



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: 12-18-20

Permit Number: BP-2019-01182

GPIN/Tax Map: 7723-46-6425

Issued: 2-3-2020

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>14 Partridge Hill Road, Richmond, VA 23238</u>	
	Owner <u>Marshall Norton</u>	Phone # <u>8047845523</u>
	Address Same	Email

APPLICANT INFORMATION	Applicant/Contact <u>Jim Glave</u>		Phone # <u>8043373978</u>
	Address <u>P.O.Box 1052 Ashland, VA 23005</u>		Email <u>jim@glaveconstruction.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Partridge Hill</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from Rev</u>	Center Line Setback	Rear Setback <u>35</u>	CUP/Variance/COA
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>1/2/20</u> RI			

CONTRACTOR INFORMATION	Contractor <u>Glave Construction, Inc</u>		Phone <u>8043373978</u>
	Address <u>P.O.Box 1052 Ashland, VA 23005</u>		Email <u>jim@glaveconstruction.com</u>
	Contractor License Number <u>2705113166</u>	Type <u>A</u>	Expiration <u>2-28-2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build 9 x 14 master bedroom closet with crawl space.</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>126</u>	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$14,000</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 12-18-20

Application Fee	\$ <u>75.00</u>
State Levy Fee	\$ <u>1.50</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>101.50</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 1-15-20

Permit Number: BP-2020-00030 Biz License

GPIN/Tax Map: 7116-67-2925 / 41-1-0-29-0

Issued: 2-11-20

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>1842 Manakin Rd. Manakin Sabot VA. 23103</u>	
	Owner <u>Scott & Laurie Pettit</u>	Phone #
	Address	Email

APPLICANT INFORMATION	Applicant/Contact <u>804 201 7008 David Moore</u>	Phone # <u>804 201 7008</u>
	Address <u>1134 Bickerstaff Rd. Richmond VA. 23231</u>	Email <u>mooredone804@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' From Row</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>24'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer <u>David Ford</u> Date <u>1/15/2020</u> A2			

CONTRACTOR INFORMATION	Contractor <u>Moore Done LLC</u>		Phone <u>804 201 7008</u>
	Address <u>1134 Bickerstaff Rd. Richmond VA. 23231</u>		
	Contractor License Number <u>2705173661</u>	Type <u>CLASS A ABC</u>	Expiration <u>10/31/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Adding a, 10x20' Master Bathroom and closet. Tub, shower, Double vanity.</u>				
	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 <u>1</u>	# of Bedrooms <u>0</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>480</u>	Unfinished Sq. Ft. <u>160</u>	Total Sq. Ft. <u>640</u>		

Building Only - Excludes All Trades Permits Value of Work <u>\$64,200.00</u>		Application Fee \$ <u>300.90</u> State Levy Fee \$ <u>6.03</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>331.92</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>1/13/2020</u>		



BUILDING PERMIT APPLICATION

Application Date: 1-28-20Permit Number: BP 202000073GPIN/Tax Map: 6759-98-0092/21-9-0-49-0Issued: 2-11-20This 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>2690 Parkhouse Ct Sandy Hook VA 23153</u>	
	Owner <u>Chris & Mindy Bushel</u>	Phone # <u>804-514-3253</u>
	Address <u>Same as site address</u>	Email <u>BUSHER13@COMCAST</u>
APPLICANT INFORMATION	Applicant/Contact <u>Same as above</u>	
	Address <u>Same as above</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>High Grove</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>15' / 35'</u>	Side Setback <u>15' / 35'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Lloyd</u> Date <u>1/30/2020</u> RR	Planning & Zoning Officer		

CONTRACTOR INFORMATION	Contractor <u>Chris Bushel - owner</u>		Phone <u>804-514-3253</u>
	Address <u>2690 Parkhouse Ct</u>		Email <u>BUSHER13@COMCAST</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>2 Story Attached Garage</u> <u>Home Office above w/ finished</u>			
	Proposed Use <u>Garage / Office</u>	Current Use <u>N/A</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</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>
	Finished Sq. Ft. <u>870</u>		Unfinished Sq. Ft. <u>622</u>	Total Sq. Ft. <u>1492</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>389.91</u>
Value of Work <u>135,000 \$83,980.00</u>		State Levy Fee \$ <u>7.80</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.		Septic/Well Fee \$ _____
Signature of Applicant <u>[Signature]</u>	Date <u>1-6-20</u>	Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>422.71</u>



BUILDING PERMIT APPLICATION

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

Application Date: 01/16/2020

Permit Number: BP-2020-000661

GPIN/Tax Map: 6778-18-8632/31-1-0-83-0

Issued: 2-18-2020

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 2453 Maidens Road Maidens, VA 23102	
	Owner Gail Courville	Phone # (804)212-8001
	Address 2453 Maidens Road Maidens, VA 23102	Email gbcca@aol.com

APPLICANT INFORMATION	Applicant/Contact Britney Myers		Phone # (804)299-3296
	Address 11044 Richardson Rd. Ste. A29 Ashland, VA 23005		Email britney.myers@pegalte.com

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

CONTRACTOR INFORMATION	Contractor PEG Alternative Energy, Inc.		Phone (804)299-3296
	Address 11044 Richardson Rd. Ste. A29		Email britney.myers@pegalte.com
	Contractor License Number 2705159755	Type AES, ELE	Expiration 04/30/2021

DESCRIPTION OF WORK	Scope of Work: 29 photovoltaic panels grid-tied, roof mounted with utility.				
	Proposed Use Roof top solar	Current Use Residence	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ 5436
Value of Work	\$9,413.75	State Levy Fee \$ 1.09
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 \$ 55.45
Signature of Applicant	Britney Myers	Date 01/16/2020

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 0 CONSTRUCTION TYPE VB OCCUPANY LOAD 0 CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL Bo Hall DATE 2/11/20
Code Official



BUILDING PERMIT APPLICATION

Application Date: Jan. 27 2020

Permit Number: BP-2020-00070

GPIN/Tax Map: 6777.07.4834

Issued: 2-11-2020

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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 P.O. Box 119
 Goochland, VA 23063
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Residential Commercial

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OWNER INFORMATION	Site Address <u>2332 Lanes End Pl.</u>	Phone #
	Owner <u>Melissa Dayton</u>	
	Address <u>h</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Danny Queensberry</u>	Phone #
	Address <u>2538 Fairground Rd. Maidens VA 23102</u>	Email <u>deltadeckcompany@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lanes End</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>25'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <u>[Signature]</u> Date: <u>1/30/2020</u> RP			

CONTRACTOR INFORMATION	Contractor <u>Delta Deck Company</u>	Phone <u>804.241.3920</u>
	Address <u>2538 Fairground Rd.</u>	
	Contractor License Number <u>2705161359</u>	Type <u>Class A 'RBC' 'HIC'</u>

DESCRIPTION OF WORK	Scope of Work: <u>building 20 x 14 deck one level, and and 22 x 14' lower deck</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>588</u>	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>61.50</u>
Value of Work	<u>11,000</u>	State Levy Fee	\$ <u>1.23</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>87.73</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>1-27-20</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 R5 # STORIES _____ CONSTRUCTION TYPE VB OCCUPANY LOAD _____ CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL R. Hill DATE 2/11/20

