



# BUILDING PERMIT APPLICATION

Application Date: 3-23-20

Permit Number: DP-2020-00245

GPIN/Tax Map: 6801-08-115/9-8-0-A-0

Issued: 3-31-20

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>6020 COMMUNITY HOUSE RD. COLUMBIA, VA 23038</u>	
	Owner <u>GREG &amp; SUE BLANCHARD</u>	Phone # <u>804-457-9426</u>
	Address <u>6020 COMMUNITY HOUSE RD. COLUMBIA, VA 23038</u>	Email <u>gregoryblnchr@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>GREG BLANCHARD</u>	Phone # <u>804-457-9426</u>
	Address <u>6020 COMMUNITY HOUSE RD. COLUMBIA, VA 23038</u>	Email <u>gregoryblnchr@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Belzora</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>5'</u>	CUP/Variance/COA —
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>C</u>	—
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS Planning & Zoning Officer: <u>[Signature]</u> Date: <u>3/25/2020</u> <u>A1</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>BUILD A 24'x26' 1 detached 2-CAR GARAGE. W/ STORAGE ABOVE.</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. <u>624</u>	Unfinished Sq. Ft. <u>624</u>	Total Sq. Ft. <u>624</u>		

Building Only - Excludes All Trades Permits

Value of Work <u>12160.00</u>	<u>\$ 17,160.00</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: 2/29/2020

Application Fee	\$ <u>29.22</u>
State Levy Fee	\$ <u>1.78</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>116.00</u>



# BUILDING PERMIT APPLICATION

Application Date: 3/17/2020

Permit Number: *DP-2020-00236*

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

Issued: *3-30-2020*

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 2453 Maidens Rd, Maidens, VA 23102-2121	
	Owner Gail Courville	Phone # (804) 212-8001
	Address	

APPLICANT INFORMATION	Applicant/Contact Petres, Inc. - Randy Petres		Phone # (804) 690-8899
	Address 3204 Rosedale Ave, Richmond, VA 23230		Email randy@petresinc.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 Petres, Inc. - Randy Petres		Phone (804) 690-8899
	Address 3204 Rosedale Ave, Richmond, VA 23230		Email randy@petresinc.com
	Contractor License Number 2705047649	Type Class B Contractor <i>CBC PBC</i>	Expiration 01-31-2021

DESCRIPTION OF WORK	Scope of Work: <i>existing</i> Enclose/convert pole shed to garage -				
	Proposed Use garage	Current Use pole shed	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft. 540 sq ft		Unfinished Sq. Ft. 0	Total Sq. Ft. 540 sq ft	

Building Only - Excludes All Trades Permits		Application Fee \$ <i>32700</i>	
Value of Work	\$70,000	State Levy Fee	\$ <i>6.54</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.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <i>32354</i>

Signature of Applicant *Randy Petres* Date *3.17.2020*



# 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: 3-17-2020  
 Permit Number: BP-2020-00237  
 GPIN/Tax Map: 6840-86-2736/20-1-0-68-C1  
 Issued: 3-27-20

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 <b>3026 Running Still Lane Gum Spring, VA 23065</b>	
	Owner <b>Brent and Debra Bishop</b>	Phone # <b>804-387-4854</b>
	Address <b>3026 Running Still Lane Gum Spring, VA 23065</b>	Email <b>debbishop9397@gmail.com</b>
APPLICANT INFORMATION	Applicant/Contact <b>Debra Bishop</b>	Phone # <b>804-387-4854</b>
	Address <b>3026 Running Still Lane Gum Spring, VA 23065</b>	Email <b>debbishop9397@gmail.com</b>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback <u>—</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>5'</u>	Side Setback <u>55'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Boyd</u> Date <u>3/19/2020</u> <b>A1</b>			

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

DESCRIPTION OF WORK	Scope of Work: <b>Installation of above ground pool <u>27' round</u></b>				
	Proposed Use <u>personal</u>	Current Use <u>—</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>572</u>	Total Sq. Ft. <u>572</u>		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>34.34</u> State Levy Fee \$ <u>.69</u> Septic/Well Fee \$ <u>—</u> Zoning Fee \$ <u>25.00</u> RLD \$ <u>—</u> SWP \$ <u>—</u> Total \$ <u>60.03</u>
Value of Work	<u>4965.00</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>Debra G Bishop</u>	
Date	<u>3/17/2020</u>	



# BUILDING PERMIT APPLICATION

Application Date: 3/19/20

Permit Number: BP-2020-00241

GPIN/Tax Map: 6729-38-6811 / 18-9-0-4-0

Issued: 3-27-2020

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.

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>2858 George's Landing Rd.</u>	
	Owner <u>Matthew Kehoe</u>	Phone # <u>301-395-7856</u>
	Address <u>3 Slash Ct, Ashland, VA 23005</u>	Email <u>matthewkehoe.2000@yahoo.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>owner</u>	Phone #
	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/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

DESCRIPTION OF WORK	Scope of Work: <u>deconstruct and remove single-wide trailer home</u> <u>yander lind - Recycling</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>7.95-</u>		
	<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>\$1000</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 Matthew P. Kehoe Date 3/19/20

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>0.60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>30.60</u>



# BUILDING PERMIT APPLICATION

Application Date: 03/13/2020

Permit Number: BP-2020-00228

GPIN/Tax Map: 6832-18-4367 / 601-0-49-A

Issued: 3-26-20

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>4608 Broad Street RD Mineral VA 23117</u>	
	Owner <u>Victor Zinn</u>	Phone # <u>804-615-1540</u>
	Address <u>4608 Broad Street RD Mineral VA 23117</u>	Email <u>V.zinn13@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Victor Zinn</u>	Phone #
	Address <u>4608 Broad Street RD Mineral VA 23117</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>10' from Prop. Line</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>35' from ROW</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>3/25/2020</u> AI			

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

DESCRIPTION OF WORK	Scope of Work: <u>Living / Deck</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 <u>1</u>
	Finished Sq. Ft. <u>192</u>	Unfinished Sq. Ft. <u>108</u>	Total Sq. Ft. <u>300</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>7,000</u> <u>13,530.00</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: 03/13/2020

Application Fee	\$ <u>72.88</u>
State Levy Fee	\$ <u>146</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>99.34</u>



# BUILDING PERMIT APPLICATION

Application Date: 3-3-2020**RECEIVED**Permit Number: BP-2020-002393-17-2020GPIN/Tax Map: 6850-10-4120 / 21-1-0-22-0Issued: 3-24-2020This 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

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OWNER INFORMATION	Site Address <u>3614 Whitehall Rd</u>	
	Owner <u>Todd &amp; Carol Lutterbein</u>	Phone # <u>804-955-8569</u>
	Address <u>3614 Whitehall Rd.</u>	Email <u>Todd@Manakinind.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Sandy Hook, VA 23153</u>	
	Address	Phone #

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

Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

CONTRACTOR INFORMATION	Contractor <u>OWNER</u>		Phone <u>804-955-8569</u>
	Address <u>758 Double Oak Ln. MANAKIN SABOT, VA 23103</u>		Email <u>Todd@Manakinind.com</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>House &amp; outbldgs</u> <u>1) Demol, Remove Refuse &amp; Regrade Surface to natural</u> <u>2) Remove 3 or 4 Dangerous old TREES.</u> <u>3) Remove 2 TRAILERS FROM SITE = GOOCHLAND DUMP</u>				
	Proposed Use <u>FARM &amp; NATURAL</u>	Current Use <u>FARM ABANDONED BLDGS</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NO</u>		
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work \$10,000

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 3/3/2020

Application Fee	\$ <u>57.00</u>
State Levy Fee	\$ <u>114</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>5814</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:

**RECEIVED**

Permit Number:

3-13-2020

GPIN/Tax Map:

6787-62-4868 / 44-13-D-C-4

Issued:

3-24-2020

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.

