 512	

Building Only - Excludes All Trades Permits

Value of Work	30,000.00
---------------	-----------

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

Signature of Applicant: *[Signature]* Date: *11/13/19*

Application Fee	\$ 147.00
State Levy Fee	\$ 294
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 174.94

**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 AFFIDAVIT**

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

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

\_\_\_\_\_  
(Notary)

**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 all other structures are \$ 25.00

**OFFICE USE ONLY**

USE \_\_\_\_\_ # STORIES \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_ OCCUPANY LOAD \_\_\_\_\_ CODE EDITION 15

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

APPROVAL Robby Folks DATE 11/25/19  
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

Application Date: 11/18/19

Permit Number: BP-2019-01085

GPIN/Tax Map: 6787-39-5638/44-16-09-0

Issued: 11-27-19

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 1600 Horsepen hills lane	
	Owner <b>Steve Bassett</b>	Phone # <b>651-1026</b>
Address 1600 Horsepen hills lane Maidens, VA 23102		Email

APPLICANT INFORMATION	Applicant/Contact <b>Billys pool services</b>	
	Address 13372 greenwood church rd. Ashland, VA 23005	Phone # <b>761-7904</b>
		Email <b>poolsbybilly@yahoo.com</b>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Horsepen Hills</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>5'</i>	CUP/Variance/COA
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Floyd</i> Date <i>11/25/19</i> <span style="float: right;">A2</span>			

CONTRACTOR INFORMATION	Contractor <b>Billys pool services</b>		Phone <b>761-7904</b>
	Address 13372 greenwood church rd Ashland,		Email <b>poolsbybilly@ya</b>
	Contractor License Number 2705136588	Type B	Expiration 9/30/21

DESCRIPTION OF WORK	Scope of Work: install inground fiberglass pool with auto cover as barrier <i>size 15x40</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <i>600</i>	Total Sq. Ft. <i>600</i>		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <i>122.25</i>	
Value of Work	<b>24,500</b>	State Levy Fee	\$ <i>2.44</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>Willis Pitt</i> Date 11/19/19		Septic/Well Fee	\$
		Zoning Fee	\$ <i>25.00</i>
		RLD	\$
		SWP	\$
		Total	\$ <i>149.69</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 \_\_\_\_\_ 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 U # STORIES 0 CONSTRUCTION TYPE \_\_\_\_\_ OCCUPANY LOAD \_\_\_\_\_ CODE EDITION 2015

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

APPROVAL B Hall DATE 11/26/19  
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

Application Date: 11/15/2019  
 Permit Number: BP-2019-01072  
 GPIN/Tax Map: 6777-27-8395  
 Issued: 11-26-19  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential  Commercial

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

**OWNER INFORMATION**  
 Site Address: 2120 Jockey Ridge Road  
 Owner: Mike and Laura Hodson Phone #: (804) 731-2635  
 Address: 2120 Jockey Ridge Road Email: Hodson.michael@yahoo.com

**APPLICANT INFORMATION**  
 Applicant/Contact: Krickovic & Ziegler, LLC Phone #: (804) 569-9745  
 Address: PO Box 1510, Mechanicsville, VA 23116 Email: lonnie@kandzbuilders.com

**TO BE COMPLETED BY ZONING DEPARTMENT**  
 Subdivision: Breeze H:11 Proffer:  Yes  No Amount: --- Date Paid: ---  
 Front Setback: 40' From ROW Center Line Setback: 65' Rear Setback: 5' CUP/Variance/COA: ---  
 Side Setback: 5' Side Setback: 5' Flood Zone: X

APPROVED  REJECTED  COMMENTS: RP  
 Planning & Zoning Officer: David Boyd Date: 11/30/19

**CONTRACTOR INFORMATION**  
 Contractor: Krickovic & Ziegler LLC Phone: 804-569-9745  
 Address: P.O. Box 1510 Mechanicsville, VA 23116  
 Contractor License Number: 2705100872 Type: Class A Expiration: 11/30/19

