

Issued 12-17-19

BUILDING PERMIT APPLICATION Goochland County Building Inspection Department P O Box 119 Goochland VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317 LOT 32-2 READERS BRANCH	Application Date: 11-1-19
	Permit Number: BP-2019-01022
	Old Map Number: 58-55-2-32-0
	GPIN: 7726-15-0107

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

OWNER INFORMATION	Site Address 12238 Bremner Ridge Circle <i>Manakin Sabot, VA 23103</i>		District	
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060.			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Readers Branch Sec. 2</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: <i>\$12,592.00</i>	Date Paid: <i>Due</i>
	New Street Address		Zoning District <i>R PUD</i>	
	Front Setback <i>30' from Prop. Line</i>	Center Line Setback	Rear Setback <i>25'</i>	C.U. Permit
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	Census Track	Flood Zone <i>X</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* Survey locate setbacks * Cash proffer due before issuing. * C.O.</i>			

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

Planning & Zoning Officer: *David Floyd* Date: *11/7/19*

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

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

Description of Work	Scope of Work: <i>NEW DWELLING WITH ATTACHED GARAGE. Revised 5-15-20 changed complete house plans</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		<i>3470 3878</i>	<i>2708 3322</i>	<i>702 556</i>	<i>3 4</i>

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

VALUE OF WORK	
Building	\$229,425.00 <i>\$270,000</i>
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <i>1044.41</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>20.89</i>
Zoning Fee	\$ <i>50.00</i>
Total	\$ <i>1115.30</i>

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

Signature of Applicant: *[Signature]*



BUILDING PERMIT APPLICATION

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

Application Date: **12-27-19**
 Permit Number: **BP-2019-01168**
 GPIN/Tax Map: **6823-54-2756/5-10-81-B**
 Issued: **1-23-20**

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 4994 Broad Street Road		Phone # 804.986.1345
	Owner Roslyn Brooks		Email
	Address 3759 Broad Street Road Gum Spring VA 23065		

APPLICANT INFORMATION	Applicant/Contact Donnie J Cox		Phone # 804.338.4355
	Address PO Box 5155 Glen Allen, VA 23039		Email kirllc@comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 100' from Row	Center Line Setback _____	Rear Setback 35'	CUP/Variance/GOA _____
	Side Setback 20'	Side Setback 20'	Flood Zone X	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer David Floyd Date 12/30/19 / 5/20/2020 <i>Reviewed site plan AI</i>			

CONTRACTOR INFORMATION	Contractor Keep'n It Rolling LLC		Phone 804.338.4355
	Address PO Box 5155 Glen Allen VA 23058		Email kirllc@comcast.net
	Contractor License Number 2705099537	Type RBC, Class A	Expiration 4.30.21

DESCRIPTION OF WORK	Scope of Work: New construction of foundation for modular home 27239ft² for deck <i>Revised 5-20-20 to add</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) no no 25 acres		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 2	# of Bedrooms 3	# of floors 1
	Finished Sq. Ft. 2260	Unfinished Sq. Ft. 164 sqft Deck 441	Total Sq. Ft. 2260 2429 2701		

Building Only - Excludes All Trades Permits		Application Fee	\$ 1697.76
Value of Work	65,490.00 \$152,392.50	State Levy Fee	\$ 13.96
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ 50-
		RLD	\$ 100-
		SWP	\$ _____
		Total	\$ 861.72
Signature of Applicant	<i>[Signature]</i>	Date	12/26/19



BUILDING PERMIT APPLICATION

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

Application Date: 12/13/2019

Permit Number: BP-2019-01150

GPIN/Tax Map: 7715-34-0403

Issued: 1-10-2020

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

OWNER INFORMATION	Site Address <u>Perron Lane Lot 4A Section IV Broad Run</u>	
	Owner <u>Lara and Steven D'Antonio</u>	Phone # <u>(804) 569-9745</u>
	Address <u>PO Box 1510 Mechanicsville, VA 23116</u>	Email <u>lonnie@kandzbuilders.com</u>

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Broad Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' from ROW</u>	Center Line Setback <u>80'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>R2-1986-5</u>
	Side Setback <u>15'/35'</u>	Side Setback <u>15'/35'</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Boyd</u> Date: <u>12/18/19</u> RR			

CONTRACTOR INFORMATION	Contractor <u>Krickoric & Ziegler, LLC</u>		Phone <u>(804) 569-9745</u>
	Address <u>PO Box 1510, Mechanicsville, VA 23116</u>		
	Contractor License Number <u>2705100072</u>	Type <u>Class A</u>	Expiration <u>11-30-2020</u>

DESCRIPTION OF WORK	Scope of Work: <u>Single family home with attached garage with finished basement. Revised 5-26-20 to change unfinished finished basement to unfinished basement</u>			
	Proposed Use <u>Residential</u>	Current Use <u>N/A</u>	Existing Buildings on Property <u>0</u>	# of Floors <u>2 + basement</u>
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>5 1/2</u>	# of Bedrooms <u>5</u>
	Finished Sq. Ft. <u>16300 4422</u>	Unfinished Sq. Ft. <u>1768 2776</u>	Total Sq. Ft. <u>8068 7198</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>819,000</u>	Application Fee \$ <u>3697.50</u>
	State Levy Fee \$ <u>73.95</u>
	Septic/Well Fee \$ <u> </u>
	Zoning Fee \$ <u>50.00</u>
	RLD \$ <u>100.00</u>
	SWP \$ <u> </u>
Signature of Applicant: <u>[Signature]</u> Date: <u>12/13/19</u>	Total \$ <u>3921.45</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.