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: 01/16/2020

Permit Number: BP-2020-00061

GPIN/Tax Map: 6778-18-8632/31-1-0-83-0

Issued: 2-11-2020

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 2453 Maidens Road Maidens, VA 23102	
	Owner Gail Courville	Phone # (804)212-8001
	Address 2453 Maidens Road Maidens, VA 23102	Email gbcca@aol.com

APPLICANT INFORMATION	Applicant/Contact Britney Myers		Phone # (804)299-3296
	Address 11044 Richardson Rd. Ste. A29 Ashland, VA 23005		Email britney.myers@pegalte.com

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

CONTRACTOR INFORMATION	Contractor PEG Alternative Energy, Inc.		Phone (804)299-3296
	Address 11044 Richardson Rd. Ste. A29		Email britney.myers@pegalte.com
	Contractor License Number 2705159755	Type AES, ELE	Expiration 04/30/2021

DESCRIPTION OF WORK	Scope of Work: 29 photovoltaic panels grid-tied, roof mounted with utility.				
	Proposed Use Roof top solar	Current Use Residence	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ 54.36
Value of Work	\$9,413.75	State Levy Fee	\$ 1.09
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>Britney Myers</u> Date 01/16/2020		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 55.45

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 0 CONSTRUCTION TYPE VB OCCUPANY LOAD 0 CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL Bre Hall DATE 2/11/20
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: 2-14-2020

Permit Number: BP-2020-00124

GPIN/Tax Map: 6778-42-3139 / 43-9-0A-D

Issued: 2-20-20

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>2145 Via Oak La Marquis Ave. 23102</u>	
	Owner <u>Thomas Smith (Minn)</u>	Phone # <u>804-556-4470</u>
	Address <u>None</u>	Email <u>None</u>
APPLICANT INFORMATION	Applicant/Contact <u>Owner</u>	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>None</u>	Date Paid
	Front Setback <u>55' From Prop. Line</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Dennis Boyd</u> Date <u>2/18/2020</u> A2			

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

DESCRIPTION OF WORK	Scope of Work: <u>20' x 20' CARPORT</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>400 SQ. FT.</u>	Total Sq. Ft. <u>400 SQ. FT.</u>		

Building Only - Excludes All Trades Permits

Value of Work 2000-6000.00

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 Thomas Smith Date 2-14-20

Application Fee	\$ <u>39.00</u>
State Levy Fee	\$ <u>.78</u>
Septic/Wall Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>64.78</u>



BUILDING PERMIT APPLICATION

Application Date: 2-18-2020 ^{received} 2-18-20

Permit Number: BP-2020-00141

GPIN/Tax Map: 7733-05-5441/ 67-10-0-11-0

Issued: 2-20-2020

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: 20 Lower tuckahoe Rd. West. Rich. 23238

Owner: Kellie & Bob Hillb Phone #: 804-564-1175

Address: same Email: kellieeh@comcast.net

APPLICANT INFORMATION
Applicant/Contact: Kellie Hillb Phone #: 804-564-1175

Address: same Email: kellieeh@comcast.net

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

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION
Contractor: Owner Phone: _____

Address: _____ Email: _____

Contractor License Number _____ Type _____ Expiration _____

DESCRIPTION OF WORK
Scope of Work: Approx 100 square feet total - Replace existing porch #1, Close in existing porch #2 using existing foundation

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>none</u>		
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>4</u>	# of Bedrooms <u>5</u>	# of floors <u>3</u>
Finished Sq. Ft. <u>5000</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>5000</u>		

Building Only - Excludes All Trades Permits
Value of Work: \$5000 -

Application Fee	\$ <u>34.50</u>
State Levy Fee	\$ <u>.69</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>35.19</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: 2-18-20



BUILDING PERMIT APPLICATION

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

Application Date: 2-14-2020

Permit Number: BP-2020-00126

GPIN/Tax Map: 6777-08-6745/43-24-0-11-0

Issued: 2-19-20

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>2017 Shade Hunter Ln, Maidens, VA 23102</u>	
	Owner <u>Michael Darryl Nixon</u>	Phone # <u>804-437-0870</u>
	Address <u>2017 Shade Hunter Ln, Maidens, VA 23102</u>	Email <u>nixoncrva@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Same</u>	
	Address <u>Same</u>	Phone # <u>" "</u>
		Email <u>" "</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/Varlance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
Planning & Zoning Officer _____ Date _____				

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

DESCRIPTION OF WORK	Scope of Work: <u>Remove 11' of interior wall and install Drop Beam Support.</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	# of Bathrooms <u>2 1/2</u>	# of Bedrooms <u>3</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>1600</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>1600</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>200.00</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: 02/14/2020

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>.60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>30.60</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 M. Darryl Nixon of (address) 2017 Shade Hunter Ln, Martins VA 23102 affirm that I am the owner of a certain tract of parcel of land located at 2017 Shade Hunter Ln Martins VA 23102 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.

M. Darryl Nixon 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 B. Hall DATE 2/18/20

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: 2-4-2020

Permit Number: BP-2020-00097

GPIN/Tax Map: 6758-61-8050/42-31-B-5-0

Issued: 2-19-20

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>2434 Saddlebrook Drive</u>	
	Owner <u>Ardra J & Kelley D Walker</u>	Phone # <u>5409053516</u>
APPLICANT INFORMATION	Address <u>2434 Saddlebrook Drive</u>	
	Applicant/Contact <u>Kelley Walker</u>	Email <u>keljoew1@gmail.com</u>
APPLICANT INFORMATION	Address <u>2434 Saddlebrook Drive</u>	
	Phone # <u>Same</u>	Email <u>Same</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Holland Hills</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
Planning & Zoning Officer <u>David Floyd</u>		Date <u>2/6/2020</u>		<u>RI</u>

CONTRACTOR INFORMATION	Contractor <u>MIA Solutions Kate Owner</u>		Phone _____
	Address _____		Email _____
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: <u>16x40 Inground Pool & Black-Pool Fence</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>640</u>	Total Sq. Ft. <u>640</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 10,000 17,600</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: Kelley Walker Date: 2/13/20

Application Fee	\$ <u>91.20</u>
State Levy Fee	\$ _____
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>118.02</u>



BUILDING PERMIT APPLICATION

Application Date: 5 FEB 2020

Permit Number: BP-2020-00099

GPIN/Tax Map: 6736-41-8514

Issued: 2-19-20

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 1140 BARBARA LANE	
	Owner BARBARA JOHNSON	Phone # 804-926-8042
	Address 3420 PUMP RD #267 HENRICO 23233	Email BJ7educate@yahoo.com

APPLICANT INFORMATION	Applicant/Contact BARBARA JOHNSON	Phone # 804-926-8042
	Address 3420 PUMP RD #267 HENRICO 23233	Email BJ7educate@yahoo

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

CONTRACTOR INFORMATION	Contractor OWNER	Phone 804-926-8042
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: FINISH BASEMENT - MEDIA ROOM - EXERCISE ROOM - BATH ROOM - ENTERTAINMENT ROOM				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> Public/ <input type="checkbox"/> Private	<input type="checkbox"/> Public/ <input type="checkbox"/> Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. 1232 SQ FT	Unfinished Sq. Ft.	Total Sq. Ft. 1232 SQ FT.		