**DESCRIPTION OF WORK:**  
 Scope of Work: Detached 24x30 Garage with above storage 720 feet  
 Proposed Use: --- Current Use: --- Existing Buildings on Property: 1 # of Floors: ---  
 SEWER:  Public/Private  WATER:  Public/Private  # of Bathrooms: --- # of Bedrooms: ---  
 Finished Sq. Ft.: --- Unfinished Sq. Ft.: 1440 Total Sq. Ft.: 1440

**Building Only - Excludes All Trades Permits**  
 Value of Work: ~~\$39,000~~ \$39,600  
 Application Fee: \$ 197.80  
 State Levy Fee: \$ 3.80  
 Septic/Well Fee: \$ ---  
 Zoning Fee: \$ 25.00  
 RLD: \$ ---  
 SWP: \$ ---  
 Total: \$ 219.00  
 I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  
 Signature of Applicant: [Signature] Date: 11/15/19



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

Date	11-7-19
Permit #	2019-00221
GPIN	7733-29-9538
Tax Map	64-22-A-15-0

## LOCATION

Street Address  
13289 Kenwick Ct.

## PROPERTY OWNERSHIP

Name	RLS Rivergate LLC	Phone	347-3500
Mailing Address	5704 Averys Ct, Glen Allen Va. 23059	Email	?

## APPLICANT

Name	Kevin Schall	Phone	804-839-8392
Address	12121 Helitax Rd N. Dinwiddie Va. 23805	Email	hotrod206@hotmail.com

## CONTRACTOR

Name	S+S Electrical Contractors, Inc.	Phone	804-839-8392
Mailing Address	12121 Helitax Rd N. Dinwiddie Va. 23805	Email	hotrod206@hotmail.com
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705075460
		Expiration	4-30-2021
		License Type	Electrical B
		Class	B

## DESCRIPTION OF WORK

Install electrical wiring for new residence with 400amp service and 22kw generator.

# of Bathrooms	5	Service Size	400	Power Company	VE Power	Inquiry #	10307357
Value of Work (required)	30,000						

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: [Signature] Date: 11-7-19

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>11-7-19</u>
Permit Fee:	<u>159.12</u>		Issued date:	<u>11-7-19</u>

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

(owner's statement on back)

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

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

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

\_\_\_\_\_

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

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



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	11/14/19
Permit #	ELI-2019-845
GPIN	
Tax Map	

## LOCATION

Street Address: 6533 Old Columbia Rd Columbia, Va. 23032

## PROPERTY OWNERSHIP

Name	Robert & Maureen Harris	Phone	804-339-9597
Mailing Address	6533 Old Columbia Rd Columbia, Va 23032	Email	corpbbharris@gmail.com

## APPLICANT

Name	Robert Harris	Phone	804-339-9597
Address	6533 Old Columbia Rd. Columbia, Va 23032	Email	corpbbharris@gmail.com

## CONTRACTOR

Name	Owner	Phone	
Mailing Address		Email	
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration
		License Type	Class

## DESCRIPTION OF WORK

wire addition on house, swap panel like for like, install generator

# of Bathrooms	1.5	Service Size	200A	Power Company	Dominion Va Pow.	Inquiry #		
Value of Work (required)	2000.00							

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

Signature of Applicant: [Signature] Date: 11/14/19

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>11-18-19</u>
Permit Fee:	<u>\$ 30,60</u>		Issued date:	<u>11-18-19</u>

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

(owner's statement on back)

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

I Robert Harro of (address) 6533 Old Columbia Rd.

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

6533 Old Columbia Rd Columbia, Va 23032

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.

