



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: 6-9-20

Permit Number: BP-2020-00489

GPIN/Tax Map: 7726-24-6364 / 58-53-0-B-0

Issued: 6-30-20

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.

Site Address: 2354 South Crossing Dr. Manakin Saliot
 Open Space B (7726-24-6364 / 58-53-0-B-0) 23103

Owner: Readers Branch Partners, LLC
 Phone #: (804) 741-4663

Address: 2250 Old Brick Road, Suite 200, Glen Allen, VA 23060
 Email:

Applicant/Contact: Eagle Construction of Va., LLC / Mark Rainey
 Phone #: (804) 382-4028

Address: 2250 Old Brick Road, Suite 220, Glen Allen, VA 23060
 Email: mrainey@eagleofva.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: Eagle Construction of Va., LLC / Mark Rainey
 Phone: (804) 382-4028

Address: 2250 Old Brick Road, Suite 220, Glen Allen, VA 23060
 Email: mrainey@eagleofva.com

Contractor License Number: 2705096467
 Type: Class A
 Expiration: June 30, 2021

Scope of Work:
Construction of pedestrian boardwalk.

DESCRIPTION OF WORK	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	Boardwalk (#1)	Open Space	NONE		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms N/A	# of Bedrooms N/A	# of floors N/A
Finished Sq. Ft. 100 sf		Unfinished Sq. Ft. 0		Total Sq. Ft. 100 sf	

Building Only - Excludes All Trades Permits

Value of Work: \$2,000

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

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: [Signature] Date: 5-29-20



BUILDING PERMIT APPLICATION

Application Date: 06/16/2020

Permit Number: BP-2020-00555

GPIN/Tax Map: 1733-03-7313 / 67-11-0-A-0

Issued: 6-30-20

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.

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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 106 Fox Gate Lane				
	Owner Nicholas Owens		Phone # 804-869-3065		
	Address 106 Fox Gate Lane, Richmond, VA 23238		Email nick.owens@gmail.com		
APPLICANT INFORMATION	Applicant/Contact Nicholas Owens		Phone # 804-869-3065		
	Address 106 Fox Gate Lane, Richmond VA 23238		Email nick.owens@gmail.com		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid	
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA	
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Foyed</u> Date <u>6/19/2020</u> <u>A2</u>				
CONTRACTOR INFORMATION	Contractor Steel Buildings & Structures		Phone 877-272-8276 ext. 122		
	Address 820 Reeves Drive, Mt. Airy, NC 27030		Email sbspermitting@sbsihq.com		
	Contractor License Number <u>2705159377</u>	Type <u>NIA</u>	<u>CPC</u> <u>RPC</u>	Expiration <u>2128122</u>	
DESCRIPTION OF WORK	Scope of Work: 14x36 basic carport on gravel (no utilities) for RV				
	Proposed Use see above	Current Use see above	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none - currently used a bocce ball court with gravel		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms N/A	# of Bedrooms N/A	# of floors N/A
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.
			504		504
Building Only - Excludes All Trades Permits			Application Fee \$ <u>76.02</u>		
Value of Work <u>3700 \$7,250</u>			State Levy Fee \$ <u>.92</u>		
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.			Septic/Well Fee \$		
Signature of Applicant <u>[Signature]</u> Date <u>6/16/20</u>			Zoning Fee \$ <u>25.00</u>		
			RLD \$		
			SWP \$		
			Total \$ <u>111.94</u>		



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6/23/20
 Permit Number: BP-2020-00578
 GPIN/Tax Map: 7715-27-4256
 Issued: 6-30-20
 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>361 Holly Lake Dr Mamakin Sebat</u>	
	Owner <u>Julia Link</u>	Phone # <u>804-240-6339</u>
	Address <u>361 Holly Lake Dr.</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Joel Hamlet Stratford Const. Inc.</u>		Phone # <u>804-347-2384</u>
	Address <u>P.O. Box 13529 Rich, Va. 23225</u>		Email <u>Stratconstruction@verizon.net</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>Stratford Construction Inc.</u>		Phone
	Address <u>P.O. Box 13529 Rich. Va 23225</u>		Email <u>Stratconstruction@verizon.net</u>
	Contractor License Number <u>2705036536</u>	Type <u>CLASS A</u>	Expiration <u>2020-12-31</u>

DESCRIPTION OF WORK	Scope of Work: <u>finish off existing attic room</u> <u>install additional HVAC and electric (craft Rm)</u>				
	Proposed Use <u>Craft Rm</u>	Current Use <u>Attic</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. <u>750</u>		Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>27,500.00</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 Joel Hamlet Date 6-

Application Fee	\$ <u>185.76</u>
State Levy Fee	\$ <u>2.71</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>138.47</u>



BUILDING PERMIT APPLICATION

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 TDD 711 VA Relay

Residential Commercial

Application Date: 6-9-20
 Permit Number: BP-2020-00491
 GPIN/Tax Map: 7726-25-0307 / 58-55-2-B-0
 Issued: 6-26-20
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

Site Address 12399 South Crossing Dr. Manakin Sabot, VA
Open Space B (7726-25-0307 / 58-55-2-B-0) 23103

OWNER INFORMATION
 Owner: Readers Branch Partners, LLC
 Address: 2250 Old Brick Road, Suite 200, Glen Allen, VA 23060
 Phone #: (804) 741-4663
 Email:

APPLICANT INFORMATION
 Applicant/Contact: Eagle Construction of Va., LLC / Mark Rainey
 Address: 2250 Old Brick Road, Suite 220, Glen Allen, VA 23060
 Phone #: (804) 382-4028
 Email: mrainey@eagleofva.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: Eagle Construction of Va., LLC / Mark Rainey
 Address: 2250 Old Brick Road, Suite 220, Glen Allen, VA 23060
 Phone: (804) 382-4028
 Email: mrainey@eagleofva.com
 Contractor License Number: 2705096467 Type: Class A Expiration: June 30, 2021

SCOPE OF WORK:
Construction of pedestrian boardwalk.

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
Boardwalk (#2)	Open Space	NONE		
SEWER Public/Private	WATER Public/Private	# of Bathrooms N/A	# of Bedrooms N/A	# of floors N/A
Finished Sq. Ft. 400 sf	Unfinished Sq. Ft. 0	Total Sq. Ft. 400 sf		

Building Only - Excludes All Trades Permits
 Value of Work: \$4,000

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

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: Mark Rainey Date: 5-29-20



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

Residential Commercial

Application Date: 6-9-20

Permit Number: BD-2020-00493

GPIN/Tax Map: 7726-25-0307 / 58-55-2-B-0

Issued: 6-26-20

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

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

OWNER INFORMATION	Site Address <u>12293 North Crossing Dr, Manakin Sabot, VA 23103</u> <u>Open Space B (7726-25-0307 / 58-55-2-B-0)</u>	
	Owner <u>Readers Branch Partners, LLC</u>	Phone # <u>(804) 741-4663</u>
	Address <u>2250 Old Brick Road, Suite 200, Glen Allen, VA 23060</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Eagle Construction of Va., LLC / Mark Rainey</u>	Phone # <u>(804) 382-4028</u>
	Address <u>2250 Old Brick Road, Suite 220, Glen Allen, VA 23060</u>	Email <u>mrainey@eagleofva.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>Eagle Construction of Va., LLC / Mark Rainey</u>	Phone <u>(804) 382-4028</u>
	Address <u>2250 Old Brick Road, Suite 220, Glen Allen, VA 23060</u>	Email <u>mrainey@eagleofva.com</u>
	Contractor License Number <u>2705096467</u>	Type <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <h2>Construction of pedestrian boardwalk.</h2>				
	Proposed Use <u>Boardwalk (#3)</u>	Current Use <u>Open Space</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>N/A</u>
	Finished Sq. Ft. <u>400 sf</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>400 sf</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$4,000</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 Rainey Date: 5-29-20

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



BUILDING PERMIT APPLICATION

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

6/19/20

Permit Number: BP-2020-00574
 GPIN/Tax Map: 43-37-B-15-0
 Issued: 6-26-2020

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

Residential Commercial

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

Site Address: 2503 BUCKNELL LANE, MAIDENS VA 23102

OWNER INFORMATION
 Owner: ROBERT + ROBIN WILFONG Phone #: (804) 441-2861
 Address: SAME Email: abnwolf21@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: ROBERT WILFONG Phone #:
 Address: Email:

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision <u>CLIFTON</u>	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: OWNER Phone: (804) 441-2861
 Address: Email:
 Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK
 Scope of Work: REPOSITION STRINGERS ON DECK. REPLACE RAILINGS, + REANCHOR POSTS.

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
<u>SEWER</u> Public/Private	<u>WATER</u> Public/Private	# of Bathrooms <u>3</u>	# of Bedrooms <u>3</u>	# of floors <u>2</u>
Finished Sq. Ft. <u>192'</u>	Unfinished Sq. Ft.		Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work: 1,500⁰⁰

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: 6/19/20

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

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

I ROBERT WILSON of (address) 2503 BUCKNELL LANE affirm that I am the owner of a certain tract of parcel of land located at 2503 BUCKNELL LANE, MANASSAS VA 23112 and that I have applied for a building permit. I affirm that I am not subject to licensure as a contractor or subcontractor as required by Section 54.1-1111 of the Code of Virginia.

