



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: 11-6-19
Permit Number: BP-2019-01028
GPIN/Tax Map: 51-8-9 / 6735-494201
Issued: 12-10-19

Residential Commercial

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

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

OWNER INFORMATION
Site Address: 958 Hard Rock Lane Goochland VA
Owner: Gordon E. Dudley
Phone #: 602-391-3994
Address: 8281 East Evans Ln, Scottsdale, AZ 85260
Email:

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

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: None
Proffer: Yes No
Amount: _____
Date Paid: _____
Front Setback: 55' from PBL
Center Line Setback: _____
Rear Setback: 35'
Side Setback: 20'
Side Setback: 20'
Flood Zone: _____
GUP/Variance/GOA: _____

APPROVED REJECTED COMMENTS:
Planning & Zoning Officer: David Fryd Date: 11/30/19 #1

CONTRACTOR INFORMATION
Contractor: CNU Homes Inc.
Phone: 804-798-3206
Address: 12244 Washington Hwy. Ashland VA 23005
Email: r078@claytonhomes.com
Contractor License Number: 2705048123
Type: A
Expiration: 4-30-21

DESCRIPTION OF WORK
Scope of Work: Replace existing 14'x72' Singlewide with 16'x76' Singlewide in existing footprint using existing well, septic and driveway
Serial #: CLM106427TN
Proposed Use: Residential
Current Use: Residential
Environmental Impacts (stream crossing, wetlands, amt land disturbed): No No 1500 A
SEWER: Public/Private WATER: Public/Private
of Bathrooms: 2 # of Bedrooms: 3 # of floors: 1
Finished Sq. Ft.: 1190 Unfinished Sq. Ft.: 50 Total Sq. Ft.: 1240

Building Only - Excludes All Trades Permits
Value of Work: 68,285.00

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: CNU Homes Date: 11-7-19

Application Fee	\$ 319.28
State Levy Fee	\$ 6.39
Septic/Well Fee	\$
Zoning Fee	\$ 50.00
RLD	\$
SWP	\$
Total	\$ 375.67

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Dominion Capital Title LLC Telephone: 888-607-0404

Mailing Address: 3900 Westerre Arwy #300 Henrico, VA 23223

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RE # STORIES 1 CONSTRUCTION TYPE VB OCCUPANY LOAD 6 CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL MICHAEL BROOKING DATE 12.9.19.

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: 11-20-19
 Permit Number: BP-2019-01082
 GPIN/Tax Map: 7706-22-7730 / 57-3-0-B2
 Issued: 12-9-19

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>1405 MILLERS LANE MANAKIN SAROT VA 23103</u>	
	Owner <u>JEFF & ANN MCGEE</u>	Phone # <u>(804) 399-5890</u>
	Address <u>1405 MILLERS LANE MANAKIN SAROT</u>	

APPLICANT INFORMATION	Applicant/Contact <u>WILLIAM H. CULLY JR</u>	Phone # <u>(804) 909-1190</u>
	Address <u>PO BOX 3 STUDLEY VA</u>	
		Email <u>WHCULLY@AOL.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>Rt. Side 25'</u>	Side Setback <u>30'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			

CONTRACTOR INFORMATION	Contractor <u>WILLIAM CULLY (W.H. CULLY JR CORP)</u>		Phone <u>(804) 909-1190</u>
	Address <u>PO BOX 3 STUDLEY VA 23162</u>		Email <u>W.H.CULLY@AOL.COM</u>
	Contractor License Number <u>2705097202</u>	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: <u>480 SQFT ADDITION WITH BATHROOM & CLOSET</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/> WATER Public/Private	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/> WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>480</u>	Unfinished Sq. Ft. _____	Total Sq. Ft. <u>480</u>		

Building Only - Excludes All Trades Permits

Value of Work <u>70,000</u>

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

Signature of Applicant: [Signature] Date: 10-28-2019

Application Fee	\$ <u>327.00</u>
State Levy Fee	\$ <u>6.34</u>
Septic/Well Fee	\$ <u>5</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>359.34</u>

11-25-19 Permit to include revisions to the collection



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: 11/19/2019

Permit Number: 2019-00981

GPIN/Tax Map: 6758-70-7265-9998

Issued: 12-20-18

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: 2011 Bulldog Way, Goochland, VA 23063

Owner: SBA Communication Corporation Phone #: 561.226.9332

Address: 8051 Congress Avenue, Boca Raton, FL 33487 Email: _____

APPLICANT INFORMATION

Applicant/Contact: Ryan Fletcher, NBTC LLC on behalf of Shentel Phone #: 804.475.8144

Address: 4435 Waterfront Drive, Suite 100, Glen Allen, VA 23060 Email: rfletcher@nbctllc.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION

Contractor: Virginia Tower Construction, LLC Phone: 540.661.9384

Address: 330 James Madison Hwy, Gordonsville, VA 22942

Contractor License Number: 2705156956 Type: Class A (CC&RBC) Expiration: 04.30.2021

DESCRIPTION OF WORK

Scope of Work: Collection on an existing 195' monopole tower to include installation of LTE equipment.