Robert Harro (Owner Signature)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	11-7-19
Permit #	ELI-2019-01031
GPIN	
Tax Map	

## LOCATION

Street Address: 560 Dawnington Drive Manakin Sabot, Va 23103

## PROPERTY OWNERSHIP

Name	Bernard Harris	Phone	804-749-3111
Mailing Address	560 Dawnington Drive Manakin Sabot	Email	

## APPLICANT

Name	Edmund Medeiros	Phone	
Address	2293 Seminole Ln Charlottesville, Va 22901	Email	

## CONTRACTOR

Name	Never Dark Whole House Generators	Phone							
Mailing Address	2293 Seminole Ln Charlottesville, Va 22901	Email							
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705141802	Expiration	7-31-2021	License Type	contractors	Class	A

## DESCRIPTION OF WORK

wiring 22kw Automatic Generator with automatic Transfer switch with load share modules

# of Bathrooms	Service Size	Power Company	Inquiry #
	200amp	REC	
Value of Work (required)			
1,800			

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: Ed Medeiros Date: 10-15-19

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>11-8-19</u>
Permit Fee: <u>30.60</u>		Issued date: <u>11-8-19</u>

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (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	11/7/19
Permit #	ELI-2019-00134
Old Map #	
G-Pin	

## LOCATION

Street Address	825 LACHLAN ROAD 23103	District	
----------------	------------------------	----------	--

## PROPERTY OWNERSHIP

Name	ED STAKEM	Phone	804-513-0213
Mailing Address	825 LACHLAN ROAD 23103		

## APPLICANT

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

## CONTRACTOR

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

## DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 2-200A SWITCHES			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Signature of Applicant   
 Approval Fisher Date 11-12-19  
 Value of work: \$ 12,000.00  
 Permit fee: \$ 76.50  
 Issue date: 11-12-19



# TRADE 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:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date <span style="font-size: 1.2em;">11-11-19</span>
Permit # <span style="font-size: 1.2em; color: blue;">ELI-2019-01039</span>
GPIN
Tax Map

### LOCATION

Street Address <span style="font-size: 1.2em; color: blue;">3234 Lowry Rd</span>
---

### PROPERTY OWNERSHIP

Name <span style="font-size: 1.2em; color: blue;">Linda Sasser</span>	Phone <span style="font-size: 1.2em; color: blue;">540-967-7276</span>
Mailing Address <span style="font-size: 1.2em; color: blue;">3234 Lowry Rd</span>	Email

### APPLICANT

Name <span style="font-size: 1.2em; color: blue;">Mike Loving</span>	Phone <span style="font-size: 1.2em; color: blue;">804-400-9224</span>
Address <span style="font-size: 1.2em; color: blue;">1735 Arlington Rd Richmond, VA 23230</span>	Email <span style="font-size: 1.2em; color: blue;">Mloving@master-electrical.com</span>

### CONTRACTOR

Name <span style="font-size: 1.2em; color: blue;">Master Electrical Services</span>		Phone <span style="font-size: 1.2em; color: blue;">804-400-9224</span>	
Mailing Address <span style="font-size: 1.2em; color: blue;">1735 Arlington Rd Richmond, VA 23230</span>		Email	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <span style="font-size: 1.2em; color: blue;">2705067673</span>	Expiration <span style="font-size: 1.2em; color: blue;">3-31-20</span>	License Type  <span style="font-size: 1.5em; color: blue;">A</span>

### DESCRIPTION OF WORK

<span style="font-size: 1.2em; color: blue;">Install 16kw generator with a 200 Amp A/Ts</span>			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) <span style="font-size: 1.2em; color: blue;">5,000</span>			

**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: 11-11-19

Approval: <u>Fisher</u>	<b>Office Use Only</b>	Approval date: <u>11-14-19</u>
Permit Fee: <u>44.37</u>		Issued date: <u>11-14-19</u>

(owner's statement on back)



# TRADE 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:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date <span style="font-size: 1.2em;">11-11-19</span>
Permit # <span style="font-size: 1.2em;">ELI-2019-01040</span>
GPIN
Tax Map

### LOCATION

Street Address 7209 Shenfield Ave

### PROPERTY OWNERSHIP

Name <span style="font-size: 1.2em;">Linda McLane</span>	Phone
Mailing Address <span style="font-size: 1.2em;">7209 Shenfield Ave</span>	Email

