



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: 7/10/20
 Permit Number: BP-2020-00674
 GPIN/Tax Map: 6821-91-8517
~~79-1-0-6-0~~
 Issued: 9/4/2020
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

OWNER INFORMATION
 Site Address: 3424 Forest Grove Rd Sandyhook VA 23153
 Owner: James & Jennifer Ott
 Address: 3424 Forest Grove Rd Sandyhook VA 23153
 Phone #: (804) 640-9083
 Email: _____

APPLICANT INFORMATION
 Applicant/Contact: JEL Construction LLC (Beck Jones)
 Address: 19146 Highlands Ln Bumpass VA 23024
 Phone #: (804) 641-7756
 Email: jelconstructs@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None Proffer: Yes No Amount: _____ Date Paid: _____
 Front Setback: 55' from Prop. Line / None Center Line Setback: _____ Rear Setback: 5' CUP/Variance/COA: _____
 Side Setback: 5' Side Setback: 5' Flood Zone: _____
 APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 9/3/2020

CONTRACTOR INFORMATION
 Contractor: Jel Construction LLC
 Address: 19146 Highlands Ln Bumpass VA 23024
 Phone: (804) 641-7756
 Email: jelconstructs@gmail.com
 Contractor License Number: 2705-110868 Type: Class A Bldg Expiration: 10/20

DESCRIPTION OF WORK
 Scope of Work: Detached Garage 24x30^W deep with 12' w/ass pole building with on 3 sides
 Proposed Use: Storage Current Use: _____ 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.: 720 Unfinished Sq. Ft.: 1944 Total Sq. Ft.: 2664

Building Only - Excludes All Trades Permits
 Value of Work: \$28,000 63,180

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: 7/10/20

Application Fee	\$ 296.31
State Levy Fee	\$ 5.93
Septic/Well Fee	\$
Zoning Fee	\$ 2500
RLD	\$
SWP	\$
Total	\$ 327.24



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: 8-28-2020
 Permit Number: BP-2020-00821
 GPIN/Tax Map: 6727-03-4721/39-10-36-0
 Issued: 9/9/2020
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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OWNER INFORMATION	Site Address	<u>4820 ST. Pauls Church Rd Goochland Va 23063</u>	
	Owner	<u>William & Theresa FRANCISCO</u>	Phone # <u>215-499-5695</u>
	Address	<u>4820 ST. Pauls Church Rd</u>	Email <u>Teri351@me.com</u>
APPLICANT INFORMATION	Applicant/Contact	<u>Theresa FRANCISCO</u>	
	Address	<u>4820 ST Pauls Church Rd</u>	Phone # <u>same</u> Email <u>same</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>None</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>---</u>	<u>---</u>
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>55' from Prop. Line</u>	<u>---</u>	<u>5'</u>	<u>---</u>
Side Setback	Side Setback	Flood Zone		
<u>5'</u>	<u>5'</u>	<u>X</u>	<u>AI</u>	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Officer		<u>Daniel Ford</u>		Date <u>8/31/2020</u>

CONTRACTOR INFORMATION	Contractor	Phone
	<u>William FRANCISCO - owner</u>	<u>267-418-4035</u>
	Address	Email
<u>4820 ST. Pauls Church Rd</u>	<u>Pat15pac@msn.com</u>	
Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>prefab</u>			
	<u>Metal Garage 18x26 detached</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<u>Storage</u>			
SEWER	WATER	# of Bathrooms	# of Bedrooms	# of floors
Public/Private	Public/Private			
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
<u>468 Sq. Ft.</u>	<u>468</u>	<u>468 Sq. Ft.</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$5245.00</u>	<u>12,870.00</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: Theresa Francisco Date: 8/28/2020

Application Fee	\$ <u>69.91</u>
State Levy Fee	\$ <u>1.40</u>
Septic/Well Fee	\$ <u>---</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>---</u>
SWP	\$ <u>---</u>
Total	\$ <u>96.31</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: 8.25.2020
 Permit Number: BP-2020-00808
 GPIN/Tax Map: 7705-86-2263 / 57-10-0-3-0
 Issued: 9/4/20