[Signature] Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE [Signature]

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANT LOAD _____ CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL [Signature] DATE 6/26/2020
Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 08/26/20

Permit Number: BP-2020-00506

GPIN/Tax Map: 2716-77-5009

Issued: 6-26-2020

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>1506 CAMBERLEY DR</u>	Phone # <u>804 397 7255</u>
	Owner <u>STEPHANIE QUARFORTH</u>	Email <u>stephsteph@gmail.com</u>
	Address <u>1506 CAMBERLEY DR, MANAKIN-SABOZ 23103</u>	Phone # <u>804 399 2668</u>

APPLICANT INFORMATION	Applicant/Contact <u>RON BUCHANAN</u>	Email <u>rbuchanan57@gmail.com</u>
	Address <u>1506 CAMBERLEY DR, MANAKIN-SABOZ 23103</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 REJECTED COMMENTS: _____
Date _____
Planning & Zoning Officer _____

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

Scope of Work: Converting storage room to 4th bedroom. Addition of closet and window. ~~electrical outlets & switch~~

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>281</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>281</u>		

Building Only - Excludes All Trades Permits

Value of Work <u>2000</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 5/25/20

Application Fee	\$ <u>2030.00</u>
State Levy Fee	\$ <u>40.60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>2070.60</u>



BUILDING PERMIT APPLICATION

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

Application Date: 6-8-20

Permit Number: BP-2020-00482

GPIN/Tax Map: 6787-62-4860/44-13-0-C-4

Issued: 6-26-20

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	<u>1911 COXTOWN Drive Crozier Va 23039</u>	
	Owner	<u>Curtis Jerome Anderson</u>	Phone # <u>804 928-3513</u>
APPLICANT INFORMATION	Address	<u>1911 COXTOWN Drive Crozier Va 23039</u>	
	Applicant/Contact	<u>Curtis Anderson</u>	Email <u>canderson1911@comcast.net</u>
	Address	<u>1911 COXTOWN Drive Crozier Va 23039</u>	

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

APPROVED REJECTED COMMENTS: _____ Date 6/10/2020 A2

Planning & Zoning Officer: Dawn Boyd

CONTRACTOR INFORMATION	Contractor	Phone
	Address	Email
	Contractor License Number	Type

OWNER
Same as above

DESCRIPTION OF WORK	Scope of Work: <u>detached 26x30 Building Garage</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<u>Storage</u>	<u>none</u>	<u>1200 sq.ft</u>	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms
	<u>Public/Private</u>	<u>Public/Private</u>	<u>0</u>	<u>0</u>

Finished Sq. Ft. 108 Unfinished Sq. Ft. 1080 Total Sq. Ft. 1080

Building Only - Excludes All Trades Permits

Value of Work \$25,000.00 \$29,700

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: Curtis Anderson Date: 6/3/2020

Application Fee	\$ <u>120.65</u>
State Levy Fee	\$ <u>2.91</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>173.56</u>



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

Permit Number: BP-2020-00517

GPIN/Tax Map: 6831-23-7712/12-1-0-37A

Issued: 6-26-2020

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

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OWNER INFORMATION	Site Address	<u>4117 CEDAR PLAINS RD. SANDY HOOK, 23153</u>	
	Owner	<u>WILLIAM + DEBORAH LUCK</u>	
	Address	Phone #	<u>(804) 337-3758</u>
		Email	<u>DBLUCK92SR@GMAIL.COM</u>

APPLICANT INFORMATION	Applicant/Contact	<u>ABBY SMALLWOOD</u>	
	Address	Phone #	<u>(804) 359-2997</u>
		Email	<u>ABBY@SMALLWOOD RENOVATIONS.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: _____			

CONTRACTOR INFORMATION	Contractor	<u>SMALLWOOD RENOVATIONS LLC</u>		Phone	<u>(804) 359-2997</u>
	Address	<u>17387 ECHO MEADOWS RD. ROCKVILLE, VA</u>		Email	<u>ABBY@SMALLWOOD RENOVATIONS.COM</u>
	Contractor License Number	Type	Expiration		

DESCRIPTION OF WORK	Scope of Work: <u>BUILD 12x24 WOOD DECK</u> <u>REDO EXISTING</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

Value of Work	<u>\$7,629.75</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 Abby Smallwood Date 6/10/20

Application Fee	\$ <u>46.33</u>
State Levy Fee	\$ <u>.93</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>47.26</u>



BUILDING PERMIT APPLICATION

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

Application Date: 6/15/20

Permit Number: BP-2020-00532

GPIN/Tax Map: 6842-94-6381

Issued: 6-25-2020

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>4862 Kimber Lane Gum Spring</u>	Phone # <u>540 538-8892</u>
	Owner <u>Diana + Anthony Cacciola</u>	Email <u>adccaciola@verizon.net</u>
APPLICANT INFORMATION	Address <u>4862 Kimber Lane Gum Spring</u>	Phone #
	Applicant/Contact <u>Same</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Boundary 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	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>Rt. Side 35'</u>	Side Setback <u>5'</u>	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 6/16/2020 A-1

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

DESCRIPTION OF WORK	Scope of Work: <u>24' round x 54" high above ground pool fence as barrier using existing</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, and land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1294</u>	Total Sq. Ft. <u>1294</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30.00</u>
Value of Work <u>4,000</u>		State Levy Fee \$ <u>.60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>Diana Cacciola</u> Date: <u>6/15/20</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>55.60</u>



BUILDING PERMIT APPLICATION

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

Application Date: 6/1/2020

Permit Number: BP-2020-00501

GPIN/Tax Map: 67-12-0-10-0 / 7723-45-4535

Issued: 6-25-20

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

Residential Commercial

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

OWNER INFORMATION	Site Address 10 Partridge Hill Rd, Goochland VA 23238	Phone # (804)519-9251
	Owner Chris and The-Hang Groome	Email chrisgroome@me.com
	Address 6005 Stonewick ct, Glen Allen, VA 23059	Phone # (804)519-9251

APPLICANT INFORMATION	Applicant/Contact Chris Groome	Phone # (804)519-9251
	Address 6005 Stonewick Ct, Glen Allen, VA 23059	Email chrisgroome@me.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Partridge Hill</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>35' left side</u>	Side Setback <u>15'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date <u>6/11/2021</u> <u>R1</u>		

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

DESCRIPTION OF WORK	Scope of Work: MB Addition, Kitchen Remodel, Garage expansion, room over garage finish <u>for Rec Room</u>				
	Proposed Use Residential	Current Use Residential	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 7, full 2 halves	# of Bedrooms 6	# of floors 2
	Finished Sq. Ft. 5522	Unfinished Sq. Ft. 1032	Total Sq. Ft. 6554.6		

Building Only - Excludes All Trades Permits

Value of Work	\$250,000.00 <u>513,230.00</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: _____ Date: 6/1/2020

Application Fee	\$ <u>2,321.54</u>
State Levy Fee	\$ <u>46.45</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>2,392.99</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: June 18, 2020 *File 6-19-20*

Permit Number: *BP-2020-00589*

GPIN/Tax Map: *7724-91-8107/64-28-F-80*

Issued: *6-25-20*

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

Residential Commercial

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

OWNER INFORMATION	Site Address 166 Buttonbush Richmond VA 23238	Phone # 804-731-6881
	Owner Jeff & LeJeanna Raymond	Email jeff.raymond@icloud.com
	Address	Phone # 804-731-6881
APPLICANT INFORMATION	Applicant/Contact Jeff Raymond	Email jeff.raymond@icloud.com
	Address 166 Buttonbush Richmond Va 23238	Phone # 804-731-6881

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>West Oak</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>Behind Main Bldg</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Ford</i> Date <i>6/23/2020</i> <i>RPUD</i>			

CONTRACTOR INFORMATION	Contractor Owner Contractors	Phone
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <i>inground vinyl - 20x40 and fence barrier</i>				
	Proposed Use recreational	Current Use n.a.	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms n.a.	# of Bedrooms n.a.	# of floors n.a.
	Finished Sq. Ft.	Unfinished Sq. Ft. <i>640</i>	Total Sq. Ft. <i>640</i>		

Application Fee	\$ <i>782 135.76</i>
State Levy Fee	\$ <i>204 2.71</i>
Septic/Well Fee	\$
Zoning Fee	\$ <i>25.00</i>
RLD	\$
SWP	\$
Total	\$ <i>104.04 163.47</i>

Building Only - Excludes All Trades Permits

Value of Work	20,141.53 27,500.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant *[Signature]* Date *6/18/20*



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6/12/2020

Permit Number: BP-2020-00545

GPIN/Tax Map: 7716-61-0184 / 58-24-031

Issued: 6-25-20

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

This application requires two copies of construction drawings and two copies of the 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	269 LUCILLE LANE, MANAKIN SABOT, VA 23103	
	Owner	BOBBY & KATHREEN SANDFORD	Phone # 804-502-2155
APPLICANT INFORMATION	Address	269 LUCILLE LANE, MANAKIN SABOT	
	Applicant/Contact	Travis Jowers	Phone # 804-749-4706
TO BE COMPLETED BY ZONING DEPARTMENT	Address	2175 Lanier Lane, Rockville, VA 23146	
	Email	travis@ultimatepools.com	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from Row</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
CONTRACTOR INFORMATION	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS:	
CONTRACTOR INFORMATION	Contractor	Ultimate Pools	Phone	804-749-4706
	Address	2175 Lanier Lane, Rockville, VA 23146		
DESCRIPTION OF WORK	Contractor License Number	2705026339	Type	Class A, CBC,RBC,RFC
	Expiration	02/28/2021		
DESCRIPTION OF WORK	Scope of Work: In-Ground Pool 16' x 32' Rectangle with AUTO COVER 3' to 6' deep			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
DESCRIPTION OF WORK	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 512	