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: 2-19-2020
 Permit Number: BP-2020-00152
 GPIN/Tax Map: 30-8-0-13-0/6059-71-0950
 Issued: 3-19-20

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>2449 Cheney Creek Road Goochland VA 23063</u>	
	Owner <u>Ford and Robbins Construction INC</u>	Phone # <u>804-314-0206</u>
	Address <u>9703 Laurel Pine Drive Henrico, VA 23228</u>	Email <u>ctrobbins68@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Christopher Robbins</u>		Phone # <u>804-314-0206</u>
	Address <u>9703 Laurel Pine Drive Henrico, VA 23228</u>		Email <u>ctrobbins68@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Cheney's Creek</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 <u>—</u>	Rear Setback <u>35'</u>	CUP/Variance/COA —
	Side Setback <u>30'</u>	Side Setback <u>20'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>2/29/2020</u> A2			

CONTRACTOR INFORMATION	Contractor <u>Christopher Robbins</u>		Phone <u>804-314-0206</u>
	Address <u>9703 Laurel Pine Drive Henrico, VA 23228</u>		Email <u>ctrobbins68@gmail.com</u>
	Contractor License Number <u>2705095604</u>	Type <u>A</u>	Expiration <u>05/31/2021</u>

DESCRIPTION OF WORK	Scope of Work: Construct new 2216 Square feet Ranch style house with masonry foundation, vinyl siding, asphalt dimensional shingles, covered front porch, and two car garage. <u>Revised 5-11-20 complete new house plans and</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Creek crossing, aprox 9,000 square feet disturbed		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>3</u>	# of Bedrooms <u>4</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>2216 2635</u>	Unfinished Sq. Ft. <u>832 1793</u>	Total Sq. Ft. <u>3048 4428</u>		

Building Only – Excludes All Trades Permits		Application Fee \$ <u>934.50</u>
Value of Work <u>205,000 \$300.00</u>		State Levy Fee \$ <u>18.69</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ <u>—</u>
Signature of Applicant <u>[Signature]</u>	Date <u>02/18/2021</u>	Zoning Fee \$ <u>50-</u>
		RLD \$ <u>—</u>
		SWP \$ <u>—</u>
		Total \$ <u>1003.19</u>

add partial finish basement



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: 5/27/2020

Permit Number: BP-2020-00443

GPIN/Tax Map: 6726-78-5227/39-1-0-100-0

Issued: 5-29-20

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: 4538 Three Square Rd.

Owner: Kristian Lull Phone #: 804-380-5522

Address: 4538 Three Sq Rd Email: klull@gln.d.kiz.vaus

APPLICANT INFORMATION

Applicant/Contact: Kristian Lull Phone #: _____

Address: 4538 Three Sq Rd, Gooch VA 23063 Email: _____

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: None Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 55' from ROW Center Line Setback: _____ Rear Setback: 5' CUP/Variance/COA: _____

Side Setback: _____ Side Setback: 5' Flood Zone: _____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: [Signature] Date: 5/29/2020 1A1

CONTRACTOR INFORMATION

Contractor: OWNER Phone: _____

Address: Same Email: _____

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK

Scope of Work: 11x32 above ground pool w/ 14x24 deck w/ fencing and locking gates (2).

Proposed Use: _____ Current Use: _____ Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____

SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>	# of floors _____
Finished Sq. Ft.	Unfinished Sq. Ft. <u>800 sqft</u>	Total Sq. Ft. <u>283+512=800 sq. ft</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$3,500.00 \$3,500.00</u>	Application Fee	\$ <u>30.00</u>
		State Levy Fee	\$ <u>1.00</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>55.00</u>

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

Signature of Applicant: [Signature] Date: 5/27/2020



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

FAX: (804) 556-5654

Office Use Only

Application File Date: 5-18-2020

Application No.: AP-2020-00390

Fee: \$25.00

Zoning Approval: Yes

[Signature]

No: _____

Date: 5/19/20

Zoning Application Type: *Please appropriate check box*

Residential Accessory Structure – 256 sq. feet or less – structures over 256 sq. feet require a building permit Building is exempt from building permit and inspection requirements per VCC 108.2.15

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: Loewen Virginia LLC - Mark Forney

Telephone: (573) 647-0753

Address: 3600 Horizon Blvd. Suite 100

Cell phone: (573-647-0753

Treose, PA 19053

FAX: _____

E-mail: mforney@stonemor.com

Name of Applicant: Ed Faux - Gibraltar Mausoleums Construction

Telephone: (412) 571-5615

Address: 252 RIDC Park West Drive

Cell phone: (412) 398-4998

Pittsburgh, PA 15275

FAX: _____

E-mail: efaux@matw.com

Property Information

Street Address: 12609 Patterson Ave Richmond VA 23238

Zoning: A2

GPIN Number: 7715-71-8898

Acreage: 66.73

Existing Use: Cemetery

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): 766sf 2. Value of Building: \$175,000.00

3. Written Description of Proposed Physical Improvements:

The building is a cast in place concrete structure providing 168 crypt spaces with stucco and polished granite exterior finishes. The structure will be used solely for the interment of human remains and will have no occupied spaces or store rooms, and no connections to public utilities.



BUILDING PERMIT APPLICATION

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

Application Date: 5-18-20

Permit Number: BP-2020-00403

GPIN/Tax Map: 7116-87-8201/58-23-0-1-0

Issued: 5-28-20

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

Residential Commercial

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

Site Address
1564 Oak Grove Dr.

Owner: Naji Salhab Phone #: 804-377-5667

Address: 1564 Oak Grove Dr Email: Ferris.Salhab@comcast.net

Applicant/Contact: John Miller Phone #: 804-640-8443

Address: P.O. Box 313 Manakin-Sabot, Va 23103 Email: Jmiller@millmarconstruction.com

Subdivision: Oak Grove Estates Proffer: Yes No Amount: _____ Date Paid: _____

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: _____ Date: 5/21/2020 AD

Contractor: Millmar Homes, LLC Phone: 804-640-2219

Address: P.O. Box 313 Manakin-Sabot, Va 23103 Email: Mike Miller @millmarconstruction.com

Contractor License Number: 2705 053462 Type: Class A Expiration: 12/31/20

Scope of Work: Add masonry raised covered front porch.

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.: 400 Total Sq. Ft.: 400

Value of Work: \$ 25,000

Application Fee	\$ <u>124.50</u>
State Levy Fee	\$ <u>2.49</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
CMO	\$ <u>121.00</u>

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



BUILDING PERMIT APPLICATION

Application Date: 04/24/2020 *Prec: 56-20*

Permit Number: 2020-00368

GPINTax Map: 127-58-56771 48-15-0-3-0

Issued: 5-28-20

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

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 2305 Commerce Center Dr Rockville Va 23146			
	Owner Rock Center LLC		Phone # 804-347-6920	
	Address 2830 Aylesford Dr. Midlothian, Va 23113		Email bagliano@superiorcontract.com	
APPLICANT INFORMATION	Applicant/Contact Fischer Restoration LLC			Phone # 804-551-0462
	Address 2305 Commerce Center Dr Rockville Va 23146			Email aaron.fischer@rainbowva.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 checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>Dennis Lloyd</u> Date <u>5/12/2020</u> <i>m2</i>			