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>1671 Devon Way, Manakin Sabot, VA 23103</u>	
	Owner <u>Patrick G. DiServio</u>	Phone # <u>804-543-6889</u>
	Address <u>1671 Devon Way, Manakin Sabot, VA 23103</u>	Email <u>pdiservio@diservio.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Patrick G. DiServio</u>	
	Address <u>1671 Devon Way, Manakin Sabot, VA 23103</u>	Email <u>pdiservio@diservio.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Auburn Chase</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>75' from Prop. Line / Road</u>	Center Line Setback —	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>C</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Floyd</u>	Date <u>8/28/2020</u>		

CONTRACTOR INFORMATION	Contractor <u>Owner</u>		Phone <u>804-543-6889</u>
	Address		Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Detached Garage with studio above</u>				
	Proposed Use <u>Residential</u>	Current Use <u>Residential</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>756</u>	Unfinished Sq. Ft. <u>703</u>	Total Sq. Ft. <u>1459</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>286.11</u> State Levy Fee \$ <u>5.72</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>316.83</u>
Value of Work	<u>30,000 to 912.50</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>Patrick B. DiServio</u>	Date _____	



BUILDING PERMIT APPLICATION

Application Date: 8-28-2020

Permit Number: BP-2020-00822

GPIN/Tax Map: 6841-85-9999 / 13-10-0-1-0

Issued: 9/4/2020

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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Residential Commercial

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OWNER INFORMATION	Site Address <u>3763 THREE CHOPT RD., GUM SPRING, VA 23065</u> SITE # <u>R1867</u>	Owner <u>CROWN CASTLE</u>	Phone #
	Address <u>4017 WASHINGTON RD., McMURRAY, PA 15317</u>	Email	
	Applicant/Contact <u>JENNIFER STURGEON</u>	Phone # <u>502-817-1964</u>	
APPLICANT INFORMATION	Address <u>2310 VALLETTA LN. LOUISVILLE, KY 40205</u>	Email <u>jennifer.sturgeon@jacobs.com</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from Prop. Line / Eas -</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback	Flood Zone	<u>A1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Long</u> Date <u>8/31/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>JACOBS TELECOMMUNICATIONS</u>	Phone <u>502-817-1964</u>
	Address <u>4801 COX ROAD, SUITE 302 GLEN ALLEN, VA 23060</u>	Email <u>jennifer.sturgeon@jacobs.com</u>
	Contractor License Number <u>2705066988</u>	Type <u>CLASS A</u>

DESCRIPTION OF WORK	Scope of Work: <u>ATTN TO INSTALL 9 ANTENNAS ON EXISTING TOWER AND PLACE CABINET AND GENERATOR ON CONCRETE PIERS.</u>				
	Proposed Use <u>CELL TOWER</u>	Current Use <u>CELL TOWER</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Goochland County Dept. of Building Inspection		

Building Only - Excludes All Trades Permits			Application Fee	\$ <u>300.00</u>
Value of Work	\$ <u>40,000.00</u>		State Levy Fee	\$ <u>6.00</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.			Septic/Well Fee	\$ _____
			Zoning Fee	\$ <u>200.00</u>
Signature of Applicant <u>Jennifer Sturgeon</u> Date <u>8-26-20</u>			SWP	\$ _____
			Total	\$ <u>506.00</u>



BUILDING PERMIT APPLICATION

Application Date: July 23, 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 2020-00691

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

Issued: 9/3/20

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

Residential Commercial

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Site Address 12354 South Crossing Dr, Manakin Salott 23103
Open Space B (3.43 acres)

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

Address: 2250 Old Brick Road, Suite 200, Glen Allen, Va 23060
Email: mrainey@eagleofva.com

APPLICANT INFORMATION
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: <u>Readers Branch</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	Front Setback: <u>30' from Prop Line</u>	Center Line Setback: _____	Rear Setback: <u>5'</u>	CUP/Variance/COA: _____
	Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
Planning & Zoning Officer: David Lloyd Date: 7/24/2020 RPUD