Proposed Use <u>Existing Telecommunication Tower (195' Monopole)</u>	Current Use <u>Existing Telecommunication Facility</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER <u>N/A</u>	WATER <u>N/A</u>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>N/A</u>
Public/Private <u>Casey Littlefield</u>	Public/Private <u>_____</u>	Unfinished Sq. Ft. <u>N/A</u>	Total Sq. Ft. <u>N/A</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$40,000.00</u>	Application Fee	<u>\$225.00 + 76.50</u>
		State Levy Fee	<u>\$4.50</u>
		Septic/Well Fee	<u>\$_____</u>
		Zoning Fee	<u>\$200.00</u>
		RLD	<u>\$_____</u>
		SWP	<u>\$_____</u>
		Total	<u>\$506.00</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: 11/19/2019



BUILDING PERMIT APPLICATION

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

Application Date: 11-18-19

Permit Number: BP-2019-01081

GPIN/Tax Map: 4158-41-5717 / 42-33-E-20-0

Issued: 12-4-19

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

Residential Commercial

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OWNER INFORMATION	Site Address <u>2526 Crest Hollow Ct.</u>		Phone # <u>301-7755</u>
	Owner <u>Arston Reynolds</u>		Email
	Address		

APPLICANT INFORMATION	Applicant/Contact <u>Robert Amos</u>		Phone # <u>804-8199984</u>
	Address		Email

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

CONTRACTOR INFORMATION	Contractor <u>Commonwealth Renovations</u>		Phone <u>804-216-0431</u>
	Address <u>9112 Bailey Oak Dr Mid. Va. 23112</u>		Email <u>commonwealthrenovations@gmail.com</u>
	Contractor License Number <u>2705121577</u>	Type <u>CLASS B</u>	Expiration <u>4-30-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>existing deck making into screen porch -</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 <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>0</u>
	Finished Sq. Ft. <u>200</u>		Unfinished Sq. Ft. <u>200</u>	Total Sq. Ft. <u>200</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>94.00</u>
Value of Work <u>16,000</u>		State Levy Fee \$ <u>1.68</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
Signature of Applicant <u>Robert Amos</u> Date <u>11-18-19</u>		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>95.68</u>



BUILDING PERMIT APPLICATION

Department of Building Inspection
P.O. Box 119
Goochland, VA 23063
(804) 556-5315 Fax (804) 556-5651
TDD 11 VA Relay

Application Date: 11/18/19

Permit Number: 2019-01077

GPIN/Tax Map: 6732-30-6205/12-18-A-0

Issued: 12-3-19

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

Residential Commercial

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OWNER INFORMATION	Site Address	4361 Three Chopt Rd, Lum Spring, VA 23065	
	Owner	Robert Crenshaw + April Crenshaw	
APPLICANT INFORMATION	Address	4361 Three Chopt Rd	
	Applicant/Contact	Robert Crenshaw + April Bland	
	Address	4361 Three Chopt Rd	
	Phone #	434-294-2618	
	Email	Crenshawcontracting01@gmail.com	
	Phone #	434-294-2618	
	Email		

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

CONTRACTOR INFORMATION	Contractor	Robert Crenshaw (owner)		Phone
	Address			Email
	Contractor License Number	Type	Expiration	

DESCRIPTION OF WORK	Scope of Work: Finishing basement to include: Game Room, Utility room, family room, bathroom, storage & playroom.				
	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. 2000	Unfinished Sq. Ft.	Total Sq. Ft. 2000		

Building Only - Excludes All Trades Permits

Value of Work	\$ 8,000
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Application Fee	\$ 49.00
State Levy Fee	\$.96
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 49.96

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: _____ Date: 11/18/19



BUILDING PERMIT APPLICATION

Application Date: 10-15-19
 Permit Number: BP-2019-00946
 GPIN/Tax Map: 7725-33-0619-9999 / 58-32-3-A-D
 Issued: 12-3-19
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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	15075 Capital One Drive - The Commons Building	
	Owner Capital One	Phone # 804-229-2935
	Address 15000 Capital One Drive	Email clif.white@capitalone.com
APPLICANT INFORMATION	Applicant/Contact Carter King	
	Address 3435-B West Leigh Street, Richmond, VA 23230	Phone # 804-727-2493 Email jking@gilbaneco.com

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

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

DESCRIPTION OF WORK	Scope of Work: Minor interior demolition, new electrical/data, casework, door/frame/hardware, painting, flooring (refresh) work in the first floor of the Commons Building.				
	Proposed Use Business - B	Current Use Business - B	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms N/A	# of Bedrooms N/A	# of floors 1
	Finished Sq. Ft. 2300 sf	Unfinished Sq. Ft.	Total Sq. Ft. 2300 sf		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>573.50</u>
Value of Work \$75,000		State Levy Fee \$ <u>71.25</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.		Septic/Well Fee \$ _____
Signature of Applicant <u>J. King</u>	Date <u>10/15/19</u>	Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>573.75</u>



BUILDING PERMIT APPLICATION

Application Date: Nov. 25 2019

Permit Number: BP-2019-01088

GPIN/Tax Map: 7734-01-6131

Issued: 12-2-19

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

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>194 Woodfern</u>	
	Owner <u>David & Marie Gibbs</u>	Phone #
	Address <u>194 Woodfern</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Danny Queensberry</u>	Phone # <u>804-241-3920</u>
	Address <u>Same as contractor ↓</u>	Email <u>djqueensberry@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Oak</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' from pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	CUP/Variance/COA
	Side Setback <u>30' B/S</u>	Side Setback <u>30' B/S</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: [Signature] Date: 11/26/19 RPUD

CONTRACTOR INFORMATION	Contractor <u>Delta Deck Company</u>	Phone <u>804-241-3920</u>
	Address <u>2538 Fairground Rd. Maidens VA 23102</u>	
	Contractor License Number <u>2705161359</u>	Type <u>"RBC" A"</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build deck 9x9 off of existing deck</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>81</u>	Total Sq. Ft. <u>81</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>2,000</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: [Signature] Date: Nov. 25 2019

Application Fee	\$ <u>3000</u>
State Levy Fee	\$ <u>60</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>2500</u>
RLD	\$
SWP	\$
Total	\$ <u>5560</u>