APPROVED REJECTED COMMENTS: _____ Date 6/17/2020 A2

Planning & Zoning Officer David Lloyd

Building Only - Excludes All Trades Permits

Value of Work 30,000.00

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

Signature of Applicant [Signature] Date 6/12/2020

Application Fee	\$ <u>147.00</u>
State Levy Fee	\$ <u>2.94</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>174.94</u>



BUILDING PERMIT APPLICATION

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

Application Date: 6/12/2020

Permit Number: BP-2020-00546

GPIN/Tax Map: 7705-31-4938 / 62-31-C-21-0

Issued: 6-25-20

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

Residential Commercial

This application requires two copies of construction drawings and two copies of the 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	565 Ice Pond Cove, Manakin Sabot, VA 23103	
	Owner	CHAD & KATHLEEN HORNIK	Phone # 804-539-6600
	Address	565 Ice Pond Cove, Manakin Sabot, VA 2	Email

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	<u>The Meadows @ Manakin</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	Flood Zone			
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS:				

Planning & Zoning Officer: David Floyd Date: 6/17/2020 RR

CONTRACTOR INFORMATION	Contractor	Ultimate Pools Inc.	Phone	804-749-4706
	Address	2175 Lanier Lane, Rockville, VA 23146		
	Contractor License Number	2705026339	Type	Class A, CBC, RBC, RFC

DESCRIPTION OF WORK	Scope of Work: In-Ground Pool 18' x 40' Rectangle with Auto Cover 3' to 6' deep			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
			720	

Building Only - Excludes All Trades Permits

Value of Work	30,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 6/12/2020

Application Fee	\$ <u>147.94</u>
State Levy Fee	\$ <u>2.98</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>174.94</u>



BUILDING PERMIT APPLICATION

Application Date: 2/26/19

Permit Number: BP-2019-00219

GPIN/Tax Map: 7726-08-9914/47-21-0-15-AT

Issued: 6-25-20

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

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	1661 St Matthews Lane, Goochland, VA 23063	Phone #	804-556-5839
	Owner	County of Goochland, VA	Email	mlongshore@goochlandva.us
APPLICANT INFORMATION	Address	1800 Sandy Hook Rd, Goochland, VA 23063	Phone #	407-489-5879
	Applicant/Contact	New Cingular Wireles PCS, LLC (AT&T)/Tom Scirotto	Email	tomscirotto@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 Prop. Line</u>	Center Line Setback	—	Rear Setback	<u>30'</u>	CUP/Variance/COA	
	Side Setback	<u>Right Side - 30'</u>	Side Setback	<u>10'</u>	Flood Zone	—		

APPROVED REJECTED COMMENTS: Planned

Planning & Zoning Officer: [Signature] Date: 3/4/19 BSI

CONTRACTOR INFORMATION	Contractor	Jacobs Telecommunications Inc.	Phone	214-638-0145
	Address	5449 Bells Ferry Road, Acworth, GA 30102		
	Contractor License Number	2705066988	Type	Class A Contractor

Scope of Work: Installing (6) antennas, (9) RRH's, (3) Raycap junction boxes, (6) lines of power, (2) lines of fiber, (1) equipment shelter and (1) generator. (diesel)

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
Cell Site	Water Tank/Cell Site	20' x 25' ground space for shelter and generator		
<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.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	\$50,000
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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: Th S. Scirotto Date: 2/26/19

Application Fee	\$ <u>375.00</u>
State Levy Fee	\$ <u>7.50</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>50.00</u>
RLD	\$
SWP	\$
Total	\$ <u>432.50</u>



BUILDING PERMIT APPLICATION

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

Application Date: June 1 2020

Permit Number: BP-2020-00498

GPIN/Tax Map: 6749-89-8533/20-28-0-A-12

Issued: 6-24-20

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

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 3651 W Rocketts Ridge Court		Phone # 4342429780
	Owner Carlton Colvin		Email dccolvin@comcast.net
	Address 3651 W Rocketts Ridge Court		
APPLICANT INFORMATION	Applicant/Contact Carlton Colvin		Phone # 434242978
	Address 3651 W Rocketts Ridge Court		Email dccolvin@comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Rocketts Ridge	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 40' From Prop. Line	Center Line Setback	Rear Setback 5'	CUP/Variance/COA
	Side Setback 35' east side/5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Ford</u> Date <u>6/11/2020</u> RI			

CONTRACTOR INFORMATION	Contractor OWNER		Phone
	Address		Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: INSTALLATION OF 16.5' X 32.5' INGROUND VYNI POOL WITH REQUIRED POOL FENCE				
	Proposed Use	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. 536	Total Sq. Ft. 536		

Building Only - Excludes All Trades Permits

Value of Work	\$27,000
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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: [Signature] Date June 1, 2020

Application Fee	\$ <u>158.50</u>
State Levy Fee	\$ <u>267</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>161.77</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

Application Date: ~~6-8-20~~ 6-8-20
Permit Number: BP-2020-00483
GPIN/Tax Map: 6749-59-0929 20-1-0-34-E
Issued: 6-22-20

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	3817 Whitehall Road Sandy Hook, Va 23153		
	Owner	Beth M Parrish	Phone #	804-837-1984
APPLICANT INFORMATION	Address	3817 Whitehall Road Sandy Hook, Va		
	Applicant/Contact	Beth M. Parrish	Email	goochlandgal5@gmail.com
APPLICANT INFORMATION	Address	3817 Whitehall Road Sandy Hook, Va		
	Applicant/Contact	Beth M. Parrish	Phone #	804-837-1984
APPLICANT INFORMATION	Address	3817 Whitehall Road Sandy Hook, Va		
	Applicant/Contact	Beth M. Parrish	Email	goochlandgal5@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—	—
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	55' from Prop. Line	—	5'	—
TO BE COMPLETED BY ZONING DEPARTMENT	Side Setback	Side Setback	Flood Zone	
	5'	5'	X	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Survey locate setbacks.				
Planning & Zoning Officer		David Floyd		Date 6/9/2020

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

DESCRIPTION OF WORK	Scope of Work: DETACHED STORAGE BUILDING FOR 1620 SQ. FT. HORSES & TOOLS.			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms
			0	0
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
	1620	1620.		

Building Only - Excludes All Trades Permits		Application Fee	\$ 248.92
Value of Work \$20,000 \$52,650		State Levy Fee	\$ 4.98
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 Beth Parrish		Zoning Fee	\$ 25.00
Date 5-29-2020		RLD	\$
		SWP	\$
		Total	\$ 278.90



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 14, 2020Permit Number: DP-2020-00402GPIN/Tax Map: 679584-3779 / 56-15-0-11-0Issued: 6-22-20

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>970 Millers Lane, Monakin-Sabot, VA. 23103</u>	
	Owner	<u>Mr & Mrs Stephen A. Fink</u>	Phone # <u>(804) 833-8591</u>
	Address	<u>970 Millers Lane, Monakin-Sabot, VA 23103</u>	Email <u>sa.finknva@aol.com</u>
APPLICANT INFORMATION	Applicant/Contact	<u>MAKO Builders Inc Rick Kastelberg</u>	Phone # <u>804-350-3951</u>
	Address	<u>7677 Hill Drive Richmond, Va 23225</u>	Email <u>wfkberg@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:		Date <u>5/21/2020</u> <u>RR</u>	

Planning & Zoning Officer: David Floyd

CONTRACTOR INFORMATION	Contractor	<u>MAKO Builders Inc</u>	Phone <u>(804) 350-3951</u>
	Address	<u>7677 Hill Drive, Richmond Va. 23225</u>	Email <u>wfkberg@gmail.com</u>
	Contractor License Number	<u>2701016164</u>	Type <u>CLASS A CBC RBC</u> Expiration <u>4-30-2022</u>

DESCRIPTION OF WORK	Scope of Work: <u>1) renovate kitchen, pantry, mudroom, half bath in mudroom, family room and master bathroom. 2) remove deck replace rear terrace and roof and fire place to terrace outside of family room. NO new footprints. 3) Private front porch</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Proposed Use: Single family Current Use: Single family Environmental Impacts: N/A
 SEWER: Public/Private WATER: Public/Private # of Bathrooms: N/A # of Bedrooms: N/A
 Finished Sq. Ft.: 2896 sq. ft. Unfinished Sq. Ft.: Terrace 1090 sq. ft. Total Sq. Ft.: 3986 sq. ft.