CONTRACTOR INFORMATION	Contractor Fastsigns ✓		Phone 540-548-0028	
	Address 2361 Greystone Ct Rockville, VA 23146		Email 375@fastsigns.com	
	Contractor License Number 2705161657	Type Class A <i>BSC</i>	Expiration 8/31/21	

DESCRIPTION OF WORK	Scope of Work: <i>Building mounted</i> Install 40" x 91.5" Dibond Sign <i>(from facade = 1632 sq. ft.)</i>				
	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. <i>2539 ft</i>	Total Sq. Ft. <i>2539 ft</i>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>3000</u>	
Value of Work <u>\$958.00</u>		State Levy Fee \$ <u>0</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>04/24/2020</u>		Septic/Well Fee \$	
		Zoning Fee \$ <u>0</u>	
		RLD \$	
		SWP \$	
		Total \$ <u>3000</u>	

Rec: 5-13-20



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: 5/11/2020

Permit Number: BP-2020-00376

GPIN/Tax Map: 7716-32-7606

Issued: 5-26-20

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.

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 306 Hawk Wing Drive	
	Owner Burton M. Marshall II	Phone # 804-301-5442
	Address 306 Hawk Wing Drive, Manakin-Sabot, VA 23103	

APPLICANT INFORMATION	Applicant/Contact Burton M. Marshall II	Phone # 804-301-5442
	Address 306 Hawk Wing Drive	

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 Applicant/Owner - Burton M. Marshall II		Phone 804-301-5442
	Address 306 Hawk Wing Drive, Manakin-Sabot, VA 23103		Email burtonmarshall2@gmail.com
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Reconfigure Bay Window at Front Elevation				
	Proposed Use Living Room	Current Use Living Room	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. 89 sq ft		Unfinished Sq. Ft.		Total Sq. Ft. 89 sq ft

Building Only - Excludes All Trades Permits		Application Fee	\$ 124.50
Value of Work	\$25,000	State Levy Fee	\$ 2.49
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	\$ 126.99
Signature of Applicant <u>Burton M. Marshall II</u>		Date	<u>5-11-20</u>



BUILDING PERMIT APPLICATION

Application Date: 05/08/2020 Rec: 5-13-20

Permit Number: BP-2020-00373

GPIN/Tax Map: 39-1-0-92-A / 6727-13-699A

Issued: 5-26-20

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 1741 Haskin Rd. Goochland VA 23063	
	Owner William Poulton	Phone # 804-517-9126
	Address 1741 Haskin Rd. Goochland VA 23063	Email poultonwc@gmail.com
APPLICANT INFORMATION	Applicant/Contact William Poulton	
	Address 1741 Haskin Rd. Goochland VA 23063	Email poultonwc@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>75' from Prop. Line</i>	Center Line Setback —	Rear Setback <i>35'</i>	CUP/Variance/COA —
	Side Setback <i>20'</i>	Side Setback <i>20'</i>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David Floyd</i> Date: <i>5/19/2020</i> <i>A1</i>			

CONTRACTOR INFORMATION	Contractor <i>Owner-</i>		Phone —
	Address —		Email —
	Contractor License Number —	Type —	Expiration —

DESCRIPTION OF WORK	Scope of Work: <i>200sqft</i> Add a deck to the south side of the house				
	Proposed Use Deck	Current Use —	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms —	# of Bedrooms —	# of floors —
	Finished Sq. Ft. —		Unfinished Sq. Ft. <i>200 304</i>	Total Sq. Ft. <i>304.</i>	

Building Only - Excludes All Trades Permits

Value of Work	\$3651
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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: *5/8/2020*

Application Fee	\$ 30.00
State Levy Fee	\$ -60
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 55.00



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: 4/15/2020

Permit Number: 2020-00320

GPIN/Tax Map: 6797-41-9028 / 45-1-0-72-C

Issued: 5-21-20

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>16700 Shallow Well Rd. Manakin-Sabot VA 23103</u>	
	Owner <u>Tyler + Gail McNeely</u>	Phone # <u>434-806-7257</u>
	Address <u>same as above</u>	Email <u>tyler@tyler-mcneely.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>H. Catherine von Briesen</u>	Phone # <u>434-860-4263</u>
	Address <u>710 Henry Ave Suite B Charlotte NC 28203</u>	Email <u>catherineb@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>25' from Prop Line</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer David Floyd Date 4/24/2020 **A2**

CONTRACTOR INFORMATION	Contractor <u>Greer & Associates</u>		Phone <u>434-296-8722</u>
	Address <u>710 Henry Ave Suite B Charlotte NC VA 28203</u>		Email <u>catherineb@gmail.com</u>
	Contractor License Number <u>2705039834</u>	Type _____	Expiration <u>6-30-21</u>

DESCRIPTION OF WORK	Scope of Work: <u>ENTRY Porch on side of House 10x14</u>				
	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>140</u>	<u>140</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>192.00</u> State Levy Fee \$ <u>3.84</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>220.84</u>
Value of Work	<u>40,000.00</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>H. Catherine von Briesen</u>	
Date	<u>4/15/2020</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: 5/20/20
 Permit Number: BP 2020-00413
 GPIN/Tax Map: 6767-48-6700/43-2-0-2-0
 Issued: 5-21-20

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: 1908 Hidden Rock Lane
 Owner: Goochland County
 Address: 1800 Sandy Hook Road
 Phone #: 556-5855

APPLICANT INFORMATION
 Applicant/Contact: Derek Stamey
 Address: [Blank]
 Email: dstamey@goochlandva.us
 Phone #: 556-5855
 Email: [Blank]

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: None	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: [Blank]	Date Paid: [Blank]
Front Setback: 5' from Prop. Boundary	Center Line Setback: [Blank]	Rear Setback: [Blank]	CUP/Variance/COA: COA-2020-00007
Side Setback: [Blank]	Side Setback: [Blank]	Flood Zone: [Blank]	

APPROVED REJECTED COMMENTS: No site plan supplied. Date 5/21/2020 Based on A2 POB

CONTRACTOR INFORMATION
 Contractor: SMI Sign Systems
 Address: 3903 Cornell Place Frederick, MD
 Contractor License Number: [Blank]
 Phone: 301-468-1132
 Email: andrew.grobes@smisystems.com