Building Only - Excludes All Trades Permits

Value of Work \$60,000

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

Signature of Applicant _____ Date 5 Feb 2020

Application Fee	\$ 282.00
State Levy Fee	\$ 5.64
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 287.64



BUILDING PERMIT APPLICATION

Application Date: 2/11/2020

Permit Number: BD-2020-00118

GPIN/Tax Map: 7111-42-1056 / 47-20-0-B-1

Issued: 2-13-20

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>2168 Manakin Rd</u>	
	Owner <u>Lanaan C Stage</u>	Phone # <u>315 767 4483</u>
	Address <u>2168 Manakin Rd</u>	Email <u>barkerstage@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Lanaan C Stage</u>	
	Address <u>2168 Manakin Road</u>	Phone # <u>315 767 4483</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/Varlanace/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer _____ Date _____			

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

Scope of Work: Finish off existing ATTIC with plumbing roughed in under ORIGINAL permit. Bonus Rm, Rec Room, bathroom

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>one</u>	# of Bedrooms	# of floors <u>one</u>
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. <u>1034</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$28,000</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 2.10.2020

Application Fee	\$ <u>138.00</u>
State Levy Fee	\$ <u>2.76</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>140.76</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: 1-7-2020

Permit Number: BP-2020-00018

GPIN/Tax Map: 6798-40-6508

Issued: 2-13-2020

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.

Site Address DRIVE
1171 Tricounty Road, Old Dominion Industrial Park, Goochland, County

Owner: Homescapes, LTD - Hart Holding LLC Phone # 804-359-4710

Address: 8619 Telegraph Road, Glen Allen, VA 23060 Email: mike@homescapesltd.com

Applicant/Contact: Jones Realty and Construction Phone # 804-363-7078

Address: 1058 Technology Park Drive, Glen Allen, VA 23059 Email: jimmy@jonescorporations.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Old Dominion Industrial Park</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Front Setback: <u>20' from road</u>	Center Line Setback	Rear Setback: <u>30'</u>	CUP/Variance/COA: <u>POD-2019-00029</u>
Side Setback: <u>10'</u>	Side Setback: <u>10'</u>	Flood Zone		

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Lloyd Date: 1/31/2020 M2

Contractor: Jones Realty and Construction Phone: 804-363-7078

Address: 1058 Technology Park Drive, Glen Allen, VA 23058 Email: jimmy@jonescorporations.com

Contractor License Number: 2701003757 Type: Class A Expiration: 10/31/2021

Scope of Work: HOMESCAPES
4,800 Sf metal building with offices and warehouse

DESCRIPTION OF WORK	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	Office/Warehouse		# of Bathrooms	# of Bedrooms	# of floors
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	<u>2</u>	<u>0</u>	<u>2</u>
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			
<u>4800 sf</u>	<u>760 sf</u>	<u>5560 sf</u>			

Building Only - Excludes All Trades Permits

Value of Work: \$395,867.00

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: _____ Date: 1-7-20

Application Fee	\$ <u>2969.00</u>
State Levy Fee	\$ <u>59.38</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>100.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>3128.38</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, MICHAEL HART of (address) 8619 TELEGRAPH RD. affirm that I am the owner of a certain tract of parcel of land located at 1171 TRICOUNTY DR. 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.

[Signature] 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 B/SI # STORIES 2 CONSTRUCTION TYPE IRB OCCUPANY LOAD 30 CODE EDITION 2015

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 2/11/2020
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: 12.03.19

Permit Number: *BP-2019-01109*

GPIN/Tax Map: 47-33-0-17-017727-48-4385

Issued: *2-19-20*

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 <i>2357</i> Graystone Court Rockville Commerce Center	
	Owner JBWC LLC	Phone # 804-672-2887
	Address 11048 Slenderleaf Drive Glen Allen, VA 23060	Email david@weededlawnservice.com

APPLICANT INFORMATION	Applicant/Contact Gray Construction and Realty Co., Inc.	
	Address 6767 Forest Hill Avenue Suite 224 Richmond VA 23225	Phone # 804-272-0091
		Email John@grayconstructionva.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Rockville Commerce Center</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>20' from RUL</i>	Center Line Setback	Rear Setback <i>30'</i>	CUP/Variance/COA
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David Ford</i> Date <i>12/12/19</i> <i>m2</i>			

CONTRACTOR INFORMATION	Contractor Gray Construction and Realty Co., Inc.		Phone 804-272-0091
	Address 6767 Forest Hill Avenue Suite 224 Richmond VA 23225		Email John@grayconstructionva.com
	Contractor License Number 2701021755	Type Class A <i>RBC-CBC</i>	Expiration <i>10-31-20</i>

DESCRIPTION OF WORK	Scope of Work: Build new 9,600 square foot metal building with warehouse/garage space and business area. <i>for Weeded Lawn Care Service</i>				
	Proposed Use Weeded Lawn Service Building	Current Use None	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 3	# of Bedrooms 0	# of floors 1/w mezzanine
	Finished Sq. Ft. 9,600:00	Unfinished Sq. Ft. 0	Total Sq. Ft. 9,600.00		
	Building Only - Excludes All Trades Permits				

Value of Work	600,000.00 <i>633,600.00</i>	Application Fee	\$ <i>475.20</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>John Ford</i> Date: <i>12/03/19</i>		State Levy Fee	\$ <i>95.04</i>
		Septic/Well Fee	\$
		Zoning Fee	\$ <i>-100.00</i>
		RLD	\$
		SWP	\$
		Total	\$ <i>4947.04</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 B/31 # STORIES 1 CONSTRUCTION TYPE VB OCCUPANY LOAD 54 CODE EDITION 2015

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 2/14/2020
Code Official



BUILDING PERMIT APPLICATION

Application Date: 12-20-19

Permit Number: BP-2019-01158

GPIN/Tax Map: 6804-66-5307/1-1-0-22-K

Issued: 2-24-20

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>5270 DUAL ROAD KENTS STORE, VA 23084</u>	
	Owner	<u>CHARLES E PASCHALL</u>	
	Address	Phone #	<u>804-239-6734</u>
APPLICANT INFORMATION	Applicant/Contact	<u>PowerStorics 4x4 UB @ AOL.com</u>	
	Address	Phone #	
	Address	Email	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>None</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> </u>	<u> </u>
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>55' from Property Line</u>	<u> </u>	<u>5'</u>	
Side Setback	Side Setback	Flood Zone		
	<u>5'</u>	<u> </u>		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Official <u>David Ford</u> Date <u>1/8/2020</u>				

CONTRACTOR INFORMATION	Contractor	Phone
	<u>Virginia Custom Buildings Owner</u>	
	Address	Email
	<u>280 Broad Street Road</u>	
Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>24'x40' enclosed Building.</u>		
	<u>Install metal Building for Storage on Slab already in place.</u>		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	<u>Storage</u>		
	SEWER	WATER	# of Bathrooms
<input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> Public/Private <input type="checkbox"/>	<u>0</u>	
# of Bedrooms	# of floors		
<u>0</u>	<u>0</u>		
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
<u>1</u>	<u>960</u>	<u>960</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>130.80</u>
Value of Work	<u>\$26,400</u>	State Levy Fee	\$ <u>2.62</u>
<u>\$180</u>		Septic/Well Fee	\$ <u> </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.		Zoning Fee	\$ <u>2500</u>
Signature of Applicant	<u>Charles E Paschall</u>	RLD	\$ <u> </u>
Date	<u>12-20-2019</u>	SWP	\$ <u> </u>
		Total	\$ <u>15842</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: 2/17/2020