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 1911 Cox Town Dr. Crozier, VA 23039	
	Owner <b>Curtis Anderson</b>	Phone # <b>804-928-3513</b>
	Address 1911 Cox Town Dr. Crozier, VA 23039	

APPLICANT INFORMATION	Applicant/Contact <b>Sigora Solar LLC</b>		Phone # 434.465.6788 ext.119
	Address 1222 Hars Street, Charlottesville, VA 22903		Email permitting@sigorasolar.com

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

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

DESCRIPTION OF WORK	Scope of Work: Installation of a Flush Roof Mounted Solar Photovoltaic System System Size: 12.60 kWp DC				
	Proposed Use Residential Single Family	Current Use Residential Single Family	Environmental impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

**Building Only - Excludes All Trades Permits**

Value of Work	\$46,494.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant Michael Graves Date 3/12/2020

Application Fee	\$ 221.23
State Levy Fee	\$ 4.92
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 225.65



# 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: 03/10/2020

Permit Number: BP-2020-00212

GPIN/Tax Map: 6749-67-1194 / 29-16-0-B-0

Issued: 3-23-20

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  
 3764 Robinson Rd, Goochland, VA 23063

Owner: Benjamin Parrish  
 Phone #: 804-698-0662

Address: 3764 Robinson Rd, Goochland, VA 23063  
 Email: parrishbclay@gmail.com

**APPLICANT INFORMATION**  
 Applicant/Contact: Barklie Estes  
 Phone #: 703-679-8607

Address: 2735 Maidens Rd, Goochland, VA 23063  
 Email: novasolarinc@gmail.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

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

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

**CONTRACTOR INFORMATION**  
 Contractor: Nova Solar, Inc.  
 Phone: 703-679-8607

Address: 3305 Dye Drive, Falls Church, VA 22042  
 Email: novasolarinc@gmail.com

Contractor License Number: 2705160290  
 Type: Class A AES ELE  
 Expiration: 11-30-2020

**DESCRIPTION OF WORK**  
 Scope of Work:  
 Installation of roof-mounted 12.24kW Solar System

Proposed Use Energy	Current Use WATER Public/Private	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 578		

Building Only - Excludes All Trades Permits

Value of Work: 14,500

Application Fee	\$ 77.26
State Levy Fee	\$ 1.54
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ 78.80

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: 3/10/20

Bozell 3-20-20



# BUILDING PERMIT APPLICATION

Application Date: 3-19-20  
 Permit Number: BP-2020-00240  
 GPIN/Tax Map: 7726-74-4268 / 59-3-2-88-0  
 Issued: 3-23-20  
 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 2000 WILKES RIDGE DRIVE, HENRICO, VA 23233		Phone # 804.342.4324
	Owner SHELTERING ARMS CORPORATION		Email
	Address 8254 ATLEE ROAD, MECHANICSVILLE, VA 23116		

APPLICANT INFORMATION	Applicant/Contact BRACT RETAINING WALLS AND EXCAVATING, LLC-VICKI BARNETT		Phone # 804.798.5097
	Address 10423 DOW GIL ROAD, ASHLAND, VA 23005		Email ADMIN@BRACTWALLS.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 BRACT RETAINING WALLS AND EXCAVATING, LLC		Phone 804.798.5097		
	Address 10423 DOW GIL ROAD, ASHLAND, VA 23005				
	Contractor License Number	2705131869	Type	CONTRACTORS A	Expiration

DESCRIPTION OF WORK	Scope of Work: INSTALL RETAINING WALL 2,540 SQ FT / 298 L FT				
	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.	Total Sq. Ft. 2,540		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>329.43</u>
Value of Work	\$43,924.00	State Levy Fee	\$ <u>6.59</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Vicki Barnett</u> Date <u>MARCH 11, 2020</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>-0-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>336.02</u>



# BUILDING PERMIT APPLICATION

Application Date:

3-13-2020  
**RECEIVED**

Permit Number:

BP-2020-00233

GPIN/Tax Map:

6748-52-4855/29-1-0-37-A

Issued:

3-20-20

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.

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 2169 DOGTOWN RD. GOOCHLAND, VA 23063	
	Owner MISS DELTA SHOOK	Phone # 804-543-7676
	Address 2169 DOGTOWN RD. GOOCHLAND, VA 23063	Email dshook43@comcast.net

APPLICANT INFORMATION	Applicant/Contact GREGORY BLANCHARD	
	Address 6020 COMMUNITY HOUSE RD. COLUMBIA VA 23038	Phone # 804-457-9426
		Email gregoryblanchard@gmail.com

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

CONTRACTOR INFORMATION	Contractor BLANCHARD & ASSOCIATES RESIDENTIAL CONTRACTOR, INC.		Phone 804-457-9426
	Address 6020 COMMUNITY HOUSE RD. COLUMBIA VA 23038		Email gregoryblanchard@gmail.com
	Contractor License Number 2705093745	Type CLASS A CBC RBC	Expiration 7/30/21

DESCRIPTION OF WORK	Scope of Work: REMOVE DRYWALL FROM ALL WALLS / RE-WIRE / RE-PLUMB / RE-INSULATE Insulate RE-DRYWALL & NEW CABINETS / PAINT / RELOCATE BATHROOM WALL 3'-4" OVER				
	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.		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ 282.00
Value of Work \$60,000		State Levy Fee	\$ 2.64
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	\$ 287.64
Signature of Applicant B. Hall	Date 3-20-20		



# BUILDING PERMIT APPLICATION

Application Date: 2-20-20

Permit Number: PP-2020-00172

GPIN/Tax Map: 7133-36-8367 67-1-0-1A-B

Issued: 3-20-20

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.