ZONING COMPLIANCE APPLICATION

COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 23063

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Issued 12-2-19

Office Use Only

Application File Date: <u>12-2-19</u>	Application No.: <u>AP-2019-01094</u>	Fee: \$25.00
Zoning Approval: <u>Yes</u>	No: _____	Date: <u>12/2/19</u>

Zoning Application Type: *Please check appropriate box*

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: MHT Builders Inc Telephone: 804-641-4200
 Address: 8527 Mayland DRIVE STE 106 Cell phone: SAME
Richmond VA 23294 FAX: _____
 E-mail: rolmillican@aol.com

Name of Applicant: ROLAND MILLICAN Telephone: 804-641-4200
 Address: 8527 Mayland DRIVE STE 106 Cell phone: _____
Richmond, VA 23294 FAX: _____
 E-mail: rolmillican@aol.com

Property Information

Street Address: 2177 PROFIT ROAD Zoning: A-2
 GPIN Number: 7717-24-3303 Acreage: 20.3
 Existing Use: ARIE

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

Project Information

1. Estimated square footage of the building(s): 1152 2. Value of Building: \$10,000
 3. Written Description of Proposed Physical Improvements:

BARN



BUILDING PERMIT APPLICATION

Application Date: 10.2.19

Permit Number: BD-2019-00902

GPIN/Tax Map: 6767-02-9446/42-14-0-A-0

Issued: 12-13-19

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.

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Residential Commercial

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OWNER INFORMATION

Site Address: 2924 River Road West, Goochland, VA 23063

Owner: Goochland County Phone #: 804-556-5802

Address: P.O. Box 10, Goochland, VA 23063 Email:

APPLICANT INFORMATION

Applicant/Contact: Daniel Gordon Phone #: (804) 437-4231

Address: 2945 River Road West, Goochland, VA 23063 Email: gordonbrothersconstruction@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION

Contractor: Gordon Brothers Construction, LLC Phone: 804.556.8180

Address: 2945 River Road West, Goochland, VA 23063 Email: gordonbrothersconstruction@yahoo.com

Contractor License Number: 2705144137 Type: A Expiration: 12-31-19

DESCRIPTION OF WORK

Scope of Work: Tenant upfit of Jenkins Building for Historical Society per plans provided by Goochland County.

Proposed Use <u>N/A</u>	Current Use <u>N/A</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>N/A</u>
Finished Sq. Ft. <u>N/A 2160</u>	Unfinished Sq. Ft. <u>N/A</u>	Total Sq. Ft. <u>N/A 2160</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 62,713.00</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: 12/17

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

Handwritten note: All's waived



BUILDING PERMIT APPLICATION

Application Date:

November 27, 2019

12-2-19

Permit Number:

BP-2019-01104

GPIN/Tax Map:

6749-09-7651

120-1-D-26-0

Issued:

12-13-19

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.

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 4007 Whitehall Road	
	Owner Gathright, Roger	Phone # 804-901-7433
	Address 104 Tiffany Dr., Waynesboro, VA 22980	Email stuart.squier@gdnsites.com

APPLICANT INFORMATION	Applicant/Contact Stuart Squier for TowerCom VI, LLC	Phone # 804-901-7433
	Address 3126 W. Cary St., #604, Richmond, VA 23221	Email stuart.squier@gdnsites.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>55' from Property Line</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA <i>CA-2019-6</i>
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone	

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: *David Floyd* Date: *12/4/19* A1

CONTRACTOR INFORMATION	Contractor Stoehr Companies Incorporated	Phone 410-549-2945
	Address 5292 Enterprise Street, Suite A, Eldersburg, MD 21784	
	Contractor License Number 2705026653	Type CBC (Class A)

Scope of Work:
Construct 199' monopole communications facility on concrete foundation, within 60'x60' compound.

Proposed Use Utility	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) 25,900sf total land disturbance		
<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms NA	# of Bedrooms NA	# of floors NA
Finished Sq. Ft. NA	Unfinished Sq. Ft. NA	Total Sq. Ft. NA		

Building Only - Excludes All Trades Permits

Value of Work	\$409,654
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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: *Stuart Squier* Date: 11/26/2019

Application Fee	\$ <i>3012.40</i>
State Levy Fee	\$ <i>61.45</i>
Septic/Well Fee	\$
Zoning Fee	\$ <i>200.00</i>
RLD	\$
SWP	\$
Total	\$ <i>3,333.85</i>



BUILDING PERMIT APPLICATION

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

Application Date: 12.6.19

Permit Number: BP-2019-01130

GPIN/Tax Map: 7726-05-07000

Issued: 12-17-19

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

Residential Commercial

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

OWNER INFORMATION	Site Address 1503 Centerville Parke Drive, Manakin Sabot, 23103	
	Owner Bogin, Esther L	Phone # 804-317-6087
	Address 1503 Centerville Parke Drive, Manakin Sabot, 23103	

APPLICANT INFORMATION	Applicant/Contact Suzzie Dodson / BK Martin Construction		Phone # 804-551-0197
	Address 199 River Road West, Manakin Sabot, 23103		Email 500 suzzie@bkmartin.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 BK Martin Construction, Inc		Phone 804-554-1014
	Address 199 River Road West Manakin Sabot 23132		Email suzzie@bkmartin.com
	Contractor License Number 27-05026231	Type Class Class A Contractor	Expiration 12/31/2020

DESCRIPTION OF WORK	Scope of Work: Interior Kitchen remodel - with walls to be removed between kitchen/sunroom/deck area - Engr. Report Attached. Interior Master Bath remodel.				
	Proposed Use single home	Current Use single home	Environmental Impacts (stream crossing, wetlands, amt land disturbed) n.a		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2.5	# of Bedrooms 3	# of floors 2
	Finished Sq. Ft. 1844	Unfinished Sq. Ft. n.a	Total Sq. Ft. 1844		