Permit Number: BP-2020-001410

GPIN/Tax Map: 6787-39-5638 / 44-16-0-9-0

Issued: 2-24-2020

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 Rd., Maidens, VA 23102

Owner: Stephen Bassett Phone #: 804-651-1026

Address: 1600 Horsepen Hills Rd., Maidens, VA 23102 Email: smbassett@yahoo.com

APPLICANT INFORMATION
 Applicant/Contact: Stephen Bassett Phone #: 804-651-1026

Address: 1600 Horsepen Hills Rd., Maidens, VA 23102 Email: smbassett@yahoo.com

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

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION
 Contractor: Homeowner Phone: 804-651-1026

Address: 1600 Horsepen Hills Rd., Maidens, VA 23102 Email: smbassett@yahoo.com

Contractor License Number _____ Type _____ Expiration _____

DESCRIPTION OF WORK
 Scope of Work: Replace center load bearing wall on first floor with steel beam. Kitchen remodel.

Proposed Use Private	Current Use Private	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A
<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms: 2.5
Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms: 4
		# of floors: 2
		Total Sq. Ft.

Building Only - Excludes All Trades Permits

Value of Work: \$40,000

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: *[Signature]* Date: 2/17/2020

Application Fee	\$ 192.00
State Levy Fee	\$ 3.84
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ 195.84

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: _____

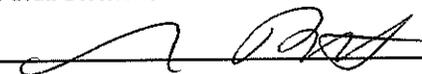
OWNER'S STATEMENT

I Stephen Bassett of (address) 1600 Horsepen Hills Rd., Maidens, VA 23102 affirm that I am the owner of a certain tract of parcel of land located at 1600 Horsepen Hills Rd., Maidens, VA 23102 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

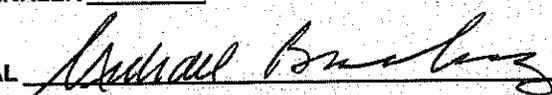
Commercial fee is based on the building value of the job \$0 to \$ 4000 of value.... \$ 30.00 + \$ 7.50 per portion of \$ 1000 above \$ 4000
Add 2% State Levy to fee

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 R5 # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD — CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL  DATE 2.21.20
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: 1.15.20
 Permit Number: BP-2020-00032
 GPIN/Tax Map: 7704-85-1294/62-38-0-39-1
 Issued: 2-25-20
 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>301 Libby Hill Ct</u>	
	Owner <u>Dave Turner</u>	Phone # <u>804-356-0287</u>
APPLICANT INFORMATION	Address <u>301 Libby Hill Ct Manakin-Sabot</u>	
	Applicant/Contact <u>JACK BERGMAN</u>	Email <u>dave.turner71@gmail.com</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>17801 Hull St Rd Moseley VA 23120</u>	
	Applicant/Contact <u>JACK BERGMAN</u>	Phone # <u>804-744-1001-0</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No
	Front Setback	Center Line Setback
	Side Setback	Side Setback
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	
Planning & Zoning Officer _____ Date _____		

TO BE COMPLETED BY ZONING DEPARTMENT	Amount	Date Paid
	Rear Setback	CUP/Variance/COA
	Flood Zone	

CONTRACTOR INFORMATION	Contractor <u>DBA JB Contracting Inc The Deck Tech</u>	Phone <u>804-744-1001</u>
	Address <u>17801 Hull St Rd Moseley VA 23120</u>	Email <u>jack@thedeck-tech.com</u>
	Contractor License Number <u>2705127080</u>	Type <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>remove existing deck and build a new 11'6" x 14 Screen Porch w/ new footers staying within same foot print</u>		
	Proposed Use <u>Single Family</u>	Current Use <u>Single Family</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	<input checked="" type="checkbox"/> SEWER <input type="checkbox"/> Public/Private	<input checked="" type="checkbox"/> WATER <input type="checkbox"/> Public/Private	# of Bathrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. <u>240'</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>147.00</u>
Value of Work <u>\$ 20,000⁰⁰</u>		State Levy Fee \$ <u>2.94</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>[Signature]</u> Date: <u>1.15.20</u>		Septic/Well Fee \$ <u>—</u>
		Zoning Fee \$ <u>—</u>
		RLD \$ <u>—</u>
		SWP \$ <u>—</u>
		Total \$ <u>149.94</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

Residential Commercial

Application Date: 1-9-2020

Permit Number: BP-2020-00020

GPIN/Tax Map: 6840-28-6521 / 20-5-0-C-0

Issued: 2-25-20

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>3684 Cedar Plains Rd Sandy Hook VA 23155</u>	
	Owner <u>Steven W. Sikes</u>	Phone # <u>804-690-8726</u>
	Address <u>3690 Cedar Plains Rd, Sandy Hook, VA</u>	Email <u>lisa@sikes0721@aol.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>same as above</u> <u>23153</u>	Phone # <u>aol.com</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>NIA</u> <u>OWNER</u>	Phone
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>1996 Skyline Vehicle # 2N1111431</u> <u>Place mobile home on property</u> <u>singlewide</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1</u>	# of Bedrooms <u>3</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>894</u>	Unfinished Sq. Ft. <u>50</u>	Total Sq. Ft. <u>894 + 50 = 946</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$1500</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: 1-9-2020

Application Fee	\$ <u>24.50</u>
State Levy Fee	\$ <u>69</u>
Septic/Well Fee	\$ <u>0</u>
Zoning Fee	\$ <u>30.00</u>
RLD	\$ <u>0</u>
SWP	\$ <u>0</u>
Total	\$ <u>123.50</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, Steven W Sikes of (address) 3690 Cedar Plains Rd Sandy Hook VA 23155 affirm that I am the owner of a certain tract of parcel of land located at Goodland 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 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 _____ #STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL _____ 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

Residential Commercial

Application Date: 02/05/2020

Permit Number: BP-2020-00112

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

Issued: 48-1-0-10-A / 48-1-0-41-0
2-25-20

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 2215 Ashland Road Rockville 23146	
	Owner Luck Stone . / Doug Quarles	Phone # 504-850-2128
	Address PO Box 101 Mankin Sabot VA. 23103	Email Doug.quarles@luckcompanies.com
APPLICANT INFORMATION	Applicant/Contact Allan Myers . Rob Schwear	
	Address 301 Concourse Blvd. Glen Allen Va. 23146	Phone # 804-290-8581 Email Rob.Schwear@Allanmyers.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>25' from Prop. Line</u>	Center Line Setback —	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>Dave [Signature]</u> Date <u>2/12/2020</u> <u>MA</u>			

CONTRACTOR INFORMATION	Contractor Allan Myers VA. Inc		Phone 804-290-8581
	Address 301 Concourse Blvd. Glen Allen Va. 23059		Email Rob.schwear@allanmyers.com
	Contractor License Number 2701009872	Type Class A	Expiration 12/31/2020