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>32 Dahlgren rd Richmond VA 23238</u>		
	Owner	<u>Ostap Zagorodnyu</u>	Phone #	<u>804-852-6672</u>
	Address		Email	<u>dj3zub@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact	<u>Ostap Zagorodnyu</u>	Phone #	<u>804-852-6672</u>
	Address	<u>32 Dahlgren rd Richmond VA</u>	Email	<u>dj3zub@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	<u>Upper Inclusive</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>	GUP/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: David Floyd Date: 2/27/2020 RI

CONTRACTOR INFORMATION	Contractor	<u>Owner (Ostap Zagorodnyu)</u>	Phone	<u>804-852-6672</u>
	Address	<u>32 Dahlgren rd</u>	Email	<u>dj3zub@gmail.com</u>
	Contractor License Number	—	Type	—

DESCRIPTION OF WORK	Scope of Work: <u>400sq. ft addition of closet &amp; storage cover existing pool equipment pool.</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
			<u>N/A</u>	<u>NA</u>	<u>2</u>
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

400      150      400 550

Building Only - Excludes All Trades Permits

Value of Work	<u>40,000</u>
---------------	---------------

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

Signature of Applicant: [Signature] Date: 02/1/2020

Application Fee	\$ <u>192.00</u>
State Levy Fee	\$ <u>3.94</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>220.84</u>



# BUILDING PERMIT APPLICATION

Application Date: 2/26/2020

Permit Number: BP-2020-00178

GPIN/Tax Map: 7105-33-0619/58-82-3A-0

Issued: 3-20-20

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.

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 15080 Capital One Drive, Richmond, VA 23238	
	Owner <b>Capital One Bank</b>	Phone # <b>855-375-0822</b>
	Address 15000 Capital One Drive, Richmond, VA 23238	Email

APPLICANT INFORMATION	Applicant/Contact <b>Carter King</b>	Phone # <b>804-709-8351</b>
	Address <b>3435-B W Leigh Street Richmond, VA 23230</b>	Email <b>jking@gilbaneco.com</b>

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 <b>Gilbane Building Company</b>		Phone <b>804-727-2471</b>
	Address <b>3435-B W Leigh Street Richmond, VA 23230</b>		Email <b>kstocks@gilbaneco.com</b>
	Contractor License Number <b>2701004552</b>	Type <b>A</b>	Expiration <b>10-31-2020</b>

DESCRIPTION OF WORK	<b>Scope of Work:</b> Interior renovation to level 2 conference rooms, including new operable partitions and millwork. No change to use, occupancy, or egress components.				
	Proposed Use Business-B Assembly A3	Current Use Business B- Assembly 3	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms N/A	# of Bedrooms N/A	# of floors 2
	Finished Sq. Ft. 21,500	Unfinished Sq. Ft. 0	Total Sq. Ft. 21,500		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>11,851.16</u> State Levy Fee \$ <u>237.02</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>12,088.18</u>
Value of Work	\$1,580,154.00	
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 <u>2/26/2020</u>	
<i>[Signature]</i>		
<u>3/19/2020</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

Residential  Commercial

Application Date: 1-28-2020

Permit Number: BP-2020-00077

GPIN/Tax Map: 6767-02-1403/42-1-043-0

Issued: 3-19-2020

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>3245 Marsh Dr Goochland Va Lot # 8</u>	
	Owner <u>Fred Jenkins</u>	Phone # <u>804-556-4568</u>
	Address <u>P.O. Box 23 Goochland Va 23063</u>	
APPLICANT INFORMATION	Applicant/Contact <u>Cmh homes</u>	
	Address <u>1716 Jefferson Davis Hwy Chester Va</u>	Email <u>R077@Claytonhomes.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>150' from box</u>	Center Line Setback <u>—</u>	Re <u>150'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>150'</u>	Side S <u>150'</u>	Flood Zone <u>—</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>1/30/2020</u> <u>RMH</u>			

CONTRACTOR INFORMATION	Contractor <u>Cm H Homes</u>		Phone <u>804-796-4870</u>
	Address <u>1716 Jefferson Davis Hwy Chester Va 23063</u>		Email <u>R077@Claytonhomes.com</u>
	Contractor License Number <u>2705048123</u>	Type <u>A</u>	Expiration <u>4-30-21</u>

DESCRIPTION OF WORK	Scope of Work: <u>Singlewide</u> <u>Install manufactured Home 16x72</u> <u>2020 VIN: 0HC029344NC</u>		
	Proposed Use <u>Residential Dwelling</u>	Current Use <u>Em</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>2</u>
	Finished Sq. Ft. <u>1152</u>		Unfinished Sq. Ft. <u>#52 48</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>393.22</u>
Value of Work <u>847415</u>	<u>84715.00</u>	State Levy Fee \$ <u>7.86</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ <u>—</u>
Signature of Applicant <u>Michelle R</u>	Date <u>1/28/2020</u>	Zoning Fee \$ <u>50.00</u>
		RLD \$ <u>—</u>
		SWP \$ <u>—</u>
		Total \$ <u>451.08</u>



# ZONING COMPLIANCE APPLICATION

## COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: [www.co.goochland.va.us](http://www.co.goochland.va.us)

FAX: (804) 556-5654

Issued 3-19-2020		Office Use Only	
Application File Date: 3-13-2020	Application No.: AP-2020-00229	Fee: \$25.00	
Zoning Approval: Yes <i>David Ford</i>	No: _____	Date: 3/19/2020	

Zoning Application Type: Please appropriate check box

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

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

### Application Requirements

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

### Applicant/Owner Information

Name of Property Owner: BENARD & CATHY DONNELL

Address: 225 DEER KEEP  
GOOCHLAND, VA 23238

E-mail: \_\_\_\_\_

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

Cell phone: 1-804-337-1558

FAX: \_\_\_\_\_

Name of Applicant: JOPA COMPANY

Address: 8711 WEST BROAD ST.  
Richmond, VA 23294

E-mail: FPACE@JOPA.COM

Telephone: 804-707-0775

Cell phone: 804-798-6882

FAX: 804-798-6883

### Property Information

Street Address: 225 DEER KEEP

GPIN Number: 7733-16-0293

Existing Use: Resid.

Zoning: A2

Acreage: 2.274

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

### Project Information

1. Estimated square footage of the building(s): 130 2. Value of Building: \$9,000<sup>+</sup>

3. Written Description of Proposed Physical Improvements:

Portable 9 x 12 shed (store pool fence)  
trucked in and set on slab



# 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

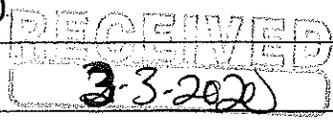
Application Date: 3/2/2020

Permit Number: BP-2020-00191

GPIN/Tax Map: 6797-56-3718 / ~~6799~~ 45-18-0-39-D

Issued: 3-29-20

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 1855 Fox Downs Lane, Oilville, VA, 23129	
	Owner Jim Gerber	Phone # 209.480.0236
APPLICANT INFORMATION	Address 1855 Fox Downs Lane, Oilville, VA, 23129	
	Applicant/Contact Altenergy Inc/ Chris Poggi	Email jimgerber@yahoo.com
TO BE COMPLETED BY ZONING DEPARTMENT	Address 1132 E. Market St, Bay 5, Charlottesville, VA 22902	
	Applicant/Contact Altenergy Inc/ Chris Poggi	Email cpoggi@altenergyinc.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Fox Downs</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from 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 Lloyd</u> Date <u>3/5/2020</u> <span style="float: right;">A2</span>			