Building Only - Excludes All Trades Permits

Value of Work	84,750.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant *Suzanne* Date 12/15/19

Application Fee	\$ <u>401.24</u>
State Levy Fee	\$ _____
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>401.24</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 _____ 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 RS # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD _____ CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL [Signature] DATE 12-17-19
Code Official

Issued 12.20.19



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: 11/7/2019 12-13-19
Permit Number: BP-2019-01137
GPIN/Tax Map: 7725-16-3187/58-55-1-18-0 58-55-1-19-0
7725-16-3242 58-55-1-20-0 7725-16-3260
7725-16-3224 58-55-1-21-0 58-55-1-22-0
7725-16-2278

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: 14011, 14013, 14015, 14017, 14019 Mosaic Nook Rich, VA
Owner: HHHunt Homes, LLC Phone #: 804-762-4800
Address: 11237 Nuckols Road Glen Allen, VA 23059 Email: kesurina@hnhunthomes.com

APPLICANT INFORMATION
Applicant/Contact: Kelly Surina Phone #: 804-762-4800 ext. 201
Address: 11237 Nuckols Road Glen Allen, VA 23059 Email: kesurina@hnhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: Mosaic Proffer: Yes No Amount: \$496.00 ea Date Paid: Due
Front Setback: 25' from Property Line Center Line Setback: 25' Rear Setback: 25' CUP/Variance/COA: -
Side Setback: 10' Side Setback: 25' Flood Zone: -
APPROVED REJECTED COMMENTS: * Survey locate setbacks
* Cast proffer due before issuing CO.
Planning & Zoning Officer: David Foyll Date: 12/17/19

CONTRACTOR INFORMATION
Contractor: HHHunt Homes, LLC Phone: 804-762-4800
Address: 11237 Nuckols Road Glen Allen, VA 23059 Email: kesurina@hnhunthomes.com
Contractor License Number: 2705119751 A Type: Contractor Expiration: 1/31/2020

DESCRIPTION OF WORK
Scope of Work: 5 unit townhome with attached garages. Unit 18: 3bd, 2.5ba, 2fl, 1931fsf, 591usf; Unit 19: 2bd, 2.5ba, 2fl, 2149fsf, 654 usf; Unit 20: 3bd, 2.5ba, 2fl, 2310fsf, 581usf; Unit 21: 3bd, 2.5ba, 2fl, 1916 fsf, 607 usf; Unit 22: 3bd, 3ba, 2fl, 2239 fsf, 592 usf
Proposed Use: Single family dwellings Current Use: None Environmental Impacts (stream crossing, wetlands, amt land disturbed): Land disturbance of 31,983 square feet
SEWER: Public/Private WATER: Public/Private # of Bathrooms: 13 # of Bedrooms: 14 # of floors: 2
Finished Sq. Ft.: 10,545 Unfinished Sq. Ft.: 3,025 Total Sq. Ft.: 13,570

Building Only - Excludes All Trades Permits
Value of Work: \$1,384,140.00

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: 11/7/2019

Application Fee: \$ 10,588.67
State Levy Fee: \$ 207.62
Septic/Well Fee: \$ -
Zoning Fee: \$ 100.00
RLD: \$ 100.00
SWP: \$ -
Total: \$ 10,788.67

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: MeyerGoergen PC Telephone: 804-288-3600

Mailing Address: 1802 Bayberry Ct suite 200 Richmond, VA 23226

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 RS # STORIES 2 CONSTRUCTION TYPE (Townhouse) VB OCCUPANY LOAD 6 CODE EDITION 2015

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 12/18/2019
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 12-2-2019
 Permit Number: BP-2019-01105
 GPIN/Tax Map: 7733-16-7530 / 67-10-0-25-0
 Issued:
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 3 Roads End Lane
 Owner: Greg Trepp Phone #: 804-307-6059
 Address: 3 Roads End Lane Email: TreppAM@Comcast.net

APPLICANT INFORMATION
 Applicant/Contact: John Durham Phone #: 804-908-2257
 Address: 2539 Cherry Tree Lane N. Chesterfield, Va 23235 Email: JdurhamCarpentry@hotmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Lower Thickwood</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>40' from ROW</u>	Center Line Setback: _____	Rear Setback: <u>5'</u>	CUP/Variance/COA: _____
Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 12/4/19 R1

CONTRACTOR INFORMATION
 Contractor: John Durham Phone: 804-908-2257
 Address: 2539 Cherry Tree Lane N. Chesterfield, VA 23235 Email: JdurhamCarpentry@hotmail.com
 Contractor License Number: 2705137003 Type: BLD. Expiration: 4-30-2020

DESCRIPTION OF WORK
 Scope of Work: New detached Garage w/ 900SF of storage

Proposed Use: <u>Garage</u>	Current Use: _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____		
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms: <u>0</u>	# of Bedrooms: <u>0</u>	# of floors: <u>2</u>
Finished Sq. Ft.: <u>0</u>	Unfinished Sq. Ft.: <u>1996</u>	Total Sq. Ft.: <u>1996</u>		

Building Only - Excludes All Trades Permits

Value of Work: <u>\$60,000 64,870.00</u>	Application Fee: \$ <u>303.91</u>
	State Levy Fee: \$ <u>6.08</u>
	Septic/Well Fee: \$ _____
	Zoning Fee: \$ <u>25.00</u>
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ <u>334.99</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: 12-2-19



BUILDING PERMIT APPLICATION

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

Application Date: 12/9/2019

Permit Number: BP-2019-01125

GPIN/Tax Map: 6932-74-9059/12-13-0-A-0

Issued: 12-26-19

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
4312 BROAD STREET ROAD

Owner **Jack Agnew** Phone # **804-556-6837**

Address 4605 Fox Chase Run Gum Spring, VA 23065 Email **cory@edenfarmsonline.com**