DESCRIPTION OF WORK
 Scope of Work: Install Landmark & Monument Signs for New Animal Shelter
 Proposed Use: [Blank] Current Use: [Blank]
 Environmental Impacts (stream crossing, wetlands, amt land disturbed): [Blank]
 SEWER: Public/Private [Blank] WATER: Public/Private [Blank]
 # of Bathrooms: [Blank] # of Bedrooms: [Blank] # of floors: [Blank]
 Finished Sq. Ft.: [Blank] Unfinished Sq. Ft.: [Blank] Total Sq. Ft.: [Blank]

Building Only - Excludes All Trades Permits
 Value of Work: \$27,000

Signature of Applicant: [Signature] Date: 5/20/20

Application Fee \$
 State Levy Fee \$
 Septic/Well Fee \$
 Zoning Fee \$
 RLD \$
 SWP \$
 Total \$0



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: 4-6-20

Permit Number: BP-2020-00277

GPIN/Tax Map: 6197-44-5145/45-18-0-10-0

Issued: 4-14-2020

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: 1740 Fox Downs
1150 Huntsman Cir, Olliville va 23129

Owner: George Volosen Phone #: 214 235 8780

Address: 1150 Huntsman Cir Email: george.volosen@yahoo.com

APPLICANT INFORMATION

Applicant/Contact: George Volosen Phone #: 214 235 8780

Address: 1150 Huntsman Cir Email: george.volosen@yahoo.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: Fox Downs Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 25' from Prop. Line Center Line Setback: _____ Rear Setback: 35' CUP/Variance/COA: _____

Side Setback: 35' Side Setback: 30' Flood Zone: _____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: David Boyd Date: 4/8/2020 A2

CONTRACTOR INFORMATION

Contractor: OWNER Phone: _____

Address: _____ Email: _____

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK

Scope of Work: Replacing Deck, Building New Deck 1076 sq ft *Permit revised 5/18/20 to add additional 279 sq 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>1076</u> <u>1355</u>	<u>1076</u> <u>1355</u>		

Building Only - Excludes All Trades Permits

Value of Work: 5,000 10,760.00 13,550.00

Application Fee	\$ <u>60.42</u>
State Levy Fee	\$ <u>1.21</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>35.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>96.63</u> <u>99.43</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: GV Date: 3-26-2020



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: 4/24/2020

Permit Number: *BP-2020-00337*

GPIN/Tax Map: *6726-41-2763/50-5-0-12-01*

Issued: *5-19-20*

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

Residential Commercial

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

OWNER INFORMATION	Site Address 1185 Lickinghole Road Goochland, VA 23063	
	Owner William Davis and Susan Davis	Phone # 804-687-1953
	Address 1185 Lickinghole Road Goochland, VA 23063	Email

APPLICANT INFORMATION	Applicant/Contact Ryan Haskell	Phone # 804-357-0960
	Address 2419 Westwood Ave Richmond, VA 23230	Email rhaskell@sermat.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 Sermat Construction Servies		Phone 804-264-4800
	Address 2419 Westwood Ave Richmond VA 23230		Email SERMAT@SERMAT.COM
	Contractor License Number 2701025440CBC-RBC	Type Class A	Expiration 10/31/2020

DESCRIPTION OF WORK	Scope of Work: Replace the Main roof trusses that we damaged by fire, replace the Asphalt Shingle roof, repalce interior finishes on the 1st and 2nd floor of home				
	Proposed Use Residential	Current Use Residential	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 3.5	# of Bedrooms 5	# of floors 3
	Finished Sq. Ft. 3234	Unfinished Sq. Ft. 1848	Total Sq. Ft. 5082		

Building Only - Excludes All Trades Permits		Application Fee	\$
Value of Work <i>200,000</i>		State Levy Fee	\$
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic Tank Fee	\$
		Zoning Fee	\$
		NLD	\$
		SWP	\$
		Total	\$ <i>-0-</i>
Signature of Applicant <i>[Signature]</i>	Date <i>4/24/2020</i>		



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

FAX: (804) 556-5654

Office Use Only

Application File Date: 5-19-2020 | Application No.: AP-2020-00383 | Fee: \$25.00
Zoning Approval: Yes [Signature] | No: _____ | Date: 5/15/2020

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: Jordan + Melanie FRANK

Telephone: _____

Address: 2080 Broad Street Rd
maidens VA 23102

Cell phone: 804 836 4687

FAX: _____

E-mail: jorfrank88@gmail.com

Name of Applicant: _____

Telephone: _____

Address: _____

Cell phone: _____

FAX: _____

E-mail: _____

Property Information

Street Address: 2080 Broad Street Rd

Zoning: A-2

GPIN Number: 6778-68-4660

Acreage: 1.48

Existing Use: Residential

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): 240

2. Value of Building: \$ 5500

3. Written Description of Proposed Physical Improvements:

Add electricity to shed



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: 5/6/2020

Permit Number: BP-2020-00364

GPIN/Tax Map: 7716-00-6294/57-20-C-10-0

Issued: 5-13-20

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: 5 DEER RUN RD MANAQUIN SALES VA 23103

Owner: DARREN E SUSAN KIMURSON Phone #: 804-784-2811

Address: 5 DEER RUN RD Email:

APPLICANT INFORMATION

Applicant/Contact: JAMES FICZ WATEREDGE CONSTRUCTION Phone #: 804-641-9790

Address: 105 E. CARY ST RICHMOND VA 23219 Email: james@wateredge.net

MALL TO

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: _____ Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: _____ Center Line Setback: _____ Rear Setback: _____ CUP/Variance/COA: _____

Side Setback: _____ Side Setback: _____ Flood Zone: _____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: _____ Date: _____

CONTRACTOR INFORMATION

Contractor: WATEREDGE CONSTRUCTION INC Phone: 804-641-9790

Address: PO BOX 315 GOOCHLAND VA 23063 Email: james@wateredge.net

Contractor License Number: 2701037463 Type: BLD Expiration: 9-30-2020

DESCRIPTION OF WORK

Scope of Work: DEMOLITION REMODEL, LIGNING & FINISHES

Proposed Use: <u>Single family</u>	Current Use: <u>Single family</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed): <u>NONE</u>		
SEWER: <u>Public/Private</u>	WATER: <u>Public/Private</u>	# of Bathrooms: _____	# of Bedrooms: _____	# of floors: _____
Finished Sq. Ft.: <u>252</u>	Unfinished Sq. Ft.: <u>0</u>	Total Sq. Ft.: <u>252</u>		

Building Only - Excludes All Trades Permits

Value of Work: <u>12,751.41</u>	Application Fee: \$ <u>69.38</u>
	State Levy Fee: \$ <u>1.39</u>
	Septic/Well Fee: \$ _____
	Zoning Fee: \$ _____
	RLD: \$ _____
	SWP: \$ _____
Signature of Applicant: <u>[Signature]</u> Date: <u>5/6/2020</u>	Total: \$ <u>70.77</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: 5-5-20

Permit Number: BP-2020-00355

GPIN/Tax Map: 6810-24-9967/17-13-0-1-0

Issued: 5-12-20

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.