CONTRACTOR INFORMATION	Contractor Altenergy Incorporated		Phone 434-293-3763
	Address 1132 E. Market St, Charlottesville, VA 22902		Email cpoggi@altenergyinc.com
	Contractor License Number 2705126186	Type Class A	Expiration 12-31-2020

DESCRIPTION OF WORK	Scope of Work: <h2>Ground Mounted Solar Installation</h2>				
	Proposed Use To power the home	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed) _____		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms _____	# of Bedrooms _____	# of floors _____
	Finished Sq. Ft. _____		Unfinished Sq. Ft. _____		Total Sq. Ft. _____

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>110.94</u> State Levy Fee \$ <u>2.22</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>138.16</u>
Value of Work	\$21,988	
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>3-3-20</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

Application Date: 2/4/20

Permit Number: BP-2020-00163

GPIN/Tax Map: 6757 / 21-1-0-32-0

Issued: 3-17-2020

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>2883 Sandy Hook rd. Sandy Hook, VA 23522</u>	Phone # <u>678-637-3440</u>
	Owner <u>Aslam Gilani/MOOR LLC</u>	Email
	Address <u>2883 Sandy Hook rd. Sandy Hook, VA</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Rahim Moose</u>	Phone # <u>804-201-1329</u>
	Address <u>2026 Pruett Ct. Glen Allen, VA 23059</u>	Email <u>Rahim.Moose@gmail.com</u>

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

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

DESCRIPTION OF WORK	Scope of Work: <u>Remodel Interior of store. Upgrade Kitchen equipment, Exhaust hood vent &amp; Front counter. Install new freezer.</u>				
	Proposed Use <u>Gas Station</u>	Current Use <u>Gas Station</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>1400 sq.</u>	Unfinished Sq. Ft. <u>1400 sq.</u>	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>103.00</u>
Value of Work	<u>13,800<sup>100</sup></u>	State Levy Fee	\$ <u>2.07</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>105.57</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>2-4-20</u>



# ZONING COMPLIANCE APPLICATION

## COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: [www.co.goochland.va.us](http://www.co.goochland.va.us)

FAX: (804) 556-5654

### Office Use Only

Application File Date: 3-10-2020

Application No.: AP-2020-00220

Fee: \$25.00

Zoning Approval:

Yes  Daniel Ford

No:

Date: 3/13/2020

Zoning Application Type: Please appropriate check box

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

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

### Application Requirements

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

### Applicant/Owner Information

Name of Property Owner: Todd Garabedian

Telephone: (804) 397-0105

Address: 4673 Three Square Rd

Cell phone: (804) 397-0105

Goochland, VA 23063

FAX: n/a

E-mail: Todd@oaktopfarm.com

Name of Applicant: Todd Garabedian

Telephone: (804) 397-0105

Address: 4673 Three Square Rd

Cell phone: (804) 397-0105

Goochland, VA 23063

FAX: n/a

E-mail: Todd@oaktopfarm.com

### Property Information

Street Address: 4673 Three Square Rd

Zoning: A-1

GPIN Number: 6726-47-4743

Acreage: 9.7

Existing Use: \_\_\_\_\_

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: 39-1-0-83-0

### Project Information

1. Estimated square footage of the building(s): 1400 Each = 2800

2. Value of Building: 1900 each = 3800

3. Written Description of Proposed Physical Improvements:

Construction of two 14 ft by 100 ft high tunnels for vegetable production. Semi permanent structure with rebar in the ground, not concrete.

3-4-2020  
RECEIVED



# 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: 3-4-2020  
Permit Number: BP-2020-0093  
GPIN/Tax Map: 7723-45-0205 / 46-3-0-6-0  
Issued: 3-17-2020  
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: 6 Partridge Hill Rd Richmond, VA 23238  
Owner: David and Carrie Boyd. Phone #: 804-380-6668  
Address: 6 Partridge Hill Rd. Email:

**APPLICANT INFORMATION**  
Applicant/Contact: David Belmont. Phone #: 804-519-2950  
Address: 8501 Patterson Ave. Email: david@hkrva.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: Homekeepers LLC. Phone: 804-750-1166  
Address: 8501 Patterson Ave. Email: John@hkrva.com  
Contractor License Number: 2705160179 Type: Class A Expiration: 6-30-2020

**DESCRIPTION OF WORK**  
Scope of Work: Make rear Sunroom or screened porch. Remove back deck

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

**Building Only - Excludes All Trades Permits**

Value of Work	\$44,881.00	Application Fee	\$ 213.96
		State Levy Fee	\$ 4.28
		Septic/Well Fee	\$
		Zoning Fee	\$ 250.00
		RLD	\$
		SWP	\$
		Total	218.24 \$ 218.24

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

Signature of Applicant: David Belmont Date: 3-4-2020



# 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: 2-13-20

Permit Number: BP-2020-00123

GPIN/Tax Map: 0767-60-88701 43-1-0-34-0

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.

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>1715 MAIDENS RD. MAIDENS, VA 23102</u>	
	Owner	<u>HEART OF VIRGINIA COUNCIL</u>	
APPLICANT INFORMATION	Address	<u>4015 FITZBUGH AVE. RICHMOND VA. 23230</u>	
	Applicant/Contact	<u>PAT DILLON</u>	
	Address	<u>1657 MAIDENS RD MAIDEN, VA. 23102</u>	
	Phone #	<u>804-467-1897</u>	
	Phone #	<u>804-467-1897</u>	
	Email	<u>PAT.DILLON@Scouting.org</u>	
	Email	<u>PAT.DILLON@Scouting.org</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>Boy Scouts of America</u>		Phone	<u>804-467-1897</u>
	Address	<u>HEART OF VIRGINIA COUNCIL</u>		Email	
	Contractor License Number	Type	Expiration		

Scope of Work:  
FINISH THE 4 ROOMS IN THE OA. PAVILION TO INCLUDE A WARMING KITCHEN

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>2</u>	# of Bedrooms <u>0</u>	# of floors <u>2 1/2</u>
Finished Sq. Ft. <u>640</u>	Unfinished Sq. Ft. <del>640</del>	Total Sq. Ft. <u>640</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$3000</u>	Application Fee	\$ <u>30.00</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.		State Levy Fee	\$ <u>.60</u>
		Septic/Well Fee	\$ <u>    </u>
		Zoning Fee	\$ <u>    </u>
		RLD	\$ <u>    </u>
		SWP	\$ <u>    </u>
		Total	\$ <u>30.60</u>

Signature of Applicant [Signature] Date 13 Feb 2020



# BUILDING PERMIT APPLICATION

Application Date: 3/10/2020

Permit Number: **BP-2020-00209**

GPIN/Tax Map: **0167-02-7460/42-1-0-40-0**

Issued: **3-12-20**

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 <b>2931 River Road West Goochland, VA 23063</b>	
	Owner <b>Goochland County</b>	Phone # <b>804-556-5802</b>
	Address <b>P.O. Box 10 Goochland, VA 23063</b>	Email

APPLICANT INFORMATION	Applicant/Contact <b>Sermat Construction / Ryan Haskell</b>		Phone # <b>804-357-0960</b>
	Address <b>2419 Westwood Ave Richmond, VA 23230</b>		Email <b>rhaskell@sermat.com</b>