CONTRACTOR INFORMATION
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

DESCRIPTION OF WORK
Scope of Work: **Construction of pavillion**

Proposed Use Pavillion	Current Use Open Space	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
Finished Sq. Ft.		Unfinished Sq. Ft. 600		Total Sq. Ft. 600

Building Only - Excludes All Trades Permits
Value of Work: \$22,000.00

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: Mark Rainey Date: 07/23/2020

Application Fee	\$ 165.00
State Levy Fee	\$ 3.30
Septic/Well Fee	\$
Zoning Fee	\$ <u>50.00</u>
RLD	\$
SWP	\$
Total	\$ <u>168.30</u> / <u>218.30</u>



BUILDING PERMIT APPLICATION

Application Date: 8-21-2020

Permit Number: BP-2020-00802

GPIN/Tax Map: 6077-08-2709/43-7-0-6-A

Issued: 9/3/20

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

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

Residential Commercial

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OWNER INFORMATION	Site Address 2308 Fairground Road, Maidens VA 23102	
	Owner Adelle Sampson	Phone # 804-556-6150
	Address 2308 Fairground Road, Maidens VA 23102	Email pturner@cxloyalty.com

APPLICANT INFORMATION	Applicant/Contact Patrice Turner	Phone # 804-556-6150
	Address 2308 Fairground Road, Maidens VA 23102	Email pturner@cxloyalty.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount ---	Date Paid ---
	Front Setback 100' from Prop. Line / Row	Center Line Setback	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone ---	A2
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer David Floyd Date 8/27/2020			

CONTRACTOR INFORMATION	Contractor Owner	Phone
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: 30x51 Detached Metal Garage				
	Proposed Use Garage	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. 30 X 51	Unfinished Sq. Ft. 1530	Total Sq. Ft. 1530		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>235.76</u>
Value of Work <u>16,000</u>	<u>49,725.00</u>	State Levy Fee \$ <u>4.72</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>Adelle Sampson</u>	Date <u>8/14/20</u>	Zoning Fee \$ <u>25.00</u>
		RLD \$
		SWP \$
		Total \$ <u>265.48</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: Aug 17, 2020
 Permit Number: BP-2020-00789
 GPIN/Tax Map: 6069-31-3035/30-B-A-4-D
 Issued: 9/4/20
 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

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OWNER INFORMATION
 Site Address: 2916 FIELDS COURT LANE - GOOCHLAND 23063
 Owner: THOMAS V & LARRIE SMITH Phone #: WK 804-556-3598
 Address: 2916 FIELDS COURT LANE Email: TOMVSMITH@AOL.COM

APPLICANT INFORMATION
 Applicant/Contact: Wm H NEWBILL - WHN CONSTRUCTION SERVICES Phone #: 804 516 5433
 Address: 14223 BIG APPLE RD - GLEN ALLEN 23059 Email: NEWBILLW@AOL.COM

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Aldwyck</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>75' from Prop. Line/Row</u>	Center Line Setback: _____	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>20'</u>	Side Setback: <u>30'</u>	Flood Zone: _____	<u>A2</u>

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Lloyd Date: 8/20/2020

CONTRACTOR INFORMATION
 Contractor: WHN CONSTRUCTION SERVICES LLC Phone: 804 516 5433
 Address: 14223 BIG APPLE RD - GLEN ALLEN 23059 Email: NEWBILLW@AOL.COM
 Contractor License Number: 2705134867 Type: CLASS A CBC Expiration: 03-31-2021

DESCRIPTION OF WORK
 Scope of Work: RBC Sunroom
DEMO EXISTING DECK ON REAR OF HOME & BUILD ADDITION

Proposed Use: <u>SUN ROOM</u>	Current Use: <u>DECK</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>NONE</u>	# of Bedrooms: <u>NONE</u>	# of floors: <u>1</u>
Finished Sq. Ft.: <u>469</u>	Unfinished Sq. Ft.: <u>238</u>	Total Sq. Ft.: <u>707</u>		

Building Only - Excludes All Trades Permits

Value of Work: \$ 83,546.15

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: Wm H Newbill Date: 8.17.20
WHN CONSTRUCTION SERVICES LLC

Application Fee	\$ <u>387.90</u>
State Levy Fee	\$ <u>1.00</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>420.92</u>

REVIEWED BY: Nicholas R. ...