DESCRIPTION OF WORK	Scope of Work: Construction of one asphalt silos				
	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 0	# of Bedrooms 0	# of floors 0
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	Building Only - Excludes All Trades Permits				

Value of Work	\$750,000	Application Fee	\$ <u>5,625.00</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>[Signature]</u> Date <u>2-7-2020</u>		State Levy Fee	\$ <u>112.50</u>
		Septic/Well Fee	\$ <u>—</u>
		Zoning Fee	\$ <u>100.00</u>
		RLD	\$ <u>—</u>
		SWP	\$ <u>—</u>
		Total	\$ <u>5,837.50</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: 02/18/2020

Permit Number: DP-2020-00133

GRIN/Tax Map: 6795-32-3435/61-2-0-A-0

Issued: 2-26-20

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 786 Dover Road <u>Manakin Sabot, VA. 23103</u>	Phone # 434-409-2857
	Owner Alexander & Rossie Fisher <u>PROOKNEW FARM LLC.</u>	
	Address <u>P.O. BOX 126, MANAKIN SABOT, VA. 23103.</u>	Email

APPLICANT INFORMATION	Applicant/Contact Bauhan Custom Builders, Inc./Johnny Bauhan	Phone # 970-274-04466
	Address 1641 Genito Lane, Manakin-Sabot, VA 23103	Email jbauhan@bauhancustombuilders.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: Daniel Floyd Date: 2/18/2020 A2

CONTRACTOR INFORMATION	Contractor Bauhan Custom Builders, Inc.	Phone 970-274-0466
	Address 1641 Genito Lane, Manakin-Sabot, VA 23103	jbauhan@bauhancustombuilders.com
	Contractor License Number 2705137373	Type class A

DESCRIPTION OF WORK	Scope of Work: interior remodel and addition of an exterior door to a new wood deck. Addition of a double window. <u>Expanding kitchen & reworking bathroom</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 2	# of Bedrooms 3	# of floors 2
	Finished Sq. Ft. 1436	Unfinished Sq. Ft. <u>264</u>	Total Sq. Ft. 1436 <u>264</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>462.00</u>
Value of Work 100,000		State Levy Fee \$ <u>9.24</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>2/18/20</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>496.24</u>



BUILDING PERMIT APPLICATION

Application Date: 2-25-20

Permit Number: BP-2020-00164

GPIN/Tax Map: 6181-23-4700/44-17-0-3-0

Issued: 2-26-20

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>Alexander Hicks 1746 Sheppardtown rd crozier va 23039</u>		
	Owner	Phone #	<u>804 350 2291</u>	
	Address	Email		

APPLICANT INFORMATION	Applicant/Contact	Phone #		
	Address	Email		

1746 Same
Same 1742 Sheppardtown rd crozier va

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	Phone		
	Address	Email		
	Contractor License Number	Type	Expiration	

Owner

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

Building Only - Excludes All Trades Permits

Value of Work	<u>1,000</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 Alexander Hicks Date 2-21-20

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>.60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
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: **RECEIVED**
2-20-2020

Permit Number: BP-2020-00165

GPIN/Tax Map: 6841-70-1491/20-1-0-53-B

Issued: 2-27-2020

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>3070 COOLEY ROAD Gum Springs, VA 23065</u>	Phone # <u>804 869 8595</u>
	Owner <u>JEFFREY CONLEY</u>	Email <u>_____</u>
	Address <u>3070 COOLEY ROAD</u>	Phone # <u>804 869 8595</u>
APPLICANT INFORMATION	Applicant/Contact <u>SAME</u>	Email <u>_____</u>
	Address <u>SAME</u>	Phone # <u>804 869 8595</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>SELF WORK</u>	Phone <u>804 869 8595</u>
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>FILL IN POOL</u>					
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>			
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms <u>NONE</u>	# of Bedrooms	# of floors	
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			

Building Only - Excludes All Trades Permits

Value of Work	<u>2,000.00</u>
---------------	-----------------

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>1.60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>30.60</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 J Conley Date 2-20-2020

graysonj@htcsi.com

BUILDING PERMIT APPLICATION

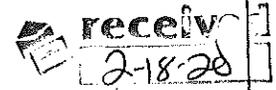
Goochland County Building Inspection Department

P.O. Box 119

Goochland, VA 23063

(804)556-5305 Fax (804)556-5651 TDD (804)556-5300

Application Date: 2/17/2020
 Tax Map Number: 5-20-0-5-0
 GPIN Number: 6823-25-6855
 Permit Number: BP-2020-00142
 Fee:
 Issue Date: 2-27-2020



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: 4173 Drew Ridge Dr. Louisa, VA 23093	District:
	Owner: Bryant & Jill Clark	Phone #:
	Address: Same	

USE COMPLIANCE REQUIREMENTS	PROPOSED USE:	CURRENT USE:	EXISTING BUILDINGS ON PROPERTY: Yes	
	PROPOSED OCCUPANT LOAD:	LOT SIZE:	COMMERCIAL USE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	SUBDIVISION: Shelton Ridge	Proffer: Y/N	Amount: _____ Date Paid: _____	
	NEW STREET ADDRESS:	ZONING DISTRICT: RPR		
	FRONT SETBACK: 55' from Prop. Line	CENTER LINE SETBACK:	REAR SETBACK: 5'	G.U. PERMIT: _____ VARIANCE: _____
	SIDE SETBACK: 5'	SIDE SETBACK: 5'	CENSUS TRACK: _____	FLOOD ZONE: _____

APPROVED REJECTED COMMENTS:

This application requires 2 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: Dennis Lloyd 2/21/2020

CONTRACTOR INFORMATION	CONTRACTOR: Johnson Construction Co Inc.	PHONE: 804-387-3060	
	ADDRESS: P.O. Box 205 Rockville VA 23146		
	CONTRACTOR LICENSE NUMBER: 2705100885	TYPE: BLD A	EXPIRATION: 5/31/2020
	SCOPE OF WORK: New detached garage		

DESCRIPTION OF WORK	CONSTRUCTION TYPE:		ADDING ADDITION	Y/N
	SEWER PUBLIC / PRIVATE		ADDING KITCHEN	Y/N
	WATER PUBLIC / PRIVATE		ADDING BEDROOMS	Y/N #
	# OF FLOORS	TOTAL SQ. FT.	FINISHED SQ. FT.	UNFINISHED SQ. FT.
			0	672
	USE FOR FARM USE EXEMPTION		ACREAGE	# OF BEDROOMS

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

VALUE OF STRUCTURE

BUILDING	40,000
----------	--------

Excludes All Trades Permits

PERMIT FEE SCHEDULE: Residential fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above: \$4000 \$4.50 per \$1000 of Assessed value. Add 1.75% state levy to fee.
 Commercial fee is based on the building value of the job. \$0 to \$4000 of value.....\$30.00 Above: \$4000 \$7.50 per \$1000 of assessed value. Add 1.75% state levy to 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.