Building Only - Excludes All Trades Permits

Value of Work \$ 409,388.00

Application Fee	\$ <u>1,854.25</u>
State Levy Fee	\$ <u>37.08</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u> </u>
SWP	\$ <u> </u>
Total	\$ <u>1,916.33</u>

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

Signature of Applicant William F. Kastelberg IV Date May 14, 2020
Pres. MAKO Builders Inc



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 02/18/2020

Permit Number: BP-2020-00146

GPIN/Tax Map: 6197-30-9146/45-6-0-1-A1

Issued: 4-22-20

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 1641 Genito Lane, Manakin-Sabot, VA 23103	Phone # 970-274-0466
	Owner John & Audrey Bauhan	Email jbauhan@bauhancustombuilders.com
APPLICANT INFORMATION	Address 1641 Genito Lane, Manakin-Sabot, VA 23103	Phone # 970-274-04466
	Applicant/Contact Bauhan Custom Builders, Inc./Johnny Bauhan	Email jbauhan@bauhancustombuilders.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Date <u>2/21/2020</u> <u>A2</u>		

Planning & Zoning Officer: [Signature]

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

DESCRIPTION OF WORK	Scope of Work: <u>Building a 2 car garage</u> <u>1 detached</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>40,000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 2-18-20

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>



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: 5/18/2020

Permit Number: BP-2020-00435

GPIN/Tax Map: 7725-16-4402/58-5A-1-20

Issued: 6-18-20

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 14020 Mosaic Nook	Phone # 804-762-4800
	Owner HHHunt Homes, LLC	Email mbleonard@hhhunthomes.com
	Address 11237 Nuckols Road Glen Allen, VA 23059	

APPLICANT INFORMATION	Applicant/Contact Morgan Leonard <i>in LEONARD</i>	Phone # 804-762-4800 ext. 201
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email mbleonard@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Mosaic	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$4966.00	Date Paid Due
	Front Setback 25' from Prop. Line	Center Line Setback	Rear Setback 25'	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: *Cash for proffer due before issuing C.O. Survey locate HAD setback	Planning & Zoning Officer <i>[Signature]</i>	Date 6/18/2020	

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC	Phone 804-762-4800
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email mbleonard@hhhunthomes.com
	Contractor License Number 2705119751 A	Type Contractor

DESCRIPTION OF WORK	Scope of Work: 5 unit townhome with attached garages.				
	Proposed Use Single family dwellings	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 31,983 square feet 25,510.35		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2.5	# of Bedrooms 3	# of floors 2
	Finished Sq. Ft. 1916	Unfinished Sq. Ft. 437	Total Sq. Ft. 2353		

Building Only - Excludes All Trades Permits

Value of Work	\$349,950.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant *[Signature]* Date **5/18/2020**

Application Fee	\$ 2,624.63
State Levy Fee	\$ 52.49
Septic/Well Fee	\$
Zoning Fee	\$ 100.00
RLD	\$ 100.00
SWP	\$
Total	\$ 2,877.12

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD 6 CODE EDITION 2015

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 6/18/2020

Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 5/18/2020

Permit Number: BD-2020-00436

GPIN/Tax Map: 7725-16-3466 / 59-54-1-1-0

Issued: 6-18-20

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 14022 Mosaic Nook	Phone # 804-762-4800
	Owner HHHunt Homes, LLC	Email mbleonard@hhhunthomes.com
	Address 11237 Nuckols Road Glen Allen, VA 23059	
APPLICANT INFORMATION	Applicant/Contact Morgan Leonard / <u>LOW TRAMER</u>	Phone # 804-762-4800 ext. 201
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email mbleonard@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Mosaic	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$4966.00	Date Paid Due
	Front Setback 25' from Prop. Line	Center Line Setback —	Rear Setback 25'	CUP/Variance/COA —
	Side Setback 25' Left Side	Side Setback —	Flood Zone X	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: * Cash Proffer due before issuing C.O. * Survey 1000' RPLD Setback		
	Planning & Zoning Officer David Floyd	Date 6/5/2020		

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC	Phone 804-762-4800
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email mbleonard@hhhunthomes.com
	Contractor License Number 2705119751 A	Type Contractor Contractor

DESCRIPTION OF WORK	Scope of Work: 4 unit townhome with attached garages.				
	Proposed Use Single family dwellings	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 34,983 square feet		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 3	# of Bedrooms 3	# of floors 2
	Finished Sq. Ft. 2239	Unfinished Sq. Ft. 424	Total Sq. Ft. 2239		
	Building Only - Excludes All Trades Permits				

Value of Work \$412,075.00	Application Fee \$ 3,090.56
	State Levy Fee \$ 61.81
	Septic/Well Fee \$
	Zoning Fee \$ 100.00
	RLD \$ 100.00
	SWP \$
Signature of Applicant <i>[Signature]</i>	Total \$ 3,352.37
Date 5/18/2020	

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE R5 # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD 6 CODE EDITION 2015

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 6/15/2020
Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 5/18/2020

Permit Number: BP-2020-00433

GPIN/Tax Map: 7725-16-4420 / 58-54-1-3-0

Issued: 6-18-2020

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>14018 Mosaic Nook, Richmond VA. 23038</u>	
	Owner HHHunt Homes, LLC	Phone # 804-762-4800
	Address 11237 Nuckols Road Glen Allen, VA 23059	

APPLICANT INFORMATION	Applicant/Contact Morgan Leonard <i>Lon Cramer</i>		Phone # 804-762-4800 ext. 201
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email mbleonard@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Mosaic</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>\$4966.00</u>	Date Paid <u>Done</u>
	Front Setback <u>25' from Prop. Line</u>	Center Line Setback <u>—</u>	Rear Setback <u>25'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>—</u>	Side Setback <u>—</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Cash Proffer due before hearing and Survey 10/2019 RPUD Setback</u>			

Planning & Zoning Officer: Daniel Floyd Date: 6/8/2020

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC		Phone 804-762-4800
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email mbleonard@hhhunthomes.com
	Contractor License Number 2705119751 A	Type Contractor	Expiration 1/31/2021

DESCRIPTION OF WORK	Scope of Work: 5 unit townhome with attached garages.		
	Proposed Use Single family dwellings	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 31,983 square feet <u>25,510.35</u>
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2.5
			# of Bedrooms 3
			# of floors 2

Finished Sq. Ft. 2310	Unfinished Sq. Ft. 441	Total Sq. Ft. <u>2751</u>
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Building Only – Excludes All Trades Permits

Value of Work	\$371,800.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 5/18/2020

Application Fee	\$ <u>2,788.50</u>
State Levy Fee	\$ <u>35.77</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>100-</u>
RLD	\$ <u>100-</u>
SWP	\$ <u>—</u>
Total	\$ <u>3,044.27</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: 5/18/2020

Permit Number: BP 2020-00432

GPIN/Tax Map: 7725-16-4358 / 58-54-1-4-0

Issued: 6-18-2020

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

Residential Commercial

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

OWNER INFORMATION	Site Address 14016 Mosaic Nook	
	Owner HHHunt Homes, LLC	Phone # 804-762-4800
	Address 11237 Nuckols Road Glen Allen, VA 23059	

APPLICANT INFORMATION	Applicant/Contact Morgan Leonard <i>Low Center</i>		Phone # 804-762-4800 ext. 201
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email mbleonard@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Mosaic	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ 4966.00	Date Paid Due
	Front Setback 25' from Prop. Line	Center Line Setback —	Rear Setback 25'	CUP/Variance/COA —
	Side Setback 10'	Side Setback —	Flood Zone X	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: *Cash Proffer due before issuing C.O. *Survey location RPNB set		
	Planning & Zoning Officer David Floyd	Date 6/1/2020		

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC		Phone 804-762-4800
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email mbleonard@hhhunthomes.com
	Contractor License Number 2705119751 A	Type Contractor	Expiration 1/31/2021

DESCRIPTION OF WORK	Scope of Work: 4 unit townhome with attached garages.				
	Proposed Use Single family dwellings	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 34,983 square feet 25,510.35		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 3	# of Bedrooms 3	# of floors 2
	Finished Sq. Ft. 2239		Unfinished Sq. Ft. 424	Total Sq. Ft. 2663	

Building Only – Excludes All Trades Permits		Application Fee \$ <u>2,995.46</u>
Value of Work	\$399,395.00	State Levy Fee \$ <u>5991</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>5/18/2020</u>		Septic/Well Fee \$ <u>—</u>
		Zoning Fee \$ <u>100.00</u>
		RLD \$ <u>100.00</u>
		SWP \$ <u>—</u>
		Total \$ <u>3255.37</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: 6/2/2020

Permit Number: BP-2020-00509

GPIN/Tax Map: 6778-42-9568-31-6-0-2-0

Issued: 6-23-2020

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 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	2146 Pin Oak Lane, Maidens, VA 23102		
	Owner	Dave & Nicole Melton	Thomas Stavredas Per Email	Phone # 804-721-7149
	Address	2146 Pin Oak Lane Maidens, VA 23102		Email

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	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:	Date 6/11/2020		

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

DESCRIPTION OF WORK	Scope of Work: In-Ground Pool 20' x 40' Roman Rectangle 3' to 6' deep with fence barriers			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 800	

Building Only - Excludes All Trades Permits

Value of Work	30,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date 6/2/2020

Application Fee	\$ 147.00
State Levy Fee	\$ 2.94
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 174.94



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: 6-8-2020
 Permit Number: BP-2020-00490
 GPIN/Tax Map: 7717-04-4994
 Issued: 6-15-2020

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>462 Massies Ln</u>	Phone # <u>570-815-0151</u>
	Owner <u>Peter A. Dunford</u>	Email <u>peter.dunford88@gmail.com</u>
	Address <u>462 Massies Ln</u>	Phone #
APPLICANT INFORMATION	Applicant/Contact <u>Same as above</u>	Email
	Address	

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>The Carpentry and Painting Experts</u>	Phone <u>804-441-8278</u>
	Address <u>3006 Lincoln Ave Richmond, VA 23228</u>	Email <u>estimate@fixandpaint.net</u>
	Contractor License Number <u>2705091578</u>	Type <u>Class A</u> Expiration <u>11/31/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Framing out new ceiling in vaulted foyer to add a 2nd Floor Closet off of Bedroom.</u>			
	Proposed Use <u>Residential</u>	Current Use <u>Residential</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>	
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>2.5</u>	# of Bedrooms <u>5</u>
	Finished Sq. Ft. <u>2,440</u>	Unfinished Sq. Ft.	# of floors <u>2</u>	Total Sq. Ft.