APPLICANT INFORMATION
Applicant/Contact **Harbor Dredge and Dock** Phone # **804-543-1814**

Address **PO Box 35140 N. Chesterfield, VA 23235** Email **mzubey@harbordredge.com**

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision None Proffer Yes No Amount _____ Date Paid _____
Front Setback _____ Center Line Setback _____ Rear Setback _____ CUP/Variance/COA _____
Side Setback _____ Side Setback _____ Flood Zone _____
APPROVED REJECTED COMMENTS: NO setbacks required for docks.
Planning & Zoning Officer David Ford Date 12/26/19

CONTRACTOR INFORMATION
Contractor **Harbor Dredge and Dock - Capital Carbonic Gas Corp** Phone **804-543-1814**

Address **PO Box 35140 N. Chesterfield VA 23235** Email **mzubey@harbordredge.com**

Contractor License Number **2705104750** Type **Class A MCL CBC** Expiration **3/31/2020**

DESCRIPTION OF WORK
Scope of Work: **16'x20' Pier with a 5'x16' walkway onto pier 300^{sq} unfinished pier**

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. 300	Total Sq. Ft. 300		

Building Only - Excludes All Trades Permits
Value of Work **28,000**

Application Fee	\$ <u>139.00</u>
State Levy Fee	\$ <u>2.76</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>165.76</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 12/9/19

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, Jack Agnew (John H.) of (address) 4605 Fox Chase Run, Gum Spring, VA 23065 affirm that I am the owner of a certain tract of parcel of land located at 4312 Broadstreet Rd Gum Spring, VA 23065 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.

John H. Agnew
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 *John H. Agnew (N.A.)*

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 RS # STORIES _____ CONSTRUCTION TYPE VB OCCUPANY LOAD _____ CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL Robby Felts *[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: 9-26-2019

Permit Number: BP-2019-00914

GPIN/Tax Map: 6813-03-08754-3-0-11-0

Issued: 12-27-2019

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	4622 Slippery Rock Lane Columbia VA 23038	
	Owner	Dorothy L Hollis	Phone #
	Address	PO Box 95 Gum Spring VA 23065	Email

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Feys</u> Date <u>10/11/19</u> A1			

CONTRACTOR INFORMATION	Contractor	CMH Homes, Inc	Phone	434 973 1539
	Address	4301 Seminole Trl Charlottesville VA		
	Contractor License Number	2705048123	Type	A

DESCRIPTION OF WORK	Scope of Work: Install a 3 bed, 2 bath 28x56 double wide. Old home was a burn down - tie in to the existing well & septic. 2 (5x5 decks, front & rear) 2019				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	Double wide	SFH-Burn Down	.50 acre disturbance 0 HCO29230XAP		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	1475	1475	2	3	1

Building Only - Excludes All Trades Permits		Application Fee	\$
Value of Work	100,000	State Levy Fee	\$
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$
Signature of Applicant	<u>Shelby Dent</u>	Date	9/26/19

LIEN AGENT INFORMATIO

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

US 25 # STORIES 1 CONSTRUCTION TYPE VB OCCUPANY LOAD 6 CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL Michael R. Bondary DATE 12.27.19.
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: 12/2/19Permit Number: BP-2019-01138GPIN/Tax Map: 64-22-B-23-0Issued: 12.30.19

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>13265 Apdon Court</u>	
	Owner <u>DAVID LEE</u>	Phone # <u>804 310-5482</u>
	Address <u>13265 Apdon Ct.</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>PLA-Mor Construction</u>		Phone # <u>804 781-0442</u>
	Address <u>P.O. Box 295 Mech. VA.</u>		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Rivergate</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from R/W</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 12/18/19 R1

CONTRACTOR INFORMATION	Contractor <u>PLA-Mor Construction</u>		Phone <u>804 781-0442</u>
	Address <u>P.O. Box 295 Mech. VA 23111</u>		Email <u>MARYANN</u>
	Contractor License Number <u>2705091041</u>	Type <u>Contractor</u>	Expiration <u>1-31-21</u>

DESCRIPTION OF WORK	Scope of Work: <u>9'6" x 19'8" fiberglass Inground Pool with Automatic Cover - meets ASTM 1346-91 code</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>191</u>	Total Sq. Ft. <u>191</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>55,922.00</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: J.N. CEMENTS Date: _____

Application Fee	\$ <u>263.65</u>
State Levy Fee	\$ <u>5.27</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>293.92</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: 12/11/2019

Permit Number: **BP-2019-01132**

GPIN/Tax Map: **7723-56-7120/67-2-D-1-0**

Issued: **12-30-2019**

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		
	Owner	Mark & Maria Nold	
APPLICANT INFORMATION	Address	103 E Brook Run Drive, ^{Richmond} Goochland, VA	
	Applicant/Contact	RMT Construction & Development Group	
TO BE COMPLETED BY ZONING DEPARTMENT	Phone #	757-642-4389	
	Address	1040 Old Bon Air Road, Chesterfield, VA 23235	
	Phone #	804-464-2673	
	Email	wthomas@rmt-construction.com	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount
	<i>James River Estates</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
	Front Setback	Center Line Setback	Rear Setback
	<i>40' from Rd</i>	_____	<i>5'</i>
	Side Setback	Side Setback	Flood Zone
<i>35'</i>	<i>5'</i>	_____	
APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <i>* Survey locate setbacks.</i>	
Planning & Zoning Officer	<i>David Lloyd</i>	Date	<i>12/17/19</i>
CONTRACTOR INFORMATION	Contractor	RMT Construction & Development Group	
	Address	1040 Old Bon Air Road, Chesterfield, VA 23235	
	Phone	804-464-2673	
DESCRIPTION OF WORK	Contractor License Number	Type	Expiration
	<i>207119295</i>	<i>A</i>	<i>12/2021</i>
	Scope of Work: Exterior & Interior renovation, to include electrical, mechanical and plumbing upgrades. Also construction of a new garage.		
	<i>20x24</i>		
Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
Single Family Home	Single Family Home	_____	
SEWER	WATER	# of Bathrooms	# of Bedrooms
<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<i>2</i>	<i>3</i>
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
2650	<i>480 (Garage)</i>	3130 <i>460</i>	