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 <b>Sermat Construction Services</b>		Phone <b>804-264-4800</b>
	Address <b>2419 Westwood Ave Richmond, VA 23230</b>		Email <b>rhaskell@sermat.com</b>
	Contractor License Number <b>2701025440A</b>	Type <b>Class A</b>	Expiration <b>10-31-2020</b>

DESCRIPTION OF WORK	Scope of Work: <b>Construct new vestibule per attached plans</b>				
	Proposed Use <b>commercial</b>	Current Use <b>coimmercial</b>	Environmental impacts (stream crossing, wetlands, amt land disturbed) <b>none</b>		
	SEWER <b>Public</b> Private	WATER <b>Public</b> Private	# of Bathrooms <b>2</b>	# of Bedrooms <b>0</b>	# of floors <b>2</b>
	Finished Sq. Ft. <b>2,388.00</b>	Unfinished Sq. Ft. <b>0</b>	Total Sq. Ft. <b>2,388.00</b>		

**Building Only - Excludes All Trades Permits**

Value of Work	<b>7495.00</b>
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Application Fee	\$ _____
State Levy Fee	\$ _____
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ _____

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 **3/10/2020**



# BUILDING PERMIT APPLICATION

Application Date: 2/20/2020

Permit Number: BP-2020-00174

GPIN/Tax Map: 6767-02-6565 / 42-1-0-42-0

Issued: 3-11-20

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.

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>2941 River Road West Ste 4 Goochland VA 23063</u>	
	Owner <u>Mike Havens</u>	Phone # <u>804-357-7042</u>
	Address <u>5344 Community House Rd, Goochland, VA, 23063</u>	Email <u>mikehavens3@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Jesse Crim</u>	
	Address <u>5695 Matthews Road, Goochland VA 23063</u>	Phone # <u>804-687-9452</u>
		Email <u>sales@northriveroutdoors.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 _____	Center Line Setback _____	Rear Setback _____	CUP/Variance/COA _____
	Side Setback _____	Side Setback _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*Wall Sign, no setbacks required.</u>			
Planning & Zoning Officer <u>David Ford</u> Date <u>2/27/2020</u> <u>B1</u>				

CONTRACTOR INFORMATION	Contractor <u>NIA-Owner</u>		Phone _____
	Address _____		
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	<b>Scope of Work:</b> This application is for the review of the metal sign for NORTH RIVER OUTDOORS that will be used for our business and mounted to the external brick above the main door/window on 2941 River Road W. Suite 4. Included a picture of the sign along with the new logo that will be created to show the contents.				
	Proposed Use Retail Business	Current Use B1 / Retail / Commercial	Environmental impacts (stream crossing, wetlands, amt land disturbed) N/A		
	<input type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms _____	# of Bedrooms _____	# of floors _____
	Finished Sq. Ft. <u>850</u>	Unfinished Sq. Ft. _____	Total Sq. Ft. <u>850</u>		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>30.60</u> State Levy Fee \$ <u>.60</u> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>31.20</u>
Value of Work	<u>\$400.00</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>02/20/20</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

Application Date: 01/14/2020

Permit Number: 2020-00031

GPIN/Tax Map: 7124-04-9723 / 6A20-0-1A-0

Issued: 3620

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 12500 West Creek Parkway, Richmond, VA 23238	
	Owner <b>Performance Food Group</b>	Phone # <b>804-484-7700</b>
	Address 12500 West Creek Parkway, Richmond, VA 23238	Email

APPLICANT INFORMATION	Applicant/Contact <b>Hourigan Construction/Mark Hourigan Jr.</b>	Phone # <b>804-282-5300</b>
	Address 411 E. Franklin Street, Suite 400, Richmond, VA 23219	Email mhouriganjr@hourigan.group

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 <b>Hourigan Construction</b>	Phone <b>804-282-5300</b>
	Address 411 E. Franklin Street, Suite 400, Richmond, VA 23219	Email mhouriganjr@hourigan.group
	Contractor License Number <b>2701010019</b>	Type <b>Class A</b> Expiration <b>05/31/2020</b>

DESCRIPTION OF WORK	<b>Scope of Work:</b> Renovation includes reconfiguration of 2nd floor office spaces & reconfiguration of the 3rd floor office space, as well as new finishes. Some adjustments to sprinkler head locations, HVAC diffusers, and ductwork are anticipated.				
	Proposed Use B - Business	Current Use B - Business	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0	# of floors 2
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 36,440		
	<b>Building Only - Excludes All Trades Permits</b>				

Value of Work	1,800,000.00	Application Fee	\$ <u>13,500.00</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>Mark J. Hourigan Jr.</u> Date <u>01/14/2020</u>		State Levy Fee	\$ <u>270.00</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>13,770.00</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: 3-2-20

Permit Number: BP-2020-00196

GPIN/Tax Map: GPIN 5891-39-4766

Issued:

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

Residential  Commercial

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

**OWNER INFORMATION**

Site Address: 3747 Shannon Hill Rd

Owner: CASBY GIACOMINO Phone #: 804

Address: SANOC Email:

**APPLICANT INFORMATION**

Applicant/Contact: DAVID LIVERMAN OAK CREST CONSTRUCTION Phone #: 804 380 1692

Address: DLIVERMAN@OAKCRESTCONSTRUCTION.COM Email:

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: \_\_\_\_\_ Proffer  Yes  No Amount: \_\_\_\_\_ Date Paid: LLC-COM

Front Setback: 55' from Prop. Line Center Line Setback: \_\_\_\_\_ Rear Setback: 35' CUP/Variance/COA: \_\_\_\_\_

Side Setback: 20' Side Setback: 20' Flood Zone: \_\_\_\_\_

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

Planning & Zoning Officer: [Signature] Date: 3/6/2020 A1

**CONTRACTOR INFORMATION**

Contractor: OAK CREST CONSTRUCTION LLC Phone: 804 380 1692

Address: 4038 Cedar Placid Sandy Hook VA 23153 Email: DLIVERMAN@OAKCRESTCONSTRUCTIONLLC.COM

Contractor License Number: 2705759508 Type: GEN RBC Expiration: 3/31/21

**DESCRIPTION OF WORK**

Scope of Work: install deck/stoop 6x8 ft

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft.		Unfinished Sq. Ft.	Total Sq. Ft.	
		<u>48'</u>	<u>48'</u>	

**Building Only - Excludes All Trades Permits**

Value of Work: 2500

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: 3-2-20

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



# BUILDING PERMIT APPLICATION

Application Date: 2/25/2020

RECEIVED

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

Permit Number: BP-2020-00181

2-26-2020

GPIN/Tax Map: 7706-20-9520 / 57-1-0-34

Issued: 3-6-2020

Residential  Commercial

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

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

OWNER INFORMATION	Site Address 1170 Dover Creek Ln. Manakin Sabot, VA 23103	
	Owner James Tashjian-Brown	Phone # 804-784-4748
	Address 1170 Dover Creek Ln. Manakin Sabot, VA 23103	Email