Building Only - Excludes All Trades Permits

Value of Work \$7,000.00

I hereby acknowledge that I have read this application and know the intent and State laws regulating building construction and use.
 Signature of Applicant Pete A. Dunford Date 6/8/2020

Application Fee	\$ <u>43.50</u>
State Levy Fee	\$ <u>.87</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>44.37</u>

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE 15 # STORIES 2 CONSTRUCTION TYPE VB OCCUPANT LOAD - CODE EDITION 15

FIRE SPRINKLER - FIRE ALARM - MODIFICATION -

APPROVAL MICHAEL BROOKING DATE 6.12.20.
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: ~~6/19/20~~ 6/19/20

Permit Number: BP-2020-00507

GPIN/Tax Map: 6833-01-4708/6-1-0-21-B

Issued: 6-12-20

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 4344 Old Fredericksburg Rd, VA 23067			Phone # 804-397-3411
	Owner Goochland Drive-in, John Heidel		Email info@goochlanddriveintheater.com	
APPLICANT INFORMATION	Address 4344 Old Fredericksburg Rd, VA 23067			Phone # 804-386-4015
	Applicant/Contact Todd Steeley/ Goochland County Public Schhols		Email tsteeley@glnd.k12.va.us	
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 Sunbelt Scaffold Services - Chris Hall Goochland County Public School		Phone 804-399-9352 804-384-4015
	Address 11005 Washington Hwy Glen Allen, VA 23059 1981 Triple T Rd, Goochland 23063		Email Christopher.Hall@sunbeltrentals.com tsteeley@glnd.k12.va.us
	Contractor License Number Classified as a vendor	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Installation of temporary stage for GCPS graduation at Goochland Drive in on June 16th			
	Proposed Use Temporary stage	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	SEWER Public/Private	WATER Public/Private	# of _____s	# of Bedrooms N/A
	Finished Sq. Ft.	450	Unfinished Sq. Ft.	450

Building Only - Excludes All Trades Permits		Application Fee	\$ _____
Value of Work	\$5,000	State Levy Fee	\$ _____
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant _____ Date 5/9/20		Section/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ -0-

See waiver



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: 5/12/20

Permit Number: BP-2020-00369

GPIN/Tax Map: 6777-43-1743/43-1-0-50-0

Issued: 6-11-20

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: 1917 Maidens Rd, Maidens VA. 23102
Tax Map: 43-1-0-50-0

Owner: Breeze Hill Inc. Phone #: (804) 539-2524

Address: 1390 B Broad Street 12d Oilville, VA Email: Stevethompsonbuilder@comcast.net

Applicant/Contact: Steve Thompson Phone #: 539-2524

Address: 1390 B Broad Street road Oilville 23129 Email: _____

APPLICANT INFORMATION

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: _____ Date: _____

Planning & Zoning Officer: _____

CONTRACTOR INFORMATION

Contractor: Steve Thompson Builder, LLC Phone: 539-2524

Address: 1390 B Broad Street 12d Oilville VA 23129 Email: Stevethompsonbuilder@comcast.net

Contractor License Number: 2705054732 Type: CBC RBC Expiration: 5/31/2022

DESCRIPTION OF WORK

Scope of Work: Concrete Spillway -

Proposed Use: Spillway Current Use: _____ Environmental Impacts (stream crossing, wetlands, amt land disturbed): None

SEWER: _____ WATER: Public/Private # of Bathrooms: _____ # of Bedrooms: _____ # of floors: _____

Public/Private: _____ Unfinished Sq. Ft.: _____ Total Sq. Ft.: _____

Finished Sq. Ft.: _____

Building Only - Excludes All Trades Permits

Value of Work: 100,000

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: Steve Thompson Date: 5/12/20

Application Fee \$ 750.00
State Levy Fee \$ 15.00
Septic/Well Fee \$ _____
Zoning Fee \$ _____
RLD \$ _____
SWP \$ _____
Total \$ 765.00



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: 5/28/20

Permit Number: SP-2020-00446

GPIN/Tax Map: 7125-45-6291/67-12-0-9-0

Issued: 6-11-20

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>9 Partridge Hill Rd Richmond Va. 23238</u>	
	Owner <u>Cassell Adamsen</u>	Phone # <u>804 382 1056</u>
	Address <u>9 Partridge Hill Rd Richmond Va 23238</u>	Email <u>Sales@virginiaslate.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>JB Farinholt, owner Custom Landscapes</u>	
	Address <u>3400 Traylor Dr. Richmond Va. 23235</u>	Phone # <u>804 502 1733</u> Email <u>jbfs@cplva.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Partridge H. 715</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from Prop. Line</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David [Signature]</u> Date <u>6/2/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>Custom Landscapes of Richmond, inc.</u>		Phone <u>804 502-1733</u>
	Address <u>3400 Traylor Dr. Richmond Va 23235</u>		Email <u>jbfs@cplva.com</u>
	Contractor License Number <u>Va 2705138294</u>	Type <u>Pools</u>	Expiration <u>1/31/21</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install 16'x40' fiberglass pool w/auto cover</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

Value of Work	<u>\$ 22,000</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 5/28/20

Application Fee	\$ <u>111.00</u>
State Levy Fee	\$ <u>2.22</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>138.22</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:

Permit Number:

BP-2020-00448

GPIN/Tax Map:

7734-00-7910 / 64-28-F-36-0

Issued:

6-10-2020

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 191 Woodfern		Phone # 804-317-4738
	Owner Sara Fender		Email sefender@msn.com
	Address 191 Woodfern		Phone # 804-333-9192
APPLICANT INFORMATION	Applicant/Contact Catherine Gallagher		Email catherine@riverpoolsandspas.com
	Address 196 Selftown Road, Warsaw, VA 22572		Phone # 804-333-9192

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>West Oak</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>Behind Main Bldg</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* Survey locate rear setback</i> Planning & Zoning Officer: <i>David Long</i> Date: <i>6/2/2020</i> <i>CPWD</i>			

CONTRACTOR INFORMATION	Contractor River Pools & Spas		Phone 804-333-9192
	Address 196 Selftown Road, Warsaw, VA 22572		Email catherine@riverpoolsandspas.com
	Contractor License Number 2708090682	Type A	Expiration 10/30/22

DESCRIPTION OF WORK	Scope of Work: install inground 12'x24' fiberglass pool & barrier				
	Proposed Use residential	Current Use residential	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.		Unfinished Sq. Ft.		Total Sq. Ft. 364

Building Only - Excludes All Trades Permits

Value of Work	35000
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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: *Catherine Gallagher* Date: *5/14/2020*

Application Fee	\$ 169.50
State Levy Fee	\$ 3.39
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 197.89

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE B5 # STORIES _____ CONSTRUCTION TYPE TB OCCUPANT LOAD _____ CODE EDITION 15

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL Bdell DATE 6/9/20
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 5-20-20
 Permit Number: BP-2020-00416
 GPIN/Tax Map: 7715-68-1705/58-41-6-7-0
 Issued: 6-10-20

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>614 FAIRSTEAD ROAD</u>	
	Owner	<u>Will Butler</u>	Phone # <u>804-512-2396</u>
APPLICANT INFORMATION	Address	<u>614 FAIRSTEAD ROAD</u>	
	Applicant/Contact	<u>TOM HOMER / LANE HOMES + REMODELING</u>	Phone # <u>804-426-7846</u>
	Address	<u>12536 PATTERSON AVE. RICHMOND VA. 23238</u>	Email <u>TOM@LANEBUILT.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: _____ Date _____				
Planning & Zoning Officer _____				

CONTRACTOR INFORMATION	Contractor	<u>LANE HOMES + REMODELING INC.</u>		Phone <u>804-784-0012</u>
	Address	<u>12536 PATTERSON AVE. RICHMOND VA. 23238</u>		Email <u>TOM@LANEBUILT.COM</u>
	Contractor License Number	Type	Expiration	
	<u>2701 0291 25A</u>	<u>CLASS A GENERAL</u>	<u>2021 ?</u>	

DESCRIPTION OF WORK	Scope of Work: <u>ADD A 5'7 x 13' SCREEN PORCH OVER AN EXISTING PATIO</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. <u>72 sqft.</u>		Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work \$ 19,300.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant Thomas G Homer Date 5-20-20

Application Fee	\$ <u>98.85</u>
State Levy Fee	\$ <u>1.98</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>N/A</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>100.83</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: 6/10/20