Building Only - Excludes All Trades Permits

Value of Work: \$105,000.00 *33,600.00*

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: *Warren* Date: 12/11/2019

Application Fee	\$ <i>163.20</i>
State Levy Fee	\$ <i>3.26</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <i>25.00</i>
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>191.46</i>



BUILDING PERMIT APPLICATION

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

Application Date: 12/11/2019

Permit Number: **BP-2019-01133**

GPIN/Tax Map: **7723-56-7120/67-2-D-1-0**

Issued: **12-30-2019**

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		Phone #
	Owner Mark & Maria Nold		757-642-4389
	Address		Email
	103 E Brook Run Drive, Goochland, VA		
APPLICANT INFORMATION	Applicant/Contact RMT Construction & Development Group		Phone # 804-464-2673
	Address		Email
	1040 Old Bon Air Road, Chesterfield, VA 23235		wthomas@rmt-construction.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 RMT Construction & Development Group		Phone 804-464-2673
	Address		
	1040 Old Bon Air Road, Chesterfield, VA 23235		wthomas@rmt-construction.com
	Contractor License Number 207119295	Type A	Expiration 12/2021

DESCRIPTION OF WORK	Scope of Work: Exterior & Interior renovation, to include electrical, mechanical and plumbing upgrades. Also construction of a new garage. RENOVATE KITCHEN & TO INCLUDE MASTER BEDROOM/CLOSET/BATH & HALL BATH/CLOSET				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	Single Family Home	Single Family Home			
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
			2	3	1
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	2650	480 (Garage)	3130		

Building Only - Excludes All Trades, Permits		Application Fee \$ 333.30
Value of Work	\$105,000.00 71,400.00	State Levy Fee \$ 10.67
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
Signature of Applicant <u>W. J. Nold</u>	Date <u>12/11/2019</u>	Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ 339.97



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: 12/11/19

Permit Number: DP-2019-01149

GPIN/Tax Map: 6736-47-5001/40-1-0-24-C

Issued: 12.30.2019

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>1015 Hard Times Lane</u>		Phone # <u>804-218-1186</u>
	Owner <u>Johnny McLaughlin</u>		Email
	Address <u>1015 Hard Times Lane</u>		
APPLICANT INFORMATION	Applicant/Contact <u>Richard Denardo / Aapeo</u>		Phone # <u>702 286-3949</u>
	Address <u>6710 Jefferson Davis Hwy, Richmond Va</u>		Email <u>va.br Richard@aol.com</u>

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

CONTRACTOR INFORMATION	Contractor <u>Aapeo</u>		Phone <u>804/271-2500</u>
	Address <u>6710 Jefferson Davis Hwy</u>		Email
	Contractor License Number <u>2705036452</u>	Type <u>A BID HVA</u>	Expiration <u>12/31/20</u>

DESCRIPTION OF WORK	Scope of Work: <u>constructing 220 sq ft sunroom on ^{LTP} foundation existing porch foundation.</u>				
	Proposed Use <u>Sunroom</u>	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>220</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>220</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>66.45</u>
Value of Work <u>8000.00 12,100.</u>		State Levy Fee \$ <u>1.33</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>67.78</u>
Signature of Applicant <u>[Signature]</u>	Date <u>12/11/19</u>	



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 11-27-19
 Permit Number: BP-2019-01099
 GPIN/Tax Map: 20-1-03/6759-18-3081
 Issued: 12-30-2019

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: 2904 Dogtown Road, Goochland, VA 23063
 Owner: Dogtown Real Estate Phone #: 804-241-3202
 Address: Same As Above Email: ceengel@mindspring.com

APPLICANT INFORMATION
 Applicant/Contact: Tony Engel Phone #: 804-241-3202
 Address: Same As Above 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: _____	Rear Setback: <u>5'</u>	CUP/Variance/COA: _____
Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 12/20/19 #1

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

DESCRIPTION OF WORK
 Scope of Work: 4 28x60 Accessory Structure Pole Barn w/ kiln

Proposed Use: <u>Ag</u>	Current Use: _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed): <u>None</u>
<input type="checkbox"/> Public/Private	<input type="checkbox"/> WATER Public/Private	# of Bathrooms: <u>1</u> # of Bedrooms: <u>1</u> # of floors: <u>1</u>
Finished Sq. Ft.:	Unfinished Sq. Ft.: <u>1680</u>	Total Sq. Ft.: <u>1680</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>25,000</u> <u>54,600</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: 11-27-19

Application Fee	\$ <u>257.70</u>
State Levy Fee	\$ <u>5.15</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>287.85</u>

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

Application Date: 6.2.17
 Application Accepted: BP-2017-00448
 Old Map Number: 67.2.E.7.0
 GPIN: 7723-65-3127

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

OWNER INFORMATION	Site Address <u>215 EAST Brook Run Dr. Richmond, VA</u>		District <u>23238</u>	
	Owner <u>The McGurn Company Inc.</u>		Phone # <u>804-784-7245</u>	
	Address <u>P.O. Box 8, Manakin-Sabot, VA 23103</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>James River Estates</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>N/A</u>	Date Paid: <u>N/A</u>
	New Street Address <u>—</u>		Zoning District <u>R1</u>	
	Front Setback <u>40' from ROW</u>	Center Line Setback <u>—</u>	Rear Setback <u>35'</u>	C.U. Permit <u>N/A</u>
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	COA <u>N/A</u>	Variance <u>N/A</u>
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date 6/5/17