APPLICANT INFORMATION	Applicant/Contact Sigora Solar LLC	Phone # 434.465.6788 ext.119
	Address 1222 HARRIS STREET, Charlottesville, VA 22903	Email permitting@sigorasolar.com

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

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

DESCRIPTION OF WORK	Scope of Work: Installation of a Flush Roof Mounted Solar Photovoltaic System System Size:12.40 kWp DC				
	Proposed Use Residential Single Family	Current Use Residential Single Family	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 716.80		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ 271.05
Value of Work	\$57,566.88	State Levy Fee \$ 5.42
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 \$ 276.47
Signature of Applicant	Michael Graves	Date 2/25/2020



# 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: 2/21/2020

RECEIVED  
3-2-20

Permit Number: BP-2020-00185

GPIN/Tax Map: 6757-68-7843 / 42-37-1-56-0

Issued: 3-6-2020

Residential  Commercial

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

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

OWNER INFORMATION	Site Address 3260 Bayberry LN	
	Owner Traci Parrish	Phone # 804-551-0934
	Address 3260 Bayberry Ln, Goochland, VA 23063	

APPLICANT INFORMATION	Applicant/Contact Chad Wilkins / Convert Solar		Phone # 757-904-1284
	Address 5825 Ward Ct, Virginia Beach, VA 23455		Email autumn@convert-solar.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 Chad Wilkins / Convert Solar		Phone 757-904-1284
	Address 5825 Ward Ct, Virginia Beach, VA 23455		Email autumn@convert-solar.com
	Contractor License Number 2705151260	Type Contractor	Expiration 03/31/2021

DESCRIPTION OF WORK	Scope of Work: Install roof-mounted, grid-tied, 13.86kW solar pv system on existing single-family residence				
	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. 788		

Building Only - Excludes All Trades Permits

Value of Work \$20,920
---------------------------

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 2/22/2020

Application Fee	\$ 106.14
State Levy Fee	\$ 2.12
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 108.26

Rec: 3-10-20



# 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

Application Date: 02/06/2020

Permit Number: BP-2020-00137

GPIN/Tax Map: 7725-16-2577 / 58-54-1-1-E

Issued: 3-3-20

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: 15795 Mosaic Creek Boulevard

Owner: HHHunt Communities Phone #: 804-762-4800

Address: 11237 Nuchols Road, Glenn Allen Va, 23059 Email: bjtoland@hhhunt.com

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>30' From Prop. Line</u>	Center Line Setback: _____	Rear Setback: <u>5'</u>	CUP/Variance/COA: _____
Side Setback: <u>5'</u>	Side Setback: _____	Flood Zone: _____	

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

Planning & Zoning Officer: David Floyd Date: 2/6/2020 RPW

**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: 2705144011 Type: Class A -BLD Expiration: 1/31/2022

**DESCRIPTION OF WORK**

Scope of Work: Construct a Mail Kiosk

Proposed Use: <u>Mail Kiosk</u>	Current Use: _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms: <u>0</u>	# of Bedrooms: <u>0</u>	# of floors: <u>0</u>
Finished Sq. Ft.: <u>0</u>	Unfinished Sq. Ft.: <u>216</u>	Total Sq. Ft.: <u>216</u>		

**Building Only - Excludes All Trades Permits**

Value of Work: ~~20,000.00~~ 20,000.00

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

Signature of Applicant: [Signature] Date: 2/7/2020

Application Fee	\$ <u>150.00</u>
State Levy Fee	\$ <u>3.00</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>203.00</u>



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: 2-14-2020

Permit Number: BP-2020-00125

GPIN/Tax Map: 7707-94-9082 / 46-1-0-118-F

Issued: 3-2-2020

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>2348 MANAKIN RD. MANAKIN-SABOT, VA. 23103</u>	
	Owner <u>TIM LUCAS</u>	Phone #
	Address <u>SAME</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>MARK DONOVAN</u>	Phone # <u>804 339-7820</u>
	Address <u>2294 PONY FARM RD. MAIDENS, VA 23102</u>	Email <u>DONOVAN556@GMAIL</u>

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

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer: David Lloyd Date 2/19/2020 A2

CONTRACTOR INFORMATION	Contractor <u>DONOVAN CONST. CO.</u>	Phone <u>804 339-7820</u>
	Address <u>2294 PONY FARM RD. MAIDENS, VA 23102</u>	Email <u>DONOVAN556@GMAIL</u>
	Contractor License Number <u>2705098552</u>	Type <u>CLASS A</u>

DESCRIPTION OF WORK	Scope of Work: <u>DETACHED 2 CAR GARAGE</u>				
	<u>30x32</u>				
	Proposed Use <u>GARAGE</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>932 SQ FEET</u>		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>932</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>932</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>72,000</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: Mark J. Donovan Date: \_\_\_\_\_

Application Fee	\$ <u>336.00</u>
State Levy Fee	\$ <u>6.72</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>367.72</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: 1-28-2020Permit Number: BP-2020-00078GPIN/Tax Map: 6823-85-11095/6-16-0-100Issued: 3-9-2020

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>East side of Walton Rd Hadensville Properties</u> <u>Subdivision; Lot 1; Parcel B; GPIN # 6823-85-11095</u>	Phone #
	Owner <u>Hadensville Properties, LLC</u> <u>3929 Monument Ave Richmond, VA 23230</u>	Email
	Address <u>3929 Monument Ave Richmond, VA 23230</u>	

APPLICANT INFORMATION	Applicant/Contact <u>RBP Construction</u>	Phone # <u>434-738-8041</u>
	Address <u>1166 Bull Run Rd Buffalo Jct, VA 24529</u>	Email <u>rbpconstruction529@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>15' 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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date: <u>3/2/2020</u> <span style="float: right;">A1</span>				

CONTRACTOR INFORMATION	Contractor <u>RBP Construction</u>	Phone <u>434-738 8041</u>
	Address <u>PO Box 679 Buffalo Jct, VA 24529</u>	
	Contractor License Number <u>2705062849</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install Double Wide Manufactured Home</u> <u>26x50</u> <u>Vin # 2020</u>			
	Proposed Use <u>Residential Dwelling</u>	Current Use <u>Empty Lot</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NO</u> <u>5500</u>	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>
	Finished Sq. Ft. <u>1344</u>		Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>1344</u>

Building Only - Excludes All Trades Permits

Value of Work <u>100,000</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: 1/28/2020

Application Fee	\$ <u>462.00</u>
State Levy Fee	\$ <u>9.24</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>50.00</u>
RLD	\$ <u>100.00</u>
SWP	\$ <u>200.00</u>
Total	\$ <u>821.24</u>



# BUILDING PERMIT APPLICATION

Application Date: 2/12/2020

Permit Number: BP-2020-00121

GPIN/Tax Map: 6759-79-2054 / 21-9-0-36-0

Issued: 3-12-2020

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 2720 Parkhouse Ct Sandy Hook, VA 23153		Phone # 804-399-0862
	Owner William & Sharienne Cleveland		Email bill.cleveland@comcast.net
APPLICANT INFORMATION	Address 2720 Parkhouse Ct Sandy Hook, VA 23153		Phone # 804-399-0862
	Applicant/Contact Bill Cleveland		Email bill.cleveland@comcast.net