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>5012 TORI LANE GOOCHLAND, VA 23063</u>	
	Owner <u>LASZLO VAGNER</u>	Phone # <u>804-310-8785</u>
APPLICANT INFORMATION	Address <u>5012 TORI LANE</u>	Email <u>GEORGE@VAGNER.COM</u>
	Applicant/Contact <u>SAME AS ABOVE</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/Variance/COA
	Side Setback	Side Setback	Flood Zone	

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

CONTRACTOR INFORMATION	Contractor <u>(OWNER) HOME OWNER IMPROVEMENT</u>	Phone <u>804 310 8785</u>
	Address	Email <u>GEORGE@VAGNER.COM</u>
	Contractor License Number	Type
		Expiration

DESCRIPTION OF WORK	Scope of Work: <u>ENCLOSE SCREENPORCH FOR OFFICE SPACE (INSTALL ELECTRIC OUTLETS FOR A/C AND WALL SOCKETS)</u>				
	Proposed Use <u>OFFICE</u>	Current Use <u>SCREEN PORCH</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>2.5</u>	# of Bedrooms <u>3</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>144 SQ/FT</u>		Unfinished Sq. Ft. <u>0</u>		Total Sq. Ft. <u>144</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.00</u>
Value of Work	<u>\$4000.00</u>	State Levy Fee	\$ <u>.60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>30.60</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>5-1-2020</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: 04 May 2020Permit Number: 2020-00357GPIN/Tax Map: 6803-55-7070 / 4-11-0-1-0Issued: 5-12-20

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.

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>Martha Lee Reynolds</u>	
	Owner <u>4706 Payne Road</u>	Phone # <u>1-804-683-2541</u>
APPLICANT INFORMATION	Address <u>Columbia, VA 23038</u>	
	Applicant/Contact <u>same as owner</u>	Email <u>1marthalee@gmail.com</u>
APPLICANT INFORMATION	Address <u>same as owner</u>	
	Email <u>same as owner</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Ostrich Run</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 _____	Re-Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>35' from Shuman Hinder</u>	Side Setback <u>5'</u>	Flood zone _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>5/17/2020</u> <u>AI</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>pour 4 inch concrete pad and erect metal storage building for farm equipment 24x26 + 312 lean to used for storing farm equipl.</u>			
	Proposed Use <u>storage</u>	Current Use <u>NA</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u>	
	SEWER Public/Private <u>NA</u>	WATER Public/Private <u>NA</u>	# of Bathrooms <u>NA</u>	# of Bedrooms <u>NA</u>
	Finished Sq. Ft. <u>624</u>	Unfinished Sq. Ft. <u>-312 + 624 = 936</u>	Total Sq. Ft. <u>936</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>127.83</u>
Value of Work	<u>\$25,000</u> \$25,740.00	State Levy Fee \$ <u>2.56</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>155.39</u>
Signature of Applicant <u>Marthalee Reynolds</u> Date <u>04 May 2020</u>		



BUILDING PERMIT APPLICATION

Application Date: April 30, 2020

Permit Number: BP-202000356

GPIN/Tax Map: 6841-69-7983 113-1-0-11-A

Issued: 5-11-20

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 3850 cabin road	
	Owner David and Leslie Abromaits	Phone # 804-513-4944
	Address 3850 Cabin Road Gum Spring Va. 23065	Email slhudson86@yahoo.com

APPLICANT INFORMATION	Applicant/Contact 804-513-4944	Phone # 804-513-4944
	Address 3850 Cabin Road	Email slhudson86@yahoo.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from Row</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer <u>David Floyd</u> Date <u>5/6/2020</u> A1			

CONTRACTOR INFORMATION	Contractor Carolina Carports	Phone 1-800-670-4262
	Address P.O. BOX 1263/187 CARDINAL RIDGE TRAIL	Email CCI@CAROLINACARPORTS.COM
	Contractor License Number <u>2705116290</u>	Type <u>CBC RBC</u>

DESCRIPTION OF WORK	Scope of Work: putting up a 46x26 carport				
	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. <u>1496</u>	Unfinished Sq. Ft. <u>1196</u>	Total Sq. Ft. <u>1,196</u>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>92.75</u>
Value of Work	<u>6,789.99</u> <u>17,940</u> ⁰⁰	State Levy Fee	\$ <u>1.85</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>2500</u>
Signature of Applicant <u>Leslie Abromaits</u> Date <u>April 30/20</u>		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>219.58</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: May 1, 2020

Permit Number: *BP-2020-00350*
4850-23-9981 / 21-10-0-18C

GPIN/Tax Map: ~~DB 380 - 410 PB 18 - 92~~

Issued: *5-11-20*

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.

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 2940 Stone Creek Drive, Sandy Hook, VA 23153	
	Owner Edward O. Talmage, III	Phone # 804-514-9544
	Address 2940 Stone Creek Drive, Sandy Hook, VA 23153	Email eotalmageiii@globalweb.net

APPLICANT INFORMATION	Applicant/Contact Ed Talmage	Phone # 804-514-9544
	Address 2940 Stone Creek Drive, Sandy Hook, VA 23153	Email eotalmageiii@globalweb.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mill Forest I</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>55' from Prop. Line</i>	Center Line Setback —	Rear Setback <i>5'</i>	CUP/Variance/COA —
	Side Setback <i>5'</i>	Side Setback —	Flood Zone <i>C</i>	—
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David Floyd</i> Date: <i>5/6/2020</i> <i>RR</i>			

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

DESCRIPTION OF WORK	Scope of Work: <i>26x26</i> Construct detached garage in rear yard.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) 1200 square feet		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft. 0	Unfinished Sq. Ft. 600	Total Sq. Ft. 600		
	Building Only - Excludes All Trades Permits				

Value of Work	\$20,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *Edward Talmage* Date: 5/01/2020

Application Fee	\$ <i>127.00</i>
State Levy Fee	\$ <i>2.04</i>
Septic/Well Fee	\$
Zoning Fee	\$ <i>25.00</i>
RLD	\$
SWP	\$
Total	\$ <i>129.04</i>



BUILDING PERMIT APPLICATION

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

Application Date: 4/29/2020

Permit Number: BP-2020-00349

GPIN/Tax Map: 0736-83-9133/51-1-0-55-A1

Issued: 5-11-20

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.