Signature of Applicant: [Signature]

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 38.88.01 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: Old Republic TELEPHONE: 804-281-7490
 MAILING ADDRESS: 1800 Bayberry Ct. Richmond, VA 23226

**IN LIEU OF AN EROSION AND SEDIMENT CONTROL PLAN FOR A SINGLE FAMILY RESIDENCE
 A STONE DRIVE-WAY MUST BE INSTALLED BEFORE ANY CONSTRUCTION IS TO BEGIN.**

OWNERS AFFIDAVIT

I, _____ OF (address) _____ AFFIRM THAT I AM THE
 OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ AND THAT I HAVE
 APPLIED FOR A BUILDING PERMIT. I AFFIRM THAT I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR
 SUBCONTRACTOR AS REQUIRED BY SECTION 54.1-1111 OF THE CODE OF VIRGINIA. _____ OWNER

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

(NOTARY)

ISSUANCE OF THIS BUILDING PERMIT DOES NOT CONSTITUTE AN APPROVAL OF SOIL CONDITIONS OR SITE
 SUITABILITY BY THE COUNTY. THE APPLICANT IS RESPONSIBLE FOR CONDUCTING ANY SOIL TESTS OR ENGINEERING
 TESTS APPLICANT DEEMS NECESSARY TO IDENTIFY AREAS CONTAINING SHRINK-SWELL SOIL OR GEOLOGICAL
 CONDITIONS.

APPLICANT SIGNATURE

AS THE PROPERTY OWNER(S) ON WHICH YOUR BUILDING OR STRUCTURE IS TO BE LOCATED, YOU ARE RESPONSIBLE
 FOR LOCATING YOUR PROPERTY LINES TO ASSURE THAT THE COUNTY SET-BACK LINES WILL NOT BE VIOLATED. IF YOU ARE
 NOT ABSOLUTELY CERTAIN AS TO THE EXACT LOCATION OF YOUR PROPERTY LINES, IT IS STRONGLY RECOMMENDED
 THAT YOU OBTAIN THE SERVICES OF A SURVEYOR TO DO SO. IF YOU ARE MISTAKEN REGARDING YOUR PROPERTY LINE
 LOCATIONS AND VIOLATE THE SET-BACK LINE REQUIREMENTS, YOU MAY BE FORCED TO MOVE YOUR BUILDING AND
 STRUCTURE AT YOUR OWN EXPENSE.

I (WE) HEREBY ACKNOWLEDGE RECEIPT OF THIS NOTICE AND ASSUME ALL RISKS REGARDING PROPERTY LINE
 LOCATIONS IN THE EVENT I (WE) DECIDE NOT TO OBTAIN A SURVEY OF MY PROPERTY LINES.

DATE _____

DATE _____

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION

I CERTIFY THAT THIS STRUCTURE HAS BEEN INSPECTED FOR ASBESTOS AND COMPLIES WITH THE CODE OF VIRGINIA
 S36.99.7 AND THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTIONS 105.10 AND 121.1.1.

OWNER _____

Code editor 2015

USE <u>RS</u>	USE TYPE CODE _____	CONSTRUCTION TYPE <u>VB</u>	OCCUPANT LOAD _____
APPROVAL <u>B. Hill</u>	CODE OFFICIAL _____	DATE <u>2/26/20</u>	



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 4/27/18
Permit Number: BP-2018-00324
GPIN/Tax Map: 6-1-0-21-B/6833-01-4708
Issued: 2-27-2020
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 <u>4344 OLD FREDERICKSBURG ROAD, HADENSVILLE, VA 23067</u>	Phone # <u>397-3411</u>
	Owner <u>Goochland Drive-1a</u>	Email <u>jheidel@goochlandva.com</u>
	Address <u>John Heibel</u>	Phone # <u>---</u>
APPLICANT INFORMATION	Applicant/Contact <u>PO BOX 133</u>	Email <u>---</u>
	Address <u>SANDY HOOK, VA 23153</u>	Phone # <u>---</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>56' off property line</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	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>A. Banner</u> Date <u>4-30-2018</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>METAL SHED FROM LOWE'S 10x14 to store maintenance supplies & water tank</u>		
	Proposed Use <u>STORAGE</u>	Current Use <u>STORAGE</u>	Existing Buildings on Property <u>2</u>
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>0</u>
			# of Floors <u>1 - grave 1</u>
			# of Bedrooms <u>0</u>
Finished Sq. Ft.		Unfinished Sq. Ft. <u>140</u>	Total Sq. Ft. <u>140</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30-</u>
Value of Work	<u>\$400</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>John Heibel</u> Date <u>4/27/18</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>50-</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>80.60</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:

received
2-18-20

Permit Number:

BP-2020-00166

GPIN/Tax Man:

6769-30-2137 / 30-1-0-102-0

Issued:

2-29-2020

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 2498 Turner Road		Phone # 8045144847
	Owner Philip L Allen		Email philip4847@gmail.com
	Address 2498 Turner Road Goochland, VA 23063		
APPLICANT INFORMATION	Applicant/Contact Philip Allen		Phone # 8045144847
	Address 2498 Turner Road Goochland, VA 23063		Email philip4847@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <i>75' from Prop. Line</i>	Center Line Setback _____	Rear Setback <i>5'</i>	CUP/Variance/COA _____
	Side Setback <i>35' from Row</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>2/26/2020</i> A2			

CONTRACTOR INFORMATION	Contractor Owner contracted and built		Phone _____
	Address _____		
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: Repair of existing garage by replacing with a new Pole Barn steel roof enclosure. 6x6 poles with steel pre engineered steel trusses. New pole steel truss roof footprint is to be built over the existing garage before demolition of the existing garage. existing structure 28x40 new 30x40 since steel trusses are set on a standard 30' width. Ground is to be gravel around the existing concrete pad of the original garage under the roof with enclosed sides.						
	Proposed Use garage / carport		Current Use garage / shed		Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A to this.		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>		WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>		# of Bathrooms 0	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.		
			1200		1200		

Building Only - Excludes All Trades Permits		Application Fee	\$ 160.50
Value of Work <i>\$33,000.00</i>		State Levy Fee	\$ 3.21
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ 25.00
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant <i>[Signature]</i> Date <i>1-29-2020</i>		Total	\$ 188.71

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 Philip L Allen of (address) 2498 Turner Road, Goochland, VA 23063 affirm that I am the owner of a certain tract of parcel of land located at 2498 Turner Road, Goochland, VA 23063 and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54.1-1111 of the Code of Virginia.