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:			

Planning & Zoning Officer: David Floyd Date: 2/12/2020 RR

CONTRACTOR INFORMATION	Contractor <u>Bill Cleveland TOWNER</u>		Phone <u>804-457-9426</u>
	Address <u>6020 Community House Rd Columbia, VA 23038</u>		Email <u>gregoryblnchr@gmail.com</u>
	Contractor License Number <u>2705093745</u>	Type Class A <u>RBC</u>	Expiration <u>2021-04-30</u>

DESCRIPTION OF WORK	Scope of Work: 16' x 20' single room addition (art/craft room) to be added along the northwest side of existing house.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) No streams/wetlands involved. Approx 350 sf of disturbed land		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft. 320		Unfinished Sq. Ft.		Total Sq. Ft. 320

Building Only - Excludes All Trades Permits		Application Fee	<u>139.07</u>
Value of Work	\$28,237	State Levy Fee	\$ <u>2.78</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>166.85</u>
Signature of Applicant <u>William Cleveland</u>		Date	<u>2/12/2020</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: 02/20/2020

RECEIVED  
22420

Permit Number: BP 2020-00167

GPIN/Tax Map: 7714-15-4425

Issued: 3-3-2020

Residential  Commercial

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

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

OWNER INFORMATION	Site Address 306 Hickory Dr, Manakin-Sabot, VA 23103	
	Owner Jen Dascher	Phone # 804-393-0282
	Address 306 Hickory Dr, Manakin-Sabot, VA 23103	Email jen.dascher@gmail

APPLICANT INFORMATION	Applicant/Contact Mark Keffer		Phone # 804-318-5002
	Address 9511 Forestdale Drive, Amelia CH, VA 23002	Email info@kefficient.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 Kefficient LLC		Phone 804-318-5002
	Address 9511 Forestdale Drive, Amelia CH, VA		Email info@kefficient.
	Contractor License Number 2705163415	Type HIC	Expiration 01/31/2021

DESCRIPTION OF WORK	Scope of Work: Crawl space encapsulation 2015 IRC				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ 44.10
Value of Work	7,133.00	State Levy Fee \$ .88
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 02/20/2020		Septic/Well Fee \$
		Zoning Fee \$
		RLD \$
		SWP \$
		Total \$ 44.98



# 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-2020-00161

GPIN/Tax Map: 6759-71-0266

Issued: 3-3-2020

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.

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: 2433 Cheney Creek Rd, Goochland VA 23063

Owner: Chris Haller Phone #: 804-516-5194

Address: 2433 Cheney Creek Rd, Goochland VA 23063 Email: c\_haller@comcast.

**APPLICANT INFORMATION**  
Applicant/Contact: Mark Keffer Phone #: 804-318-5002

Address: 9511 Forestdale Drive, Amelia CH, VA 23002 Email: info@kefficient.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: Kefficient LLC Phone: 804-318-5002

Address: 9511 Forestdale Drive, Amelia CH, VA Email: info@kefficient.com

Contractor License Number: 2705163415 Type: HIC Expiration: 01/31/2021

**DESCRIPTION OF WORK**  
Scope of Work: Crawl space encapsulation 2015 IRC

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

Building Only - Excludes All Trades Permits  
Value of Work: 10,764.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  
Signature of Applicant: *[Signature]* Date: 02/20/2020

Application Fee	\$ 60.44
State Levy Fee	\$ 1.21
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 61.65



# BUILDING PERMIT APPLICATION

Application Date: 02/20/20 **RECEIVED**  
 Permit Number: BP-2020-00180 2-25-2020

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

GPIN/Tax Map: 12-1-0-34-A

Issued: 3-5-2020

Residential  Commercial

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

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

OWNER INFORMATION	Site Address 4189 Cedar Plains Road		Phone # 804-337-9076
	Owner Lewis, Jeramy Young		Email
	Address 4189 Cedar Plains Road		
APPLICANT INFORMATION	Applicant/Contact Jeannie M. Salvatore		Phone # 804-621-7718
	Address 2410 Southland Dr Chester VA 23831		Email jsalvatore@jeswork.com

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

CONTRACTOR INFORMATION	Contractor Jes construction		Phone 804-621-7718
	Address 2410 Southland Dr Chester VA 23831		Email jsalvatore@jeswork.com
	Contractor License Number 2705-06-8655	Type a	Expiration 04/30/20

DESCRIPTION OF WORK	Scope of Work: drain tie 134 lf with 2 sump pumps				
	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.	Total Sq. Ft. 944		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>51.30</u>
Value of Work	8,735.00	State Levy Fee \$ <u>1.03</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>Jeannie M. Salvatore</u> Date <u>02/20/20</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>52.33</u>

Sherill Marshall - 514-3384



**BUILDING PERMIT APPLICATION**

Application Date: 2-4-2020

Permit Number: BP-2020-00109 ✓

GPIN/Tax Map: 6821-93-2298 / 12-1-0-28-D

Issued: 3-12-2020

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 <u>3560 Pacetown Road Sandy Hook, Virginia 23153</u>	
	Owner <u>David Aaron Marshall SR.</u>	Phone # <u>(804) 457-2454</u>
	Address <u>3560 Pacetown Rd. Sandy Hook, Va 23153</u>	Email <u>MarshallSheri1196@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>David Aaron Marshall SR.</u>	Phone # <u>(804) 441-1125</u>
	Address <u>3560 Pacetown Rd. Sandy Hook, Virginia 23153</u>	Email <u>Dartn68@outlook.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 Prop. Line</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>35' from ROW</u>	Side Setback <u>20'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Ford</u> Date: <u>2/13/2020</u> <span style="float: right;">A1</span>			

CONTRACTOR INFORMATION	Contractor <u>Blue Ridge Custom Homes, LLC</u>		Phone <u>(540) 841-0006</u>
	Address <u>2958 River Rd. West Goochland, Virginia 23063</u>		Email <u>BlueRidge.Kevin@gmail.com</u>
	Contractor License Number <u>2705086712A</u>	Type <u>Class A BLD classification</u>	Expiration <u>07-31-20</u>

DESCRIPTION OF WORK	Scope of Work: <u>600 sq ft. addition</u>					
	<u>Family Room Utility Room expanding Kitchen size Bathroom. <sup>expanded</sup> Master Bathroom total 1 Added Bathroom walk in closet</u>					
	Proposed Use <u>Residential</u>	Current Use <u>Residential</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>			
	<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>960 600</u>	Unfinished Sq. Ft. <u>600</u>	Total Sq. Ft. <u>600 1560</u>			

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>262.00</u>
Value of Work <u>50,000</u>		State Levy Fee \$ <u>4.74</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
Signature of Applicant: <u>David A Marshall Sr</u>	Date: <u>02/03/2020</u>	Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>266.74</u>