Permit Number: BP 2020-00502

GPIN/Tax Map: 7726-74-4268 / 59-3-2-88-0

Issued: 6-10-20

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 2000 Wilkes Ridge Dr, Richmond, VA 23223		Phone #
	Owner Sheltering Arms Corporation		Email
	Address Richmond VA 23294		

APPLICANT INFORMATION	Applicant/Contact Brad Lowe (Hourigan)		Phone # 804-240-6393
	Address 411 E. Franklin St., Richmond, VA 23229		Email brad.lowe@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 Hourigan Construction Corp		Phone 804-282-5300
	Address 411 E. Franklin St., Richmond, VA 23229		Email brad.lowe@hourigan.group
	Contractor License Number 2701010019	Type Class A	Expiration 05/31/2022

DESCRIPTION OF WORK	Scope of Work: Replacing temporary doors with permanent doors				
	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

Value of Work	<\$4,000
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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 [Signature] Date 6/10/20

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



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: 2-26-20

Permit Number: BP-2020-00428

GPIN/Tax Map: 6719-68-78651/18-13-0-1-0

Issued: 6-9-20

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 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>2817 Davis Mill Rd, Goochland, VA 23063</u>	
	Owner <u>Bob Corby</u>	Phone # <u>(804) 334-5373</u>
	Address <u>2817 Davis Mill Rd</u>	Email <u>wbcbob@aol.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Bryan Law</u>	
	Address <u>919 N main St, Mooresville, NC 28115</u>	Phone # <u>(919) 300-7976</u> Email <u>JSherrill@powerhome.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: _____ Date _____ Planning & Zoning Officer _____			

CONTRACTOR INFORMATION	Contractor <u>Bryan Law-PowerHome Solar-LLC</u>		Phone <u>(919) 300-7976</u>
	Address <u>919 N main St, Mooresville, NC 28115</u>		
	Contractor License Number <u>2705165346</u>	Type <u>CLASS A</u>	Expiration <u>8/31/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>14 solar roof mounted modules, grid tied, 4.48 kW installation on existing structure. house</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.		Unfinished Sq. Ft.	Total Sq. Ft.

Building Only - Excludes All Trades Permits

Value of Work \$47,000 ~~2016,000~~

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 Bryan Law Date 5/22/2020
6/8/20 RS-VB-2015

Application Fee	\$ <u>84.00</u>
State Levy Fee	\$ <u>1.68</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>85.68</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: 6/5/2020

Permit Number: *BP-2020-00481*

GPIN/Tax Map: 7733-05-9464 / *67-10-0-19-0*

Issued: *6-9-20*

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 17 LOWER TUCKAHOE ROAD WEST		Phone # 804-401-5714
	Owner MR & MRS CHASE M LANSING		Email CHASE.LANSING@LANSINGBP.COM
	Address 17 LOWER TUCKAHOE ROAD WEST, GOOCHLAND, VA 23238		

APPLICANT INFORMATION	Applicant/Contact STEVE MURPHY ADD A DECK, INC		Phone # 804-285-4239
	Address 6408 MALLORY DRIVE HENRICO, VA 23226		Email SMURPHY@ADDADECK.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 ADD A DECK, INC		Phone 804-285-4239
	Address 6408 MALLORY DRIVE HENRICO, VA 23226		Email SMURPHY@ADDADECK.COM
	Contractor License Number 2701-033201A	Type RES & COM CLASS A	Expiration 11/30/2020

DESCRIPTION OF WORK	Scope of Work: Renovate existing interior space to include <i>Bedroom</i> bathroom and closet				
	Proposed Use BEDROOM	Current Use NOT EXISTING NOW	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft. 51 SQ FT <i>NOT NEW FINISHED</i>		Unfinished Sq. Ft.	Total Sq. Ft. <i>51 SQ FT.</i>	

Building Only - Excludes All Trades Permits

Value of Work	\$3,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: *6/5/2020*

Application Fee	\$ <i>30.00</i>
State Levy Fee	\$ <i>60</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>30.60</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: 5-20-20
 Permit Number: BP-2020-00409
 GPIN/Tax Map: 6111-18-4001 / 43-39-0-22-0
 Issued: 6-5-20

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 1987 Lanes End Dr. Maidens, Va 23102		Phone # (972) 809-9903
	Owner James and Melissa McClanahan		Email jhmccclanahan1@gmail.com
	Address 1987 Lanes End Dr. Maidens, Va 23102		Phone # (972) 809-9903

APPLICANT INFORMATION	Applicant/Contact James McClanahan		Email jhmccclanahan1@gmail.com
	Address 1987 Lanes End Dr. Maidens, Va 23102		Phone # (972) 809-9903

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 The Drying Co. LLC Thermaxtec & Benjamin Moore Drywall		Phone (757) 566-8622
	Address P.O. Box 637 Tanna, Va 23168		Email
	Contractor License Number 2705085852	Type Bonus Rooms	Expiration 8-31-20

DESCRIPTION OF WORK	Scope of Work: Finishing off a bedroom/bath that was framed out in the house when it was built in Dec. 2019. Insulation and drywall.			
	Proposed Use Bedroom & Bathroom	Current Use Roughed-In Space	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 1	# of Bedrooms 1
	Finished Sq. Ft. 238		Unfinished Sq. Ft. N/A	Total Sq. Ft. 238
	Building Only - Excludes All Trades Permits			

Value of Work	\$5,000
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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: [Signature] Date: 5/6/20

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



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: April 24, 2020

Permit Number: BP-2020-00366

GPIN/Tax Map: 6769-96-8102 31-1-0-58-0

Issued: 6-5-20

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 2510 Broad Street Road, Gum Spring, VA 23065		Phone # 804-968-8758
	Owner Ernest A. Bachman		Email goosefarm48@gmail.com
	Address 2510 Broad Street Road, Gum Spring, VA 23065		Phone # 804-968-8758

APPLICANT INFORMATION	Applicant/Contact Ernest A. Bachman		Email goosefarm48@gmail.com
	Address 2510 Broad Street Road, Gum Spring, VA 23065		Phone # 804-968-8758

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>NO FIRE PROP. LINE</u>	Center Line Setback	Rear Setback <u>5</u>	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>OWNER</u>		

CONTRACTOR INFORMATION	Contractor <u>OWNER</u>	Phone <u>978-3877</u>
	<u>Gordon Const. Co. and Car Port Central - North Carolina</u>	804-556-8180/980-321-9898
	Address <u>2945 River Rd West, Goochland 23063</u>	Email

DESCRIPTION OF WORK	Contractor License Number <u>2705144137</u>		Type <u>detached garage</u>	Expiration <u>12-31-21</u>
	Scope of Work: <u>Construct 25' x 36' concrete pad and prefab metal Building on the pad. See Photo.</u>			
	Proposed Use <u>Farm Storage</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>No Impacts, 1200 SF land disturbed</u>	
	SEWER <u>None</u> Public/Private	WATER <u>None</u> Public/Private	# of Bathrooms <u>None</u>	# of Bedrooms <u>None</u>
	Finished Sq. Ft. <u>Open Bays</u>		Unfinished Sq. Ft. <u>864 000</u>	# of floors <u>1</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>\$20,000</u> \$23,760.00
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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: Ernest A. Bachman Date: Apr 24, 2020

Application Fee	\$ <u>118.92</u>
State Levy Fee	\$ <u>2.38</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>146.30</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: 5/5/2020 *Rec: 5-18-20*

Permit Number: BP-2020-00388

GPIN/Tax Map: ~~8550-30-4300~~ / 21-15-1-4-0

Issued: 6-4-2020
~~6-8-50-30-4300~~

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 2723 Preston Park Lane, Sandy Hook, Va. 23153				
	Owner Carl & Julie Menge	Phone # 757-645-6389			
	Address 2723 Preston Park Lane, Sandy Hook, Va. 23153	Email menge.carl@gmail.com			
APPLICANT INFORMATION	Applicant/Contact Capitol Sheds Inc. %Roman Summy		Phone # 434-906-3834		
	Address 49 Lake Saponi Drive, Barboursville		Email roman@capitolsheds.com		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Preston Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback 40' from Prop. Line	Center Line Setback _____	Rear Setback 5'	CUP/Variance/COA _____	
	Side Setback 5'	Side Setback 5'	Flood Zone _____		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: * Survey locate setbacks.				
	Planning & Zoning Officer David Floyd		Date 5/20/2020	RI	
CONTRACTOR INFORMATION	Contractor Capitol Sheds Inc.		Phone 434-906-3834		
	Address 49 Lake Saponi Dr. Barboursville, Va. 22923		Email roman@capitolsheds.com		
	Contractor License Number 2705061076	Type Class A	Expiration 06-30-2020		
DESCRIPTION OF WORK	Scope of Work: New Detached 24x36 Garage no Plum./Elec.				
	Proposed Use Car Garage	Current Use NA	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Na		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms NA	# of Bedrooms NA	# of floors 1
	Finished Sq. Ft. 864		Unfinished Sq. Ft. 864		Total Sq. Ft. 864
	Building Only - Excludes All Trades Permits		Application Fee \$ 118.92		
Value of Work \$23,760.00			State Levy Fee \$ 2.38		
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><i>Roman Summy</i></u> Date <u><i>5/5/2020</i></u>		Septic/Well Fee \$ _____			
		Zoning Fee \$ 25.00			
		RLD \$ _____			
		SWP \$ _____			
		Total \$ 421.30 146.30			