Applicant/Contact: Artie McGurn Phone 804-784-7245
 Email: artiemcgurn@gmail.com

Contractor Information
 Contractor: The McGurn Company Inc. Phone 804-784-7245
 Address: P.O. Box 8, Manakin Sabot, VA 23103
 Contractor License Number: 2701021780 Type: A Expiration: 10-31-18

Description of Work
 Scope of Work: SFH w/ attached garage
Revised 12-26-2019 - To include 3rd floor sq ft 219 sq ft unfinished and 412 sq ft finished bonus room

SEWER Public/Private <u>Public</u>	WATER Public/Private <u>Public</u>	# of Bathrooms <u>2 full, 1 1/2 bath</u>	
# of Floors <u>2</u>	Total Sq. Ft. <u>2754</u>	Finished Sq. Ft. <u>2754</u>	Unfinished Sq. Ft. <u>412</u>
		# of Bedrooms <u>3</u>	

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

VALUE OF WORK <u>271,725.⁰⁰</u>		Application Fee	\$ <u>1048.63</u>
Building	\$ <u>145,000</u>	Zoning Fee	\$ <u>50.00</u>
	\$ <u>230,362.50</u>	Septic/Well Fee	\$ <u>40.00</u>
Excludes All Trades Permits		State Levy Fee	\$ <u>21.77</u>
		Total	\$ <u>1160.40</u>

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

Signature of Applicant: Artie McGurn

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: Mr. Greg Foreman Telephone: 804-379-1900

Mailing Address: 1919 Huguenot Rd #300, N. Chesterfield, VA 23235

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 \$ 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 + \$ 9.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee

RLD \$ 100.00

Septic & well \$ 40.80 For Commercial & Residential

Septic only \$ 25.44 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 _____

FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL _____ DATE _____

Code Official

Issued 11-20-19

BUILDING PERMIT APPLICATION Goochland County Building Inspection Department P O Box 119 Goochland VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317 LOT 41-2 READERS BRANCH	Application Date: 10-22-2019
	Permit Number: BP-2019-00985
	Old Map Number: 58-55-2-41-0
	GPIN: 7726-05-7583

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

OWNER INFORMATION	Site Address 12249 Bremner Ridge Circle Manakin Sabot, VA 23103		District	
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Readers Branch	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$12,592.00	Date Paid: 1 Due
	New Street Address		Zoning District RPU1	
	Front Setback 30' from Prop. Line	Center Line Setback 55'	Rear Setback 25'	C.U. Permit
	Side Setback 10'	Side Setback 10'	Census Track	Flood Zone X
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: * Survey locate setbacks * Cash proffer due before issuing C.O.	

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

Planning & Zoning Officer David Floyd Date 10/29/19

Applicant/Contact: BERTON JAMES	Phone (804)217-6910
Email: bjames@eagleofva.com	

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC		Phone (804)741-4663
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060		
	Contractor License Number 2705096467A	Type CLASS A	Expiration 6-30-2021

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE. Reverse 12-3-19 375 sq ft unfinished storage room on second floor				
	SEWER Public/Private	WATER Public/Private	2.5	# of Bathrooms	
	# of Floors 2	Total Sq. Ft. 3277 3652	Finished Sq. Ft. 2665	Unfinished Sq. Ft. 612 + 375 = 987	# of Bedrooms 3
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	\$222,825.00 \$236,887.50
Excludes All Trades Permits	

Application Fee	\$ 1014.72
Septic/Well Fee	\$
State Levy Fee	\$ 20.29
Zoning Fee	\$ 50.00
Total	\$ 1085.01

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]

Revision Fee
\$ 65.54



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

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	10-02-19 12-27-19
Permit #	ELI-2019-01174
GPIN	
Tax Map	

LOCATION

Street Address	4195 CEDAR PLAINS ROAD	District	
----------------	-------------------------------	----------	--

PROPERTY OWNERSHIP

Name	BRITTANY NANCE & EDITH ROBINSON	Phone	804-675-8450
------	--	-------	---------------------

Mailing Address	4195 CEDAR PLAINS ROAD
-----------------	-------------------------------

APPLICANT

Name	WOODFIN HEATING	Phone	804-277-8603
------	------------------------	-------	---------------------

E-Mail Address	MEADS@ASKWOODFIN.COM
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CONTRACTOR

Name	WOODFIN HEATING	Phone	804-277-8603
------	------------------------	-------	---------------------

Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	MEADS@ASKWOODFIN.COM
-----------------	--	-----------------	----------------------

Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820	Expiration	11/2019	License Type:	Class: A
						CONTRACTOR	

DESCRIPTION OF WORK

INSTALL 22 KW GENERATOR, 200 AMP ATS.
--

# of Baths	Service Size	Power Company	Inquiry #
	200	Dominion	

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant [Signature] Value of Work: **9500.00**

Approval [Signature] Date **12-27-19** Permit fee: **65.03**

Issue date: **12-27-19**



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

Date 12-20-19
Permit # ELI-2019-01155
GPIN
Tax Map

LOCATION

Street Address 831 Lachlan Rd Manakin Sabot Va 23103

PROPERTY OWNERSHIP

Name Strange	Phone 804 357-9450
Mailing Address 831 Lachlan Rd Manakin Sabot Va 23103	Email

APPLICANT

Name Nathan Reeb	Phone 804 239-7354
Address	Email

CONTRACTOR

Name WYLD + Company DBA: Residential Building + Technical Services		Phone	
Mailing Address PO Box 28218 Henrico Va 23228		Email Bob.Rouse@ccsmcast.net	
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 27105149760	Expiration 1-31-21	License Type ECE
		Class A	