# 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

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

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

- Type:
- Commercial
  - Residential
- Trade:
- Fire
  - Electrical
  - Mechanical
  - Plumbing
  - Gas

Date	3-6-2020
Permit #	EL-2020-00201
GPIN	7724-14-7308
Tax Map	

## LOCATION

Street Address	560 CREEKMORE ROAD	E MANAKIN 2.016 AC Lot 1 DB 150 382 PCF 43
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## PROPERTY OWNERSHIP

Name	DICKERSON JAMES B JR DICKERSON DELORES J	Phone	804-784-5565	
Mailing Address	560 CREEKMORE ROAD	Richmond, VA 23238	Email	

## APPLICANT

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

## CONTRACTOR

Name	Haynie Electrical Services inc / dba J&M Electrical Services			Phone	804-276-5580				
Mailing Address	400 Turner Road			N 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	Elec/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 #
Value of Work (required)			

# 8000.00

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: 2/28/20

### Office Use Only

Approval: Fisher Approval date: 3-6-2020  
Permit Fee: 600.89 Issued date: 3-6-2020



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

Date	Rec 3-5-2020
Permit #	ELI-2020-00197
GPIN	7724-14-9505
Tax Map	

## LOCATION

Street Address	551 CREEKMORE ROAD
----------------	--------------------

## PROPERTY OWNERSHIP

Name	Dickerson James B Jr Dickerson Jean H	Phone	804-784-5565
Mailing Address	560 Creekmore Rd Richmond, VA 23238	Email	gdickerson46@yahoo.com

## APPLICANT

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

## CONTRACTOR

Name	Haynie Electrical Services dba J&M Electrical Services			Phone	804-276-5580
Mailing Address	400 Turner Road N 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	Elec/Gfc/Plb A		

## DESCRIPTION OF WORK

Install 22kw Automatic Standby Generator and 1-(200) amp ATS Switch			
# of Bathrooms	Service Size	Power Company	Inquiry #
4 \$8600.00			
Value of Work (required)			

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: 2/28/20

Approval:	<u>Fisher</u>	Office Use Only	Approval date:	<u>3-6-2020</u>
Permit Fee:	<u>160.89</u>		Issued date:	<u>3-6-2020</u>



# TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	3/6/2020
Permit #	2019-00809
GPIN	
Tax Map	

## LOCATION

Street Address: 1980 Covington Rd.

## PROPERTY OWNERSHIP

Name	Radack Daniel	Phone	
Mailing Address	207 West Brook Run Dr.	Email	

## APPLICANT

Name	Eddie Stagle	Phone	514-6861
Address	P.O. Box 443 Powhatan VA 23139	Email	

## CONTRACTOR

Name	Stagle + Son Electric LLC	Phone	514-6861		
Mailing Address	P.O. Box 443 Powhatan VA 23139	Email			
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705150024	12/31/2020	Electrical	B

## DESCRIPTION OF WORK

Wire new home to code

to install 22kw generator

# of Bathrooms	Service Size	Power Company	Inquiry #
3 1/2	400 Amp	VA Power	103.495.48
Value of Work (required)			
17,000			

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

Signature of Applicant: [Signature] Date: 3/6/2020

Approval:	<u>[Signature]</u>	Office Use Only	Approval date:	<u>3/6/20</u>
Permit Fee:	<u>99.45</u>		Issued date:	<u>3/6/20 # 2041</u>

3112



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	10.02.19
Permit #	011-2020-211
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

### LOCATION

Street Address	<b>1546 HORSEPEN HILLS RD</b>	District	
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### PROPERTY OWNERSHIP

Name	<b>SARAH STEWART</b>	Phone	<b>804-339-3024</b>
Mailing Address	<b>1546 HORSEPEN HILLS RD MAIDENS, VA 23102</b>		

### APPLICANT

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

### CONTRACTOR

Name	<b>WOODFIN HEATING</b>	Phone	<b>804-277-8603</b>
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	MEADS@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2019	License Type:	CONTRACTOR
Class:	A		

### DESCRIPTION OF WORK

<b>INSTALL 22KW PROPANE GENERATOR, 200 AMP ATS.</b>			
# of Baths	Service Size	Power Company	Inquiry #
	<b>200</b>	<b>Dom</b>	<u>                    </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.

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

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

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

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

\_\_\_\_\_(Notary) My commission expires \_\_\_\_\_

Signature of Applicant *[Signature]*

Value of Work: **9500.00**  
Permit fee: **\$65.03 - cash**

Approval *[Signature]* Date **3-12-20**

Issue date: **3-12-20**



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

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

Date	10/4/2019
Permit #	BP-2019-00538
GPIN	6769-66-0420
Tax Map	31-12-0-4-0

## LOCATION

Street Address	2788 Turner Rd. - Goochland VA 23063
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## PROPERTY OWNERSHIP

Name	Ama Bryant	Phone	
Mailing Address		Email	

## APPLICANT

Name	Justin Ransom	Phone	(804) 836-9770
Address	11521 Franklin Hills Dr. - Rockville VA 23146	Email	Justin@ransomelectr.com

## CONTRACTOR

Name	Ransom Electric Inc.	Phone	(804) 836-9770		
Mailing Address	11521 Franklin Hills Dr. - Rockville VA 23146	Email	Justin@ransomelectr.com		
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705170630	12/31/2020	Contractor	C

## DESCRIPTION OF WORK

We newly built house. Revised 3-17-20 to include 20kw generator			
# of Bathrooms	Service Size	Power Company	Inquiry #
3	200A	Dominion	10318657
Value of Work (required)	\$ 6,000.00		

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: [Signature] Date: 10/4/2019

Office Use Only	
Approval: <u>[Signature]</u>	Approval date: <u>10-9-19</u>
Permit Fee: <u>\$ 48.96</u>	Issued date: <u>10-9-19</u>

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

(owner's statement on back)



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	10-4-2019
Permit #	BP-2019 - 00539
GPIN	6769 - 66 - 3415
Tax Map	31-12-0-4-B

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

## LOCATION

Street Address	2794 Turner Rd. - Goochland VA 23063
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## PROPERTY OWNERSHIP

Name	Taylor Bryant	Phone	
Mailing Address		Email	

## APPLICANT

Name	Justin Ransom	Phone	(804) 836-9770
Address	11521 Franklin Hills Dr. - Rockville, VA 23146	Email	Justin@ransomelectric.com

## CONTRACTOR

Name	Ransom Electric Inc	Phone	(804) 836-9770
Mailing Address	11521 Franklin Hills Dr.	Email	Justin@ransomelectric.com
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705170630
		Expiration	12/31/20
		License Type	Contractor
		Class	C

## DESCRIPTION OF WORK

Wire newly built home. Revised 3-17-20 to wire 20kw generator.

# of Bathrooms	3	Service Size	200A	Power Company	Dominion	Inquiry #	(103) 4870
Value of Work (required)	\$ 6,000.00						

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: [Signature] Date: 10/4/2019

Approval	<u>[Signature]</u>	Office Use Only	Approval date	<u>10-9-19</u>
Permit Fee	<u>\$ 48.96</u>		Issued date	

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