BUILDING PERMIT APPLICATION

Application Date: August 17, 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 2020-00809

GPIN/Tax Map:

6758-52-8376 / 30-23-G-34-D

Issued:

9/4/20

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.

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 2008 Steeplechase Pkwy	
	Owner Benjamin Lewis	Phone # 804-201-3429
	Address 2008 Steeplechase Pkwy	Email
APPLICANT INFORMATION	Applicant/Contact Jessica Howell - Deck Creations	Phone # 804-320-2212
	Address 14241 Midlothian Turnpike #241, Midlothian, VA 23113	Email jessica@deckcreations.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 Deck Creations, LLC	Phone 804-320-2212
	Address 14241 Midlothian Turnpike #241, Midlothian, VA 23113	Email jessica@deckcreations.com
	Contractor License Number 2705120631	Type Class A

DESCRIPTION OF WORK	Scope of Work: Build new deck in existing footprint.				
	Proposed Use Deck	Current Use Deck	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	\$37940
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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: 8.17.20

Application Fee	\$ <u>182.73</u>
State Levy Fee	\$ <u>3.65</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>186.38</u>

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

Permit Number: BP-2020-00818

GPIN/Tax Map: 714-18-1706/62-9-01-0

Issued: 9-15-2020

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.

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OWNER INFORMATION	Site Address <u>375 RUNNING CEDAR TRAIL MANAKIN SABOT VA. 23103</u>	
	Owner <u>John + Jane Milne</u>	Phone # <u>337-9858</u> <u>804-485</u>
	Address <u>375 RUNNING CEDAR TRAIL MANAKIN SABOT VA 23103</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>TOM HOMER</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/Varlance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer _____ Date _____			

CONTRACTOR INFORMATION	Contractor <u>LANE HOMES + REMODELING INC</u>		Phone <u>804-784-0012</u>
	Address <u>12536 PATTERSON AVE RICHMOND VA 23038</u>		Email <u>TOM@LANEBUILT.COM</u>
	Contractor License Number <u>2701 0291 25A</u>	Type <u>General A</u>	Expiration <u>1-31-2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>REMOVE ROOF OFF OF 3 CAR GARAGE AND PUT A SECOND STORY FINISHED AREA THERE - ENTERTAINMENT AREA</u>				
	Proposed Use <u>GARAGE / ENTERTAINMENT AREA ABOVE</u>	Current Use <u>Garage</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>1</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>1100 SF</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>1100</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>1037.86</u>	
Value of Work <u>227,970.</u>		State Levy Fee \$ <u>20.76</u>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Thomas G Homer</u> Date <u>8-25-20</u>		Septic/Well Fee \$ _____	
		Zoning Fee \$ _____	
		RLD \$ _____	
		SWP \$ _____	
		Total \$ <u>1058.62</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: 7-29-20Permit Number: DP-2020-0704GPIN/Tax Map: 6840-93-2137/20-21-0-32-0

Issued:

 Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>3005 Heath Mill Dr. Goochland, VA 23063</u>	
	Owner <u>John Jandzinski</u>	Phone # <u>804-461-9132</u>
	Address <u>3005 Heath Mill Dr., Goochland, VA 23063</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Daniel Gordon</u>	Phone # <u>804-437-4231</u>
	Address <u>2945 River Road W., Goochland, VA 23063</u>	Email <u>gordonbrothersconstruction@yahoo.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Mill Forest II</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from Prop Line</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/GOA
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS			
Planning & Zoning Officer <u>Daniel Phoyd</u>		Date <u>7/29/2020</u>		<u>RR</u>

CONTRACTOR INFORMATION	Contractor <u>Gordon Brothers Construction</u>	Phone <u>804-556-8180</u>
	Address <u>2945 River Road W., Goochland, VA 23063</u>	Email <u>gordonbrothersconstruction@yahoo.com</u>
	Contractor License Number <u>2705144137</u>	Type <u>Class A contractor</u>