### APPLICANT

Name <span style="font-size: 1.2em;">Mike Loving</span>	Phone <span style="font-size: 1.2em;">804-400-9224</span>
Address <span style="font-size: 1.2em;">1735 Arlington Rd Richmond, VA 23230</span>	Email <span style="font-size: 1.2em;">Mloving@master-electrical.com</span>

### CONTRACTOR

Name <span style="font-size: 1.2em;">Master Electrical Services</span>		Phone <span style="font-size: 1.2em;">804-400-9224</span>	
Mailing Address <span style="font-size: 1.2em;">1735 Arlington Rd Richmond, VA 23230</span>		Email	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <span style="font-size: 1.2em;">2705067673</span>	Expiration <span style="font-size: 1.2em;">33-31-20</span>	License Type <span style="font-size: 1.2em;">A</span>

### DESCRIPTION OF WORK

<i>Install 20 kw generator to existing ATS</i>			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) <span style="font-size: 1.2em;">5,000</span>			

**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: 11-11-19

Approval: <u>Fisher</u>	Office Use Only Approval date: <u>11-14-19</u>
Permit Fee: <u>441.37</u>	Issued date: <u>11-14-19</u>



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD (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	11-22-19
Permit #	ELI-2019-01083
Old Map #	
G-Pin	

## LOCATION

Street Address	827 LACHLAN ROAD 23107	District	
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## PROPERTY OWNERSHIP

Name	LEWIS JONES	Phone	804-980-6792
Mailing Address	827 LACHLAN ROAD 23103		

## APPLICANT

Name	VIRGENIA POWER SOLUTIONS	Phone	804-365-0263
E-Mail Address	SERVICE @ VIRGENIA POWER SOLUTIONS .COM		

## CONTRACTOR

Name	VIRGENIA POWER SOLUTIONS ..	Phone	804-365-0263		
Mailing Address	10102 WHITESEL RD, SUITE B, ASHLAND, VA 23005		License Type	Class	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	ELE	B
		2705123991	8-31-20		

## DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 200A SWITCH			
# of Baths	Service Size	Power Company	Inquiry #
	200A		

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

I \_\_\_\_\_ of (address) \_\_\_\_\_ affirm that I am the owner

of a certain tract or parcel of land located at \_\_\_\_\_

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

\_\_\_\_\_(Owner)

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

\_\_\_\_\_(Notary)

My commission expires \_\_\_\_\_

Signature of Applicant 

Approval Fisher Date 11-22-19

Value of work: \$ 9500.00

Permit fee: \$ 65.18 65.03

Issue date: 11-22-19



# COMMERCIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date 10/7/2019

Permit # BP-2019-00190

GPIN 7734-33-7164

Tax Map 64-1-0-74-A

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

### LOCATION

Street Address 12330 Patterson Ave Richmond VA 23238

### PROPERTY OWNERSHIP

Name <u>Patterson PK Associates LLC</u>	Phone
Mailing Address <u>300 Arboretum Place Ste 330, Richmond VA 23238</u>	Email

### APPLICANT

Name <u>Chris Higgins</u>	Phone <u>270-366-8583</u>
Address <u>98 US Hiway 95, Calvert City, KY 42029</u>	Email <u>chiggins@merit-electric.com</u>

### CONTRACTOR

Name <u>Merit Electric, LLC</u>		Phone <u>270-366-8583</u>	
Mailing Address <u>98 US Hiway 95, Calvert City, KY 42029</u>		Email <u>chiggins@merit-electric.com</u>	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2705087490</u>	Expiration <u>08/31/2020</u>	License Type <u>Electrical</u> Class <u>A</u>

### DESCRIPTION OF WORK

Electrical for Generator & Trash Enclosure

# of Bathrooms <u>N/A</u>	Service Size <u>N/A</u>	Power Company <u>Dominion</u>	Inquiry #
Value of Work (required) <u>\$ 30,000.00</u>			

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

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

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>10-29-19</u>
Permit Fee: <u>\$ 244.80</u>		Issued date: <u>11-1-19</u>

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

(owner's statement on back)

\$ 244.80