DESCRIPTION OF WORK

Wire for Generator 22kw. Transfer switches already installed during new construction

# of Bathrooms	Service Size 400A	Power Company Dominion	Inquiry #
Value of Work (required) \$ 2000			

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: 12-20-19

Approval: Fisher	Office Use Only Approval date: 12-20-19
Permit Fee: 30.00	Issued date: 12-20-19



TRADE PERMIT APPLICATION

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

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Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

Date 12/16/19
Permit # EL-2019-01142
GPIN
Tax Map

LOCATION

Street Address 990 Dover Branch Ln

PROPERTY OWNERSHIP

Name Adam & Jeanine Zubowsky	Phone 1757 679 9154
Mailing Address Same as above	Email Jm251113@gmail.com

APPLICANT

Name	Phone
Address	Email

CONTRACTOR

Name Three Phase Construction	Phone 804 564 1642
Mailing Address 13429 namozine rd amelia va 23002	Email genevincent+8885@gmail.com
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705133904
Expiration 10/31/2020	License Type BLD ELE
Class A	

DESCRIPTION OF WORK

install 22kw propane generator (generac)			
# of Bathrooms	Service Size 200	Power Company DOMINION	Inquiry #
Value of Work (required) \$2100 \$2100			

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: 12/16/2019

Approval: Fisher	Office Use Only
Permit Fee: 31.00	Approval date: 12-16-19
	Issued date: 12-16-19

(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

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Please call or visit our website to calculate fee
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Date 12/10/2019
Permit # EL-2019-01124
GPIN
Tax Map

LOCATION

Street Address 4337 Tabscott Pines Road Columbia, VA 23038

PROPERTY OWNERSHIP

Name Scott Turner	Phone 804-305-0845
Mailing Address 4337 Tabscott Pines Rd. Columbia, VA	Email Setirva@comcast.net

APPLICANT

Name Brian Neditch	Phone 804-266-2429
Address 5608 Greendale Rd. Richmond, VA 23228	Email Brian.n@aceelectriconline.com

CONTRACTOR

Name Ace Electric Company		Phone 804-266-2429	
Mailing Address 5608 Greendale Rd Richmond, VA 23228		Email Brian.n@aceelectriconline.com	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 8835A	Expiration 12-31-2020	License Type Electrical
		Class A	

DESCRIPTION OF WORK

Install a 20kw generator			
# of Bathrooms 3.5	Service Size 600 Amp	Power Company Dominion	Inquiry #
Value of Work (required) \$ 11,650.00			

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: B. Rot Date: 12/10/2019

Approval: Fisher	Office Use Only Approval date: 12-11-19
Permit Fee: 74.881	Issued date: 12-11-19



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:	<input type="checkbox"/> Commercial
	<input checked="" type="checkbox"/> Residential
Trade:	<input type="checkbox"/> Fire
	<input checked="" type="checkbox"/> Electrical
	<input type="checkbox"/> Mechanical
	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Gas

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

Please call or visit our website to calculate fee
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Date	12-4-19
Permit #	ELI-2019-01108
GPIN	
Tax Map	

LOCATION

Street Address	511 Blue Goose Rd. Crozier VA 23039
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PROPERTY OWNERSHIP

Name	Margaret + Martha Zouiden	Phone	
Mailing Address	511 Blue Goose Rd. Crozier VA 23039	Email	

APPLICANT

Name	John Jenkins	Phone	804-221-3001
Address	244 Arcadia St Richmond VA 23215	Email	jjenkhsvei@comcast.net

CONTRACTOR

Name	Universal Electrical Inc.	Phone	804-674-7130
Mailing Address	PO Box 35214 Richmond VA 23235	Email	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	270503591
		Expiration	3.31.20
		License Type	File
		Class	A

DESCRIPTION OF WORK

Install Briggs and Stratton 20KW generator, and 100 amp automatic transfer switch			
# of Bathrooms	Service Size	Power Company	Inquiry #
			SWITCH
Value of Work (required)			
\$12,500.00			

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

Signature of Applicant: Date: 12/4/19

Approval: Fisher	Office Use Only	Approval date: 12-4-19
Permit Fee: 78.80		Issued date: 12-4-19



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Date 7/4/19

Permit # 2018-01046

GPIN 7706-72-0509

Tax Map 57-22-0-c-0

LOCATION

Street Address 1433 SHADY HOLLOW LANE

PROPERTY OWNERSHIP

Name JEREMY LEAH BALL Phone _____

Mailing Address 1496 SEABRIGHT AVE. GROVER BEACH, CA. 93433-2521 Email _____

APPLICANT

Name CHRIS HUMPHREY Phone 794-4877

Address 724 GROVE RD. MIDLITHIAN, VA. 23114 Email CHRIS@HUMPHREYELECTRIC.COM

CONTRACTOR

Name HUMPHREY ELECTRIC CO Phone 794-4877

Mailing Address 724 GROVE RD MIDLOTHIAN, VA. 23114 Email CHRIS@HUMPHREYELECTRIC.COM

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2701017076A</u>	<u>5/21</u>	<u>ELE</u>	<u>A</u>

DESCRIPTION OF WORK

WIRE NEW RESIDENCE 12-11-19 Revision to wire a 22 kW Generac Generator

# of Bathrooms	Service Size	Power Company	Inquiry #
	<u>400</u>	<u>DOMINION</u>	<u>10306239</u>

Value of Work (required) 24,075.00 35025

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: Chris Humphrey Date: 7/4/19

Approval: [Signature] Office Use Only

Permit Fee: 131.92

Approval date: 7-18-19

Issued date: _____

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

(owner's statement on back)