DESCRIPTION OF WORK	Scope of Work: <u>Rebuild deck and screen porch add steps from screen porch</u>				
	Proposed Use <u>Residential</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>N/A</u>
	Finished Sq. Ft. <u>N/A</u>	Unfinished Sq. Ft. <u>N/A 448</u>	Total Sq. Ft. <u>N/A 448</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 10,000.</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 7/29/20

Application Fee	\$ <u>57.00</u>
State Levy Fee	\$ <u>1.14</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>2500</u>
RLD	\$
SWP	\$
Total	\$ <u>4578.14</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: 5-19-20

Permit Number: DP-2020-00404

GPIN/Tax Map: 7796-2A-1700 / 58-53-0-28-0

Issued: 08-17-2020

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

Residential Commercial

This application requires two copies of construction drawings and two copies of the survey of the property (or a combination of a survey outside of existing footprint) showing the dimensions and shape of parcels, all new work and existing structures, and correct setbacks 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>12119 Branch Overlook Circle, Manakin Sabot, VA 23103</u>		Phone # <u>804-402-5149</u>	
	Owner <u>Thomas E. + Sharyn D. Ward</u>		Email <u>tomward1955@jgmail.com</u>	
	Address <u>same</u>		Phone # <u>same</u>	
APPLICANT INFORMATION	Applicant/Contact <u>same</u>		Email <u>same</u>	
	Address <u>same</u>		Phone # <u>same</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Readers Branch</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	
	Front Setback <u>30' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>25'</u>	
	Side Setback <u>10'</u>	Side Setback <u>15' from Prop. Line</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: _____	
CONTRACTOR INFORMATION	Contractor <u>Kenneth Jenkins Construction, Inc.</u>		Phone <u>804-339-1361</u>	
	Address <u>915 Dalmore Dr., Midlothian, VA 23113</u>		Email <u>kenjenkins@verizon.net</u>	
	Contractor License Number <u>2705101463</u>	Type <u>CIC, HFC</u>	Expiration <u>12/31/21</u>	
	Scope of Work: <u>Addition of 5 steps to existing deck.</u>		Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
DESCRIPTION OF WORK	Proposed Use <u>Residential</u>	Current Use <u>Residential</u>	# of Bathrooms	
	SEWER Public/Private	WATER Public/Private	# of Bedrooms	
	Finished Sq. Ft.		Unfinished Sq. Ft. <u>35.</u>	# of floors
	Total Sq. Ft.			

Building Only - Excludes All Trades Permits

Value of Work \$2000.00 - 5,000.00

Application Fee	\$ <u>35.19</u>
State Levy Fee	\$ <u>.69</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>60.19</u>

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

Signature of Applicant Thomas E. Ward Date 5/9/20



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: 8-25-2020
 Permit Number: BP-2020-00814
 GPIN/Tax Map: 48-2-C-8-0/7726-67-2997
 Issued: 9-18-2020
 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.

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: 12661 Fawn Lane, Richmond, Va. 23233
 Owner: Joseph & Emily Malizia Phone #: 814-574-3807
 Address: 12661 Fawn Lane, Richmond, Va. 23233 Email: joemalizia@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: G. H. Watts Construction, Inc. (Kate H. Fogg) Phone #: 804-633-9778 x 138
 Address: 17485 Richmond Turnpike, Milford, Va. 22514 Email: kate@ghwatts.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>B/Wen Meadows</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>40' from Prop. Line/Map</u>	Center Line Setback: _____	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>15'</u>	Side Setback: _____	Flood Zone: _____	_____

APPROVED REJECTED COMMENTS: * Sunny Terrace Setback lot side. R1
 Planning & Zoning Officer: [Signature] Date: 8/28/2020

CONTRACTOR INFORMATION
 Contractor: G. H. Watts Construction, Inc. Phone: 804-633-9778 x 138
 Address: 17485 Richmond Turnpike, Milford, Va. 22514 Email: kate@ghwatts.com
 Contractor License Number: 2705-025185A Type: CBC GFC HH PLB RBC Expiration: 08/31/2022