REVIEWED BY: MICHAEL BROOKING 5-28-20



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: ~~04/30/2020~~ *Rec: 5-6-20*

Permit Number: *DP-2020-00362*

GPIK/Tax Map: *7727-58-5677/48-15-0-3-0*

Issued: *6-4-20*

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 2305 Commerce Center Dr Rockville Va 23146		Phone # 804-347-6920
	Owner Rock Center LLC		Email bagliano@superiorcontract.com
	Address 2830 Aylesford Dr. Midlothian, Va 23113		Phone # 804-551-0462
APPLICANT INFORMATION	Applicant/Contact Fischer Restoration LLC		Email aaron.fischer@rainbowva.com
	Address 2305 Commerce Center Dr Rockville Va 23146		

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 Fischer Restoration LLC <i>Ryland Construction</i>		Phone 804-551-0462 <i>804-712-3000</i>
	Address 1727 Rhoadmiller St. Richmond Va 23220 <i>1533 Lake Forest Dr Charlottesville VA 22901</i>		Email aaron.fischer@rainbowva.com
	Contractor License Number 2705153603 <i>2705153603</i>	Type Class A <i>RBC</i>	Expiration 04-30-2021 <i>7-31-20</i>

DESCRIPTION OF WORK	Scope of Work: building office space in the current building - <i>all interior remodel - for office space - for Rainbow Restoration</i>				
	Proposed Use office space	Current Use warehouse/office	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2	# of Bedrooms 0	# of floors 1
	Finished Sq. Ft. 9647		Unfinished Sq. Ft.	Total Sq. Ft. 9647	

Building Only - Excludes All Trades Permits

Value of Work	45,000
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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: *[Signature]* Date: *4/30/2020*

Application Fee	\$ <i>337.50</i>
State Levy Fee	\$ <i>6.75</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>344.25</i>



BUILDING PERMIT APPLICATION

Application Date: April 13, 2020

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-2020-00309

GPIN/Tax Map:

7723-52-8862/67-1-0-11-B

Issued:

6-2-20

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	12671 River Rd Richmond VA 23238	
	Owner	Mrs Robins	Phone #
	Address	12671 River Rd Richmond VA 23238	Email
APPLICANT INFORMATION	Applicant/Contact	Matt Helms with WestView Companies	Phone # 804-690-9605
	Address	2508 Turkey Creek Rd Oilville VA 23129	Email matthelms@westviewcompanies.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	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>35'</i>	CUP/Variance/COA
	Side Setback <i>20'</i>	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>David Floyd</i> Date <i>4/17/2020</i> <i>A2R1</i>			

CONTRACTOR INFORMATION	Contractor	WestView Companies, Inc		Phone	804-690-9605
	Address	2508 Turkey Creek Rd Oilville VA 23129		Email	matthelms@westviewcompanies.com
	Contractor License Number	Type	Expiration		
	2705117309	A	09-30-2021		

DESCRIPTION OF WORK	Scope of Work: Construct roof structures above patios				
	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.		
	<i>1475</i>	<i>1475</i>	<i>1475</i>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <i>194.53</i>
Value of Work	<i>35,000</i> <i>\$40,562.50</i>	State Levy Fee	\$ <i>3.29</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	\$ <i>25.00</i>
Signature of Applicant <i>J. Marshall</i> Date <i>4/16/2019</i>		RLD	\$
		SWP	\$
		Total	\$ <i>223.42</i>



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103

Goochland, VA 23063

Phone: (804) 556-5860

Web: www.goochlandva.us

FAX: (804) 556-5654

Office Use Only

Application File Date: 6/1/20 Application No.: AP-2020-00453 Fee: \$25.00

Zoning Approval: Yes [Signature] No: _____ Date: 6/3/20

Zoning Application Type: *Please check appropriate box*

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: TYLER GILL
Address: 1919 GRANITE TRACE LN.
CRUZIER, VA 23039
E-mail: JTGILL@VT.EDU

Telephone: _____
Cell phone: 804 445 3448
FAX: _____

Name of Applicant: SAME AS ABOVE
Address: _____
E-mail: _____

Telephone: _____
Cell phone: _____
FAX: _____

Property Information

Street Address: 1919 GRANITE TRACE LN
GPIN Number: 6787-34-9115
Existing Use: SINGLE FAMILY RESIDENTIAL

Zoning: A2
Acreage: 2.723

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 SF
2. Value of Building: < \$5000
3. Written Description of Proposed Physical Improvements:
WOODEN SHED TO STORE LAWN/CARDEN EQUIPMENT/TOOLS, 10' x 20'



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: 5-28-2020

Application No.: BP-2020-00442

Fee: \$25.00

Zoning Approval: Yes

David Boyd

No:

Date: 6/2/2020

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: Steven Owens
 Address: 1843 Soldiers Lodge Rd
Crozier VA 23039
 E-mail: guenwyr@gmail.com

Telephone: 804-517-3575
 Cell phone: 804-517-3575
 FAX: _____

Name of Applicant: Steven Owens
 Address: 1843 Soldiers Lodge Rd
Crozier VA 23039
 E-mail: guenwyr@gmail.com

Telephone: 804-517-3575
 Cell phone: 804-517-3575
 FAX: _____

Property Information

Street Address: 1843 Soldiers Lodge Rd
 GPIN Number: 6787-13-2551
 Existing Use: Residential

Zoning: ~~AO~~ A2 44-1-0-34-0
 Acreage: 1.68

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): 108
2. Value of Building: 3,000
3. Written Description of Proposed Physical Improvements:

Add a subpanel for electricity, one light switch and 3 outlets to a modular shed on blocks.



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: 5-7-2020

Permit Number: BP-2020-00408

GPIN/Tax Map: 6851-28-2954 / 14-3-0-3-0

Issued: 6-2-2020

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 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>4836 Fox Lair Road, Gum Springs, VA 23065</u>	
	Owner <u>David Richardson Chappell II</u>	Phone # <u>804-519-2347</u>
	Address <u>4836 Fox Lair Road, Gum Springs, VA 23065</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Andrew Campbell</u>		Phone # <u>804-426-9312</u>
	Address <u>14007 Colony Forest Place, Midlothian VA 23114</u>		Email <u>Chi.permits@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Talley Ho Estates</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>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 5/22/2020 A1

CONTRACTOR INFORMATION	Contractor <u>Campbell Home Improvement</u>		Phone <u>804-426-9312</u>
	Address <u>14007 Colony Forest Place, Midlothian VA 23114</u>		
	Contractor License Number <u>2705100592</u>	Type Class <u>B</u>	Expiration <u>8/31/21</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build a 5'x7' wood, attached back deck</u> <u>Build a 8'x8' wood, attached front deck</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft. <u>99</u>	Total Sq. Ft. <u>99</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>1485.00</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. Signature of Applicant: <u>[Signature]</u> Date <u>5-9-2020</u>	State Levy Fee \$ <u>.60</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ <u>25.00</u>
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>55.60</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

Date	5/21/2020
Permit #	EL-2020-0041el
GPIN	
Tax Map	

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

LOCATION

Street Address: 1645 Fox downs Ln Oilville, Va, ~~23220~~ 23129

PROPERTY OWNERSHIP

Name: Alton & Jamie Martin	Phone: 804 247 4441
Mailing Address: 1645 Fox downs Ln Oilville, Va	Email: Altonmartin@rocketmail.com

APPLICANT

Name: Gene Vincent	Phone: 804 567 1642
Address: 13429 Namozine rd amelia Va 23002	Email: genevincent8885@gmail.com

CONTRACTOR

Name: Three phase construction	Phone:
Mailing Address: 13429 Namozine rd amelia Va 23002	Email:
Gas Certification: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number: 2705133904
	Expiration: 10/31/2020
	License Type: ele BLD
	Class: A

DESCRIPTION OF WORK

Install 22kw generac generator			
# of Bathrooms	Service Size	Power Company	Inquiry #
	(2) 150	Dominion	
Value of Work (required)	10000 \$ 4700		

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: 5/21/2020

Approval: Fisher	Office Use Only
Permit Fee: 42.99	Approval date: 6-4-2020
	Issued date: 6-4-2020

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	6/2/20
Permit #	ELI-2020-00475
GPIN	
Tax Map	

LOCATION

Street Address: 2456 DAVIS MILL ROAD 23063

PROPERTY OWNERSHIP

Name: BRYAN VOLTZ	Phone: 804-357-6809
Mailing Address: 2456 DAVIS MILL ROAD 23063	Email: BVOLTZ@MSD.COM

APPLICANT

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

CONTRACTOR

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

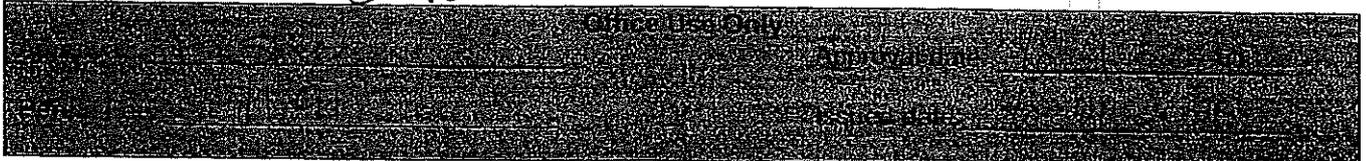
DESCRIPTION OF WORK

INSTALL 16KW GENERATOR AND 200A SWITCH			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required): \$1,000.00 \$1,000.00		FEE \$ 71.91	