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>4010 BenLomond Rd.</u>	
	Owner <u>Pocahontas Farm of Goochland LLC</u>	Phone # <u>(804) 405-2723</u>
	Address <u>4010 BenLomond Rd.</u>	Email <u>gcametas@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Gus Cametas Mgr.</u>	Phone # <u>(804) 405-2723</u>
	Address <u>4010 BenLomond Rd. Goochland VA 23063</u>	Email

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

CONTRACTOR INFORMATION	Contractor <u>Gus Cametas (Owner/Mgr.)</u>	Phone <u>(804) 405-2723</u>
	Address	Email <u>gcametas@gmail.com</u>
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Install Solar Panels on Existing Garage</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits <u>2,400.00</u>		Application Fee	\$ <u>3000</u>
Value of Work	<u>See Attached Electric Permit App</u>	State Levy Fee	\$ <u>60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>3060</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>4/29/2020</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: 4-29-20

Permit Number: BD-2020-003A1

GPIN/Tax Map: 7704-86-1356/12-33-0-20-0

Issued: 5-8-20

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

OWNER INFORMATION

Site Address: 409 Elm Creek Dr Manakin Sabot, VA 23103

Owner: Jim Ingersoll MANAKIN SABOT 23103 LAND TRACT

Address: 409 Elm Creek Dr Manakin Sabot, VA

Phone #: 804-677-9025

Email: Jimingersolleverizon.net

APPLICANT INFORMATION

Applicant/Contact: Jim Ingersoll

Address: 409 Elm Creek Dr Manakin Sabot, VA 23103

Phone #: 804-677-9025

Email: Jimingersolleverizon.net

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: Cedar Grove Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: _____ Center Line Setback: _____ Rear Setback: 5 CUP/Variance/COA: _____

Side Setback: 5 Side Setback: 5 Flood Zone: _____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: David Floyd Date: 5/1/2020 RPUD

CONTRACTOR INFORMATION

Contractor: SELF (Jim Ingersoll)

Address: 409 Elm Creek Dr

Phone: 804-677-9025

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK

Scope of Work: INSTALL IN GROUND SWIMMING POOL - auto cover
fence already existing

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
Finished Sq. Ft. <u>392</u>	Unfinished Sq. Ft. <u>392</u>	Total Sq. Ft. <u>392</u>	

Building Only - Excludes All Trades Permits

Value of Work: \$15,500.00

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

Signature of Applicant: [Signature] Date: 4/26/2020

Application Fee	<u>71.75</u>
State Levy Fee	<u>1.62</u>
Septic/Well Fee	<u>0.00</u>
Zoning Fee	<u>25.00</u>
RLD	<u>0.00</u>
SWP	<u>0.00</u>
Total	<u>108.37</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: 4-27-20
 Permit Number: BD-2020-00327
 GPIN/Tax Map: 20-1-0-47-0/6840-48-6306
 Issued: 5-8-20

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>3783 Harris Ln Gum Springs VA 23065</u>	
	Owner <u>Andy Harris Jr (James)</u>	Phone # <u>(804) 937-8202</u>
	Address <u>3783 Harris Lane Gum Springs VA 23065</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Buck Jones</u>	Phone # <u>(804) 641-7756</u>
	Address <u>19146 Highlands Ln Bumpass VA 23024</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/GOA _____
	Side Setback <u>5'</u>	Side Setback _____	Flood Zone _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS Planning & Zoning Officer: <u>Daniel Floyd</u> Date: <u>4/28/20</u> <u>AI</u>			

CONTRACTOR INFORMATION	Contractor <u>JEL Construction LLC</u>		Phone <u>(804) 641-7756</u>
	Address <u>19146 Highlands Ln Bumpass VA 23024</u>		Email <u>jelconstructs@gmail.com</u>
	Contractor License Number <u>2705110868</u>	Type <u>Class A Bld</u>	Expiration <u>16-31-20</u>

DESCRIPTION OF WORK	Scope of Work: <u>20'x20' pole structure Pool House</u>				
	Proposed Use <u>Pool House</u>	Current Use <u>Residential</u>	Environmental impacts (stream crossing, wetlands, amt land disturbed) <u>400 sq ft disturbed</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>2</u>	# of Bedrooms <u>2</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>400 sq ft</u>		Unfinished Sq. Ft. <u>400</u>		Total Sq. Ft. <u>400 sq ft</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>47.05</u>	
Value of Work <u>12,600</u>	<u>\$12,600</u>	State Levy Fee \$ <u>22.137</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____	
Signature of Applicant: <u>[Signature]</u>		Zoning Fee \$ <u>25.00</u>	
Date: <u>4/22/20</u>		R/LD \$ _____	
		SWP \$ _____	
		Total \$ <u>139.22</u>	
			<u>\$95.07</u>

APPLICATION

Department of Building Inspection
 P.O. Box 119
 Southland, VA 23063
 (804) 556-5815 Fax (804) 556-5851
 TDD 711 VA.Relay

Residential Commercial

Permit Number: BP-2020-00345
 GPIN/Tax Map: 0156-20-9628/55-14-0-15-0
 Issued: 5-7-20

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

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

OWNER INFORMATION	Site Address <u>1816 THE FOREST MIKE & KAREN BOURN</u>		Phone # _____
	Owner <u>1216 THE FOREST, CROZIER, VA. 23039</u>		Email _____
	Address		
APPLICANT INFORMATION	Applicant/Contact <u>Memory Williams JR</u>		Phone # <u>804-840-3292</u>
	Address <u>15046 NEW FOUND RD. DOSWELL, VA. 23049</u>		Email <u>msspoolservice@live.com</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>The Forest</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____
	Front Setback <u>55' from R/W</u>	Center Line Setback _____	Rear Setback <u>5'</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____		Date <u>5/1/2020</u>
	Planning & Zoning Officer <u>Daniel Floyd</u>		<u>A2</u>
CONTRACTOR INFORMATION	Contractor <u>M & S Pool Service</u>		Phone <u>804-840-3292</u>
	Address <u>P.O. Box 464 Ashland, VA 23005</u>		Email <u>msspoolservice@live.com</u>
	Contractor License Number <u>2705139661</u>	Type <u>Class B</u>	Expiration <u>04-30-21</u>
DESCRIPTION OF WORK	Scope of Work: <u>installing an inground pool w/ fence 18x36 w/ barrier</u>		
	Proposed Use <u>Swimming</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed) _____
	SEWER Public/Private	WATER Public/Private	# of Bathrooms _____
	Finished Sq. Ft. _____	Unfinished Sq. Ft. <u>648</u>	# of Bedrooms _____
			# of floors _____
Total Sq. Ft. <u>648</u>			
Building Only - Excludes All Trades Permits			
Value of Work <u>\$25,000</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 <u>Memory Williams</u>	Date <u>4/10/20</u>		
		Application Fee \$ <u>124.51</u> State Levy Fee \$ <u>2.49</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>152.00</u>	