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 R5 # STORIES _____ CONSTRUCTION TYPE VB OCCUPANY LOAD _____ CODE EDITION 2015

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL [Signature] DATE 2/27/20

Code Official



BUILDING PERMIT APPLICATION

Application Date: 2/25/2020

RECEIVED

Permit Number: BP-2020-00173

2-25-20

GPIN/Tax Map: 6850-24-8357 / 21-11-0-87-0

Issued: 2-28-2020

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 2790 fallen creek dr. sandy hook, va. 23153	
	Owner Mr. and Mrs. Mike Eustice	Phone # 507-380-4060
	Address 2790 fallen creek dr. sandy hook va. 23153	Email

APPLICANT INFORMATION	Applicant/Contact E. Bryan Roberts/Aquatic Concepts llc.		Phone # 804-363-2379
	Address p.o. box 367 oilville va 23129		Email Bryan@acpoolsllc.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mill Forest II</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>55' from Prop. Line</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>5'</i>	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Floyd</i> Date <i>2/27/2020</i> <i>PR</i>			

CONTRACTOR INFORMATION	Contractor Aquatic Concepts LLC.		Phone 804-556-4312
	Address p.o. box 367 oilville, Va. 23129		bryan@acpoolsllc.com
	Contractor License Number 2705129869	Type class A	Expiration 8/31/21

DESCRIPTION OF WORK	Scope of Work: installing an inground fiberglass pool and equipment. <i>INSTALL FENCE BARRIER</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 500		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>196.50</u>
Value of Work	\$40,000.00	State Levy Fee \$ <u>3.93</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
		Zoning Fee \$ <u>25.00</u>
		RLD \$
		SWP \$
		Total \$ <u>225.43</u>
Signature of Applicant <i>[Signature]</i>	Date 2/25/2020	

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 R5 # STORIES _____ CONSTRUCTION TYPE VB OCCUPANY LOAD _____ CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL B Hall DATE 2/27/20

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: 02/20/2020

Permit Number: *BP-2020-00148*

GPIN/Tax Map: *1125-30-9628/58-54-0-1-A*

Issued: *2-28-20*

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 <i>15799</i> Mosaic Creek BLVD	Phone # 804-762-4800
	Owner HHHunt Communities	Email
APPLICANT INFORMATION	Address 11237 Nuchols Road, Glen Allen VA 23059	Phone # 804-955-7691
	Applicant/Contact Scott Smith	Email scott@porticoclassichomes.com
Address 2801 McRae Road, Suite 2B, Richmond VA 23113		

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mosaic</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>40' from Prop. Line</i>	Center Line Setback	Rear Setback <i>25'</i>	CUP/Variance/COA
	Side Setback <i>20'</i>	Side Setback <i>20'</i>	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:		Date <i>2/27/2020</i> <i>RPUD</i>		
Planning & Zoning Officer <i>[Signature]</i>				

CONTRACTOR INFORMATION	Contractor Portico Classic Homes LLC	Phone 804-955-7691
	Address 2801 McRae Road, Suite 2B, Richmond VA 23235	Email Scott@porticoclassichomes.com
	Contractor License Number 2705-144-011	Type BLD - Class A

DESCRIPTION OF WORK	Scope of Work: Grill station, storage shed, single bathroom				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> Public/Private	<input checked="" type="checkbox"/> Public/Private	# of Bathrooms 1	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft. 286	Unfinished Sq. Ft. <i>220</i>	Total Sq. Ft. <i>506</i>		

Building Only - Excludes All Trades Permits		Application Fee \$ _____ State Levy Fee \$ _____ Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <i>0</i>
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 <i>[Signature]</i>	Date 02/20/2020	
<i>Collected under RP 2019 BP 00198</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: 12/17/2019 1-24-2020

Permit Number: BP-2020-00069

GPIN/Tax Map: 7707-15-0286-9999

Issued: 2-28-2020

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>878 Broadstreet Road, Oilville, VA 23219</u>	
	Owner <u>GTP Towers VIII, LLC</u>	Phone # <u>781-926-7845</u>
	Address <u>PO Box 723597, Atlanta, GA 31139</u>	Email <u>jason.hastie@americantower.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Craig Russo/T-Squared Site Services</u>		Phone # <u>724-308-7855</u>
	Address <u>2500 Highland Road, Suite 201, Hermitage, PA 16148</u>		Email <u>craig.r@t-sqrd.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>Titan Construction Group</u>		Phone <u>804-798-4303</u>
	Address <u>10405 Dow Gil Road, Ashland, VA 23005</u>		Email
	Contractor License Number <u>2705168776</u>	Type <u>CBC</u>	Expiration <u>11/30/2020</u>

Scope of Work: Installation of additional 30-inch tall antenna on existing telecommunication tower.

Proposed Use wireless communication	Current Use wireless communication	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.

Building Only - Excludes All Trades Permits

Value of Work	<u>\$5000</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 Craig H. Russo Date 1-21-2020 ^{12/17/2019}

Application Fee	\$ <u>37.50</u>
State Levy Fee	\$ <u>175</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>88.25</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 U # STORIES NA CONSTRUCTION TYPE TUB OCCUPANY LOAD NA CODE EDITION 15

FIRE SPRINKLER NA FIRE ALARM NA MODIFICATION No

APPROVAL _____ DATE 02-11-2020

Code Official

Rec: 2-10-20

 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 <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial	Application Date: 02/06/2020
	Permit Number: <u>BP-2020-00143</u>
	GPIN/Tax Map: <u>7725-16-2787 / 58-54-1-1-D</u>
	Issued: <u>2-28-20</u>
This application is <i>not</i> 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 Mosaic Creek Boulevard/Tuckahoe Creek Parkway - <u>15801 Mosaic Creek Blvd.</u>	Phone # 804-762-4800
	Owner HH Hunt Communities	Email bjtoland@hhhunt.com
	Address 11237 Nuchols Road, Glenn Allen Va, 23059	

APPLICANT INFORMATION	Applicant/Contact Scott Smith	Phone # 804-955-7691
	Address 2801 McRae Road, Suite 2B, Richmond VA 23235	Email scott@porticoclassichomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Mosaic</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>30' From Prop. Line</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/GOA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <u>David Floyd</u> Date: <u>2/24/2020</u> RPUD			

CONTRACTOR INFORMATION	Contractor Portico Classic Homes LLC	Phone 804-955-7691
	Address 801 McRae Road, Suite 2B, Richmond VA 23235	Email scott@orticoclassichomes.com
	Contractor License Number <u>2705144011</u>	Type Class A -BLD

DESCRIPTION OF WORK	Scope of Work: Construct and Entry monument and sign				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0	# of floors 0
	0 Finished Sq. Ft.	100 Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>375.00</u> State Levy Fee \$ <u>7.50</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>50-</u> RLD \$ _____ SWP \$ _____ Total \$ <u>382.50</u>
Value of Work	50,000.00	
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	<u>[Signature]</u> Date <u>2/7/2020</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: 2-27-20Permit Number: BP-2020-00175GPIN/Tax Map: 42-31-B-5-0 / 6758-61-805LIssued: 2-28-20

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>2434 Saddle Brook Dr.</u>				
	Owner <u>Kelley Walker</u>		Phone # <u>540.905.3516</u>		
	Address <u>" "</u>		Email		
APPLICANT INFORMATION	Applicant/Contact <u>Madison Queensberry</u>			Phone # <u>804-543-7241</u>	
	Address <u>2538 Fairground Rd</u>			Email <u>delta-deck-company@gmail.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Holland Hills</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <u>40' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____	
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone _____		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Long</u> Date: <u>2/27/2020</u> <u>R1</u>				
CONTRACTOR INFORMATION	Contractor <u>Delta Deck Company</u>			Phone <u>804-543-7241</u>	
	Address <u>2538 Fairground Rd.</u>				
	Contractor License Number <u>2705161359</u>	Type <u>A 'RBC'</u>	Expiration <u>1-31-22</u>		
DESCRIPTION OF WORK	Scope of Work: <u>Build 15x20 Screened Porch</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>380</u>	Total Sq. Ft. <u>380</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>24,000</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 M. W. [Signature] Date 2-24-20