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: 6/2/20



(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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

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

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

Date	6/4/20
Permit #	EL-2020-00515
GPIN	
Tax Map	

LOCATION

Street Address	2251 COUNTRY LANE 23102
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PROPERTY OWNERSHIP

Name	CRAIG TORBETT	Phone	804-556-4693
Mailing Address	2251 COUNTRY LANE 23102	Email	923SUNSHINE@COMCAST.NET

APPLICANT

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

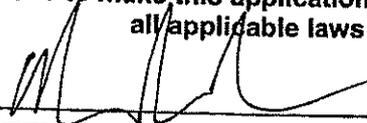
CONTRACTOR

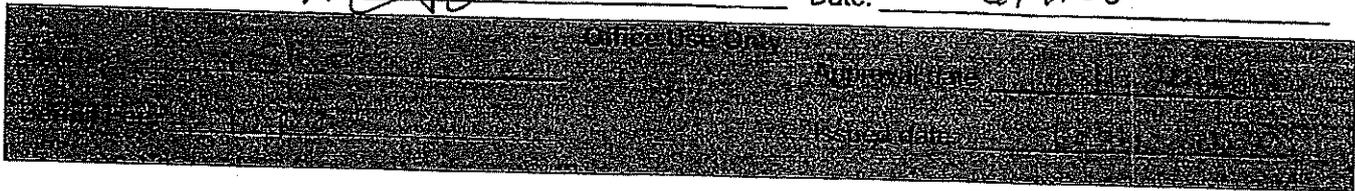
Name	Virgina Power Solutions	Phone	804-365-0263
Mailing Address	10102 Whitesel Road, B, Ashland, VA 23005	Email	service@virginiapowersolutions.com
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705123991
		Expiration	8/31/20
		License Type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

DESCRIPTION OF WORK

INSTALL 16kw GENERATOR AND 16 CIRCUIT SWITCH			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	FEE \$ 69.62		
\$10,500.00			

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

Signature of Applicant:  Date: 6/4/20



(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Date	06-11-2020
Permit #	00019
GPIN	ELR 2020-06588
Tax Map	

LOCATION

Street Address: 13274 Kellington Lane

PROPERTY OWNERSHIP

Name	Phone
Chen	
Mailing Address	Email
13274 Kellington Lane, Richmond, VA 23238	

APPLICANT

Name	Phone
Patriot Electric	804-675-2275
Address	Email
3920 Paulhill Road, North Chesterfield, VA 23236	Patriotelectric@verizon.net

CONTRACTOR

Name	Phone			
Patriot Electric	804-675-2275			
Mailing Address	Email			
3920 Paulhill Road, North Chesterfield, VA 23236	Patriotelectric@verizon.net			
Gas Certification	State License Number	Expiration	License Type	Class
YES <input type="checkbox"/> NO <input type="checkbox"/>	2701 026160	04-30-2021	CBC ELE RBC	A

DESCRIPTION OF WORK

Wire new owner furnished 38KW self start generator.

# of Bathrooms	Service Size	Power Company	Inquiry #
	400		
Value of Work (required)	\$4,985.00		

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: Patriot Electric
By: David J. Kelley, VP Date: 06-11-2020

Approval: <u>Fisher</u>	Office Use Only
Permit Fee: <u>44.30</u>	Approval date: <u>6-17-2020</u>
	Issued date: <u>6-17-2020</u>

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Date	6/18/2020
Permit #	EL1-2020-554
GPIN	0831-08-1862
Tax Map	12-1-0-20-0

LOCATION

Street Address: 3710 Forest Grove Rd Sandy Hook Va 23153

PROPERTY OWNERSHIP

Name: <u>James M Smith Jr</u>	Phone: <u>804 957 1237</u>
Mailing Address:	Email:

APPLICANT

Name: James M Smith	Phone:
Address:	Email:

CONTRACTOR

Name: <u>MIDCLOTHIAN ELECTRIC COMPANY</u>	Phone: <u>799-5074</u>
Mailing Address: <u>P.O. Box 99 M</u>	Email: <u>QUEEO MIDCLOTHIANELECTRIC.106</u>
Gas Certification: YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number: <u>2705084509</u>
Expiration: <u>04/2022</u>	License Type: <u>ELEC</u> Class: <u>C</u>

DESCRIPTION OF WORK

Installing Emergency Generator 20K

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required): <u>\$ 300.00</u>			

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

Signature of Applicant: Quarter Lee Date: 5/17/20

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>6/18/2020</u>
Permit Fee: <u>30.60</u>		Issued date: <u>6/18/2020</u>

(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

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

Date 6/19/2020

Permit # ELI-

BP-2020-00136

GPIN

Tax Map

LOCATION

Street Address 1700 BRIDGEWATER CT. 23102.

PROPERTY OWNERSHIP

Name <u>BLUE Ridge CUSTOM HOMES LLC</u>	Phone
Mailing Address <u>P.O. BOX 305 OILVILLE VA. 23129</u>	Email

APPLICANT

Name <u>KEVIN HALL</u>	Phone <u>(804) 921-2197.</u>
Address <u>300 DEFENSE AVE 23150.</u>	Email

CONTRACTOR

Name <u>SUPERIOR ELECTRICAL SERVICES LLC</u>	Phone <u>(804) 921-1197</u>			
Mailing Address <u>300 DEFENSE AVE 23150</u>	Email <u>kevinscotthall@gmail.com</u>			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2705170053.</u>	Expiration <u>10/31/2020</u>	License Type <u>ELE</u>	Class <u>C</u>

DESCRIPTION OF WORK

Wire new dwelling to code. with

22 KW WHOLE House Generator.

# of Bathrooms <u>3.5</u>	Service Size <u>400 amp</u>	Power Company <u>Dominion Energy</u>	Inquiry # <u>10367928.</u>
Value of Work (required) <u>\$ 8,500.00</u>			

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

Signature of Applicant: Kevin S Hall Date: 6/19/2020

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>6-19-2020</u>
Permit Fee: <u>60.44</u>		Issued date: <u>6-19-2020</u>

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

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: <u>6-19-20</u>
Permit # <u>211-2020-559</u>
GPIN
Tax Map

LOCATION

Street Address: 2239 BROAD STREET ROAD MAIDENS, VA 23102

PROPERTY OWNERSHIP

Name: <u>FRANK H. WILSON JR</u>	Phone: <u>(804) 339-5028</u>
Mailing Address: <u>2239 BROAD STREET ROAD - MAIDENS</u>	Email: <u>fwilson8847@gmail.com</u>

APPLICANT

Name: <u>FRANK H. WILSON JR</u>	Phone: <u>(804) 339-5028</u>
Address: <u>2239 BROAD STREET ROAD - MAIDENS</u>	Email: <u>fwilson8847@gmail.com</u>

CONTRACTOR

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

DESCRIPTION OF WORK

Installation of a 50 or 30 amp generator plug w/ #6 aluminum wire, installation of 3 Polaris taps, (2) 50 or 30 Amp breakers, (2) meter boxes, SAmp plug

# of Bathrooms	Service Size	Power Company	Inquiry #
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Value of Work (required): \$ 1085.00

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: 6/19/20

Approval: <u>Fisher</u>	Office Use Only
Permit Fee: <u>\$30.60</u>	Approval date: <u>6-19-20</u>
	Issued date: _____

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Date	6/11/20
Permit #	ELI-2020-00560
GPIN	
Tax Map	

LOCATION

Street Address
1790 FOX DOWNS LANE 23129

PROPERTY OWNERSHIP

Name	HELEN WOOD	Phone	540-634-0443
Mailing Address	1790 FOX DOWNS LANE 23129	Email	H.E.WOOD23@GMAIL.COM

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 2-ZODA SWITCHES

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	\$13,000.00 FEE \$ 81.09		

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: 6/11/20

Office Use Only

Approval date: _____

Issue date: _____

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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	6/29/20
Permit #	11-2020-00605
GPIN	6833-80-8776
Tax Map	6-6-0-6-0

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

LOCATION 4658

Street Address ~~7568~~ Old Fredericksburg Rd, Mine Run VA 23117

PROPERTY OWNERSHIP

Name Jack Warner Phone 804 337 4694

Mailing Address 4568 Old Fredericksburg Rd, Mine Run VA Email JACKFWARNER@GMAIL.COM

APPLICANT

Name DAVID DAWSON Phone 434 960 3854

Address 626 Four Seasons Dr, Lakesville 22968 Email DAVE@CIVILGEN.COM

CONTRACTOR

Name LCS Electrical Phone 434 962 4179

Mailing Address 357 Rolling Lane, Roanoke VA 23093 Email CHRISTMASLCS@AOL.COM

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705004612	9/30/2022	ELE	B

DESCRIPTION OF WORK

Install 22kw generator w/ 200 AMP TRANSFER

200AMP Service Size REC Power Company Inquiry #

Value of Work (required) 8850

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: 6/29/20

Approval: <i>[Signature]</i>	Office Use Only	Approval date: 6-30-20
Permit Fee: \$62.08		Issued date: 6-30-20

(owner's statement on back)