BUILDING PERMIT APPLICATION

Application Date: 4/14/2020 4-29-20

Permit Number: BL-2020-00336

GPIN/Tax ID: 733-15-9315/67-10-0-16-0

Issued: 5-4-20

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 30 Lower Tuckahoe Rd W (Garage)	
	Owner John Wheeler	Phone # 412-352-0471
	Address 30 Lower Tuckahoe Rd W, Richmond, VA 23238	

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/Varlance/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 Class A; AES & ELE	Expiration 3/31/2021

DESCRIPTION OF WORK	Scope of Work: Install roof-mounted, grid-tied, solar pv system on existing residential garage.				
	Proposed Use residential	Current Use residential	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. 605		

Building Only - Excludes All Trades Permits

Value of Work \$ 7350	Application Fee \$ <u>45.08</u>
	State Levy Fee \$ <u>.90</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ _____
	RLD \$ _____
	SWP \$ _____
Signature of Applicant <u>[Signature]</u> Date <u>4/14/2020</u>	Total \$ <u>45.98</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.



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: 4/14/2020 *4-29-20*

Permit Number: *BP-2020-00335*

GPIN/Tax Map: *7133-15-9315/67-10-0-16-0*

Issued: *5-4-20*

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 30 Lower Tuckahoe Rd W (House)	
	Owner John Wheeler	Phone # 412-352-0471
	Address 30 Lower Tuckahoe Rd W, Richmond, VA 23238	

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 Class A; AES & ELE	Expiration 3/31/2021

DESCRIPTION OF WORK	Scope of Work: Install roof-mounted, grid-tied, solar pv system on existing residence.				
	Proposed Use residential	Current Use residential	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. 605		

Building Only - Excludes All Trades Permits		Application Fee	\$ <i>29.75</i>
Value of Work	32,700	State Levy Fee	\$ <i>3.18</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <i>[Signature]</i> Date 4/14/2020		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <i>162.33</i>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 4/24/2020

Permit Number: BP-2020-00325

GPIN/Tax Map: 59-5-0-1-0 / 1126-71-933A

Issued: 5-1-20

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: 12000 Avery Point Way, Richmond, VA 23233

Owner: Erickson Living Phone #: 410-829-6577

Address: 701 Maidens Lane, Baltimore, MD 21228 Email: david.berrien@erickson.com

APPLICANT INFORMATION
 Applicant/Contact: Whiting-Turner/Joe Saunders Phone #: 804-677-7104

Address: 3015 W. Moore St. Suite 100, Richmond, VA 23230 Email: joey.saunders@whiting-turner.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: West Creek Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 20' Center Line Setback: _____ Rear Setback: 5' CUP/Variance/COA: _____
 Side Setback: 5' Side Setback: 5' Flood Zone: _____

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 4/28/2020 MI

CONTRACTOR INFORMATION
 Contractor: Whiting-Turner Phone: 8043304700

Address: 3015 W. Moore St. Suite 100. Richmond Email: joey.saunders@

Contractor License Number: 4399 Type: Contractor Expiration: 12/31/20 WHITING-TURNER.COM

DESCRIPTION OF WORK
 Scope of Work: Temporary Construction Trailer for survey point

Proposed Use: Construction Office Current Use: N/A Environmental Impacts (stream crossing, wetlands, amt land disturbed): N/A

SEWER: Public/Private WATER: Public/Private # of Bathrooms: N/A # of Bedrooms: N/A # of floors: 1

Finished Sq. Ft.: 160 Unfinished Sq. Ft.: 0 Total Sq. Ft.: 160

Building Only - Excludes All Trades Permits

Value of Work: \$3,000

Application Fee \$ 30.00
 State Levy Fee \$.60
 Septic/Well Fee \$ _____
 Zoning Fee \$ 50.00
 RLD \$ _____
 SWP \$ _____
 Total \$ 80.60

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: 4/24/2020

514

\$65.03



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 #	ELI-2020-00359
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	2104 JOCKEY RIDGE RD	District	
----------------	-----------------------------	----------	--

PROPERTY OWNERSHIP

Name	ARCHER LEWIS	Phone	(913) 660-3082
Mailing Address	2104 JOCKEY RIDGE RD MAIDENS, VIRGINIA 23102		

APPLICANT

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

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-277-8603
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	MEADS@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
		Expiration	11/30/2020 11/2019
		License Type:	Class: A CONTRACTOR

DESCRIPTION OF WORK

INSTALL 22 KW PROPANE GENERATOR, 2-200 AMP ATS.			
# of Baths	Service Size	Power Company	Inquiry #
	400	DOM	N/A

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Value of Work: **9500.00**

Signature of Applicant Robert Snyder

Permit fee: **65.03**

Approval Fisher Date 5-7-2020

Issue date: 5-7-2020



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

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

Type:
 Commercial
 Residential

Trade:
 Fire
 Electrical
 Mechanical
 Plumbing
 Gas

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

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

Date	5-14-20
Permit #	ELI--2020-00401
GPIN	
Tax Map	

LOCATION

Street Address
 3070 WHITE HALL RD 23153

PROPERTY OWNERSHIP

Name	IRWING MEALY		Phone	804-363-3605
Mailing Address	3070 WHITE HALL RD. 23153		Email	N/A

APPLICANT

Name	Virginia Power Solutions		Phone	804-365-0263
Address	10102 Whitesel Road, B, Ashland, VA 23005		Email	service@viriniapowersolutions.com

CONTRACTOR

Name	Virgina Power Solutions		Phone	804-365-0263
Mailing Address	10102 Whitesel Road, B, Ashland, VA 23005		Email	service@viriniapowersolutions.com
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type
		2705123991	8/31/20	ELE, GFC
				Class
				B