Application Fee	\$ <u>120.00</u>
State Levy Fee	\$ <u>2.40</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>147.40</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

received
2-14-20

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	02.11.20
Permit #	ELI-2019-01069
Old Map #	
G-Pin	6788-14-2180

LOCATION

Street Address	2421 Bridgewater Drive, Maidens, VA	District	
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PROPERTY OWNERSHIP

Name	Southern Traditions LLC Michelle Lee	Phone	
Mailing Address	P. O. Box 4314, Glen Allen, VA 23058		

APPLICANT

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

CONTRACTOR

Name	E and J Construction & Contracting LLC			Phone	804-641-7586
Mailing Address	220 Ponderosa Drive, Sandston, VA 23150			License Type	Class
Gas Certification	YES	NO	X	Elec./Bldg. Contr.	A
State License Number	2705171698			Expiration	4/21

DESCRIPTION OF WORK

wire single family residence; with 20KW generator			
5 full 2 half	400	Dominion Energy	10354528
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

_____(Notary) My commission expires _____

Value of work: \$19000.00
 Permit fee: 108.63
 Issue date: 2-26-2020

\$30 Base
 \$17 x \$4.50 = \$76.50
 \$106.50 x 2% = 2.13
 \$108.63

Signature of Applicant Josh Bowen
 Approval Fisher Date 2-26-2020



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

received
2-10-20

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 _____

Permit # ELI-2020-00117

GPIN 6788-12-1180

Tax Map 44-26-0-13-0

LOCATION

Street Address 1201 Copperstone Ct

PROPERTY OWNERSHIP

Name <u>Carl, Thomas R & Carl, Cynthia L</u>	Phone <u>804-708-2249</u>
Mailing Address <u>1201 Copperstone Ct</u>	Email _____

APPLICANT

Name <u>Marcie Haynie</u>	Phone <u>804-276-5580</u>
Address <u>400 Turner Rd Chesterfield VA 23225</u>	Email <u>jmelectrical@comcast.net</u>

CONTRACTOR

Name <u>Haynie Electrical Services Inc dba Jm Electrical Service</u>	Phone <u>804-276-5580</u>
Mailing Address <u>400 Turner Rd Chesterfield VA 23225</u>	Email <u>jmelectrical@comcast.net</u>
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2705099807A</u>
Expiration <u>10/31/21</u>	License Type <u>Ele/GFC PLB</u>
	Class <u>A</u>

DESCRIPTION OF WORK

Install 22KW Automatic Standby Generator and
(1) 200 AMP ATS Switch

# of Bathrooms _____	Service Size _____	Power Company _____	Inquiry # <u>61.35</u>
Value of Work (required) <u>\$8700.00</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: 2/3/20

Office Use Only

Approval: Fisher Approval date: 2-12-2020

Permit Fee: 61.35 Issued date: 2-12-2020



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 2/19/20
Permit # 211-2020-00098
GPIN
Tax Map

LOCATION

Street Address 867 WATERBRIDGE RD.

PROPERTY OWNERSHIP

Name MICHAEL MOROZIANU	Phone 804 305-3767
Mailing Address 867 WATERBRIDGE RD MANAKIN SALEM VA 23103	Email

APPLICANT

Name RIC SEABORN	Phone 804 389-4242
Address	Email

CONTRACTOR

Name MANAKIN ELECTRICAL CONTRACTORS		Phone SAME	
Mailing Address P.O. BOX 147 ROCKVILLE VA 23146		Email RICHARD@MANAKINELECTRICAL.NET	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705018630	Expiration 12-31-2020	License Type ELE
		Class B	

DESCRIPTION OF WORK

INSTALL 20KW GENERATOR, REPLACE EXISTING SERVICE DISCONNECTS w/ SERVICE RATED ATS'S			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$10,770.5			

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: Ric Seaborn Date: 2/19/20

Approval: Fisher	Approval date: 2-19-20
Permit Fee: \$70.85	Issued date: _____

(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

Date: 2/17/20

Permit #: 211-2020-60154

GPIN:

Tax Map:

LOCATION

Street Address: 3800 Bell Road, Goochland, VA 23063

PROPERTY OWNERSHIP

Name: Kris Steamster Phone: 804-840-3193

Mailing Address: 3800 Bell Road, Goochland, VA 23063 Email:

APPLICANT

Name: RK Newman Electric Phone: (804) 437-1033

Address: 3351 Speeks Dr. #107 Midlothian, VA 23112 Email: rknewmanelectric@yahoo.com

CONTRACTOR

Name: RK Newman Electric Phone: (804) 437-1033

Mailing Address: PO Box 74882 Richmond, VA 23236 Email: rknewmanelectric@yahoo.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705136563	12-31-2021		A

DESCRIPTION OF WORK

Wire for portable generator, install ceiling fan, add 20amp circuit.

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required): \$1000

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: 2/17/20

Approval: Fisher	Office Use Only	Approval date: 2-24-20
Permit Fee: 30.60		Issued date:



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
2/3/2020

Permit #
E112020-089

GPIN

Tax Map

LOCATION

Street Address
994 Dover Branch Lane

PROPERTY OWNERSHIP

Name Jim McCormick	Phone 818-917-6189
Mailing Address 994 Dover Branch Lane, 23103	Email jjmccormi@earthlink.net

APPLICANT

Name Virginia Power Solutions	Phone 804-365-0263
Address 10102 Whitesel Road, B, Ashland, VA 230005	Email service@virginiapowersolutions.com

CONTRACTOR

Name Same as applicant	Phone			
Mailing Address	Email			
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705123991	Expiration 8/30/20	License Type ELE, GFC	Class B

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 2-200A SWITCHES

# of Bathrooms	Service Size	Power Company DOMINION	Inquiry #
Value of Work (required) \$ 11,000.00			

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: 2/3/2020

Approval:	Office Use Only	Approval date:
Permit Fee: \$ 71.81		Issued date: 2-4-20



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

2-10-20

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
Permit # ELI-2020-0017
GPIN 6788-12-1180
Tax Map 44-26-0-13-0

LOCATION

Street Address: 1201 Copperstone Ct

PROPERTY OWNERSHIP

Name: Carl, Thomas R & Carl, Cynthia L	Phone: 804-708-2249
Mailing Address: 1201 Copperstone Ct	Email:

APPLICANT

Name: Marcie Haynie	Phone: 804-276-5580
Address: 400 Turner Rd Chesterfield VA 23225	Email: jmelectrical@comcast.net

CONTRACTOR

Name: Haynie Electrical Services Inc dba JEM Electrical Service	Phone: 804-276-5580			
Mailing Address: 400 Turner Rd Chesterfield VA 23225	Email: jmelectrical@comcast.net			
Gas Certification: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number: 2705099807A	Expiration: 10/31/21	License Type: ELE/GFC PLB	Class: A

DESCRIPTION OF WORK

Install 22kw Automatic Standby Generator and (1) 200 AMP ATS Switch

# of Bathrooms	Service Size	Power Company	Inquiry #
			61.35
Value of Work (required)	\$ 8700.00		

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: 2/3/20

Office Use Only

Approval: Fisher Approval date: 2-12-2020

Permit Fee: 61.35 Issued date: 2-12-2020