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 200A SWITCH

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	\$9500.00 FEE \$65.03		

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

Signature of Applicant: Date: 5-14-20

Office Use Only	
Approval date	5-14-20
Issued date	5-14-20

(owner's statement on back)



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	05.06.20
Permit #	EU-2020-00411
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	1501 CENTERVILLE PARKE DRIVE	District	
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PROPERTY OWNERSHIP

Name	VLADIMIR KLEYMAN	Phone	8048402724
Mailing Address	1501 CENTERVILLE PARKE DRIVE		

APPLICANT

Name	WOODFIN HEATING	Phone	8047644533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	VPITTMAN@ASKWOODFIN.COM	E-mail address:
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701037820	Expiration 11/2020
License Type: CONTRACTOR		Class: A	

DESCRIPTION OF WORK

22 KW GENERATOR, 2-200 AMP ATS,			
# of Baths	Service Size 200 400A	Power Company DOMINION	Inquiry # N/A

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	<u>Robert Snyder</u>	Value of Work:	<u>11000.00</u>
		Permit fee:	<u>71.91</u>
Approval	<u>Fisher</u>	Issue date:	<u>5-20-20</u>
	Date	<u>5-20-2020</u>	



RESIDENTIAL TRADES PERMIT APPLICATION

\$139.84

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	05.06.20
Permit #	ELI-2020-60384
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	2661 SANDY HOOK ROAD	District	
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PROPERTY OWNERSHIP

Name	JAMES ENGLISH	Phone	304-481-4766
Mailing Address	2661 SANDY HOOK ROAD		

APPLICANT

Name	WOODFIN HEATING	Phone	8047644533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	VPITTMAN@ASKWOODFIN.COM	E-mail address:
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2020	License Type:	CONTRACTOR
Class:	A		

DESCRIPTION OF WORK

38 KW GENERATOR, 200 AMP ATS, RUN WIRE FOR TANKLESS WATER HEATER			
# of Baths	Service Size	Power Company	Inquiry #
	200	DOMINION	N/A

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Value of Work: 25800

Signature of Applicant Robert Snyder

Permit fee: 139.84

Approval Fisher Date 5-15-2020

Issue date: 5-15-2020



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	05.06.20
Permit #	ELI-2020-00378
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	3847 SAGE ROAD	District	
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PROPERTY OWNERSHIP

Name	JIMMY WEGMAN	Phone	8043001941
Mailing Address	3847 SAGE ROAD		

APPLICANT

Name	WOODFIN HEATING	Phone	8047644533
E-Mail Address	VPITTMAN@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	VPITTMAN@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2020	License Type:	Class: A
		CONTRACTOR	

DESCRIPTION OF WORK

22 KW GENERATOR, 200 AMP ATS,			
# of Baths	Service Size	Power Company	Inquiry #
	200	DOMINION	N/A

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

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Value of Work: **10400.00**

Permit fee: ~~71.91~~ **69.16**

Signature of Applicant Robert Snyder

Approval Fisher Date 5-14-2020

Issue date: 5-14-2020



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 5/13/20

Permit #: ELI-2020-00389

GPIN

Tax Map

LOCATION

Street Address: 664 Manakin Rd

PROPERTY OWNERSHIP

Name: Margaret Walker Phone: 784-5165

Mailing Address: 664 Manakin Rd Email: N/A

APPLICANT

Name: Reid Gilley Phone: 512-6037

Address: P.O. Box 229 Manakin-Salt Va 23103 Email: creidgilley@aol.com

CONTRACTOR

Name: C.R. Gilley Elec Inc Phone: 784-4900

Mailing Address: P.O. Box 229 Manakin-Salt Va 23103 Email: creidgilley@aol.com

Gas Certification: YES NO

State License Number: 2710018124 Expiration: 5/30/22 License Type: Elect Contractor Class: A

DESCRIPTION OF WORK

2701031963 05-31-2022

Furnish and install a 20 kw LPG Generator

of Bathrooms: Service Size: 200 Amp. Power Company: N/A Inquiry #: N/A

Value of Work (required): \$ 6000.00

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: C.R. Gilley Date: 5/13/20

Office Use Only

Approval: Fisher Approval date: 5-18-2020

Permit Fee: 58.14 Issued date: 5-18-2020

516

\$65.03



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 #	EL-2020-003120
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	2138 WITHERS LANE	District	
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PROPERTY OWNERSHIP

Name	WALTER RABE	Phone	(703) 930-4079
Mailing Address	2138 WITHERS LANE MAIDENS, VA 23102		

APPLICANT

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

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-277-8603
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	MEADS@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
		Expiration	11/30/2020 11/2019
		License Type:	CONTRACTOR
		Class:	A

DESCRIPTION OF WORK

INSTALL 22 KW PROPANE GENERATOR, 200 AMP ATS.			
# of Baths	Service Size	Power Company	Inquiry #
	200	DOM	N/A

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

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

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

_____(Signature)

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

Value of Work: **9500.00**

Signature of Applicant Robert Snyder

Permit fee: **65.03**

Approval Fisher Date **5-7-2020**

Issue date: **5-7-2020**



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	05/21/2020
Permit #	2020-00157
GPIN	6769-35-9907
Tax Map	30-13-B-10-0

LOCATION

Street Address
2805 Springfaire Drive

PROPERTY OWNERSHIP

Name	Theodore Robertson	Phone	804-564-8592
Mailing Address	2805 Springfaire Drive, Goochland, VA 23063	Email	theodorearobertson@msn.com

APPLICANT

Name	Roger D. Minter	Phone	804-232-4093
Address	14400 Justice Road, Midlothian, VA 23113	Email	RMinter@JLMinterElectric.com

CONTRACTOR

Name	J.L. Minter Electrical Contractor, Inc.	Phone	804-232-4093						
Mailing Address	14400 Justice Road, Midlothian, VA 23113	Email	RMinter@JLMinterElectric.com						
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701008721A	Expiration	10/31/2020	License Type	ELE	Class	A

DESCRIPTION OF WORK

Wire for new 20kw generator and ATS

# of Bathrooms	Service Size	Power Company	Inquiry #
	400		n/a
Value of Work (required)			
\$3,500.00			

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

Signature of Applicant: [Signature] Date: 05/21/2020

Approval:	<u>[Signature]</u>	Office Use Only	Approval date:	<u>5/27/20</u>
Permit Fee:	<u>3749</u>		Issued date:	<u>5/27/20</u>

(owner's statement on back)