DESCRIPTION OF WORK
 Scope of Work: addition of master suite on 1st floor with office above, expand family room, new rear covered porch

Proposed Use: <u>residential</u>	Current Use: <u>residential</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____
SEWER: <u>Existing</u> Public/Private	WATER: <u>Existing</u> Public/Private	# of Bathrooms: <u>1</u>
# of Bedrooms: <u>1</u>	# of floors: <u>2</u>	
Finished Sq. Ft. <u>1098 living space 978</u>	Unfinished Sq. Ft. <u>304</u>	Total Sq. Ft. <u>1402 1282</u>

Building Only - Excludes All Trades Permits

Value of Work: <u>\$160,490.00</u>	Application Fee: \$ <u>734.21</u>
	State Levy Fee: \$ <u>14.68</u>
	Septic/Well Fee: \$ _____
	Zoning Fee: \$ <u>25.00</u>
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ <u>773.89</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: 8/24/2020



BUILDING PERMIT APPLICATION

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

Application Date: 8-28-2020
BP-2020-00829

Permit Number: BP-2020-00829

GPIN/Tax Map: 6767-53-5018 / 43-1-0-27-0

Issued: 9/28/2020

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

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>1718 MAIDENS RD MAIDENS VA 23102</u>	
	Owner <u>DARRIN JOHNSON / DEBRA JOHNSON</u>	Phone # <u>804-334-8963</u>
	Address <u>1718 MAIDENS RD</u>	

APPLICANT INFORMATION	Applicant/Contact <u>DARRIN JOHNSON</u>	Phone #
	Address <u>PO BOX 967 GOOCHLAND VA 23067</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from Prop. Line / Row</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>30'</u>	Side Setback <u>30'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David [Signature]</u> Date: <u>9/1/2020</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>REPLACE EXISTING FRONT PORCH OLD CONCRETE ONE</u>				
	Proposed Use <u>Residential</u>	Current Use <u>Residential</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.		Unfinished Sq. Ft.	Total Sq. Ft.	
			<u>192</u>	<u>192</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30.00</u> State Levy Fee \$ <u>.60</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>55.60</u>
Value of Work <u>1800</u>	<u>1920</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>Darrin Johnson</u>	Date <u>8/31/2020</u>	
<u>31 August 2020</u>		



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103
Goochland, VA 23063

Phone: (804) 556-5860

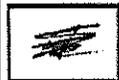
Web: www.goochlandva.us

FAX: (804) 556-5654

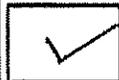
Office Use Only

Application File Date:	Application No.: <u>AP-2020-00205</u>	Fee: \$25.00
Zoning Approval: Yes <u>David Lloyd</u>	No:	Date: <u>3/10/2020</u>

Zoning Application Type: Please check appropriate box



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



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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Parker Bryant Anna Bryant Telephone: 804-814-2597
 Address: 24161 Fairground Rd. Cell phone: Same
Maidens VA 23102 FAX: _____
 E-mail: asb626@yahoo.com

Name of Applicant: _____ Telephone: _____
 Address: _____ Cell phone: _____
 _____ FAX: _____
 E-mail: _____

Property Information

Street Address: 2788 Turner Rd. Zoning: A2
 GPIN Number: 6769-666-0420 Acreage: 9
 Existing Use: _____
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

- Estimated square footage of the building(s): 1200
- Value of Building: \$12,000
- Written Description of Proposed Physical Improvements:
Tractor, Lawn Mower, Workshop, Equipment



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: August 14, 2020
 Permit Number: BP-2020-00768
 GPIN/Tax Map: 7705-41-5656/02-31-C-30-0
 Issued: 9-23-2020
 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 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: 560 Ice House Court, Manakin-Sabot, VA 23103
 Owner: David & Dee Meleski Phone #: 954-401-1945
 Address: Same Email: dave.meleski@richlinegroup.com

APPLICANT INFORMATION
 Applicant/Contact: Brian M. Holder, Classic Construction Phone #: 804-690-1911
 Address: 11622 Busy Street, Richmond, VA 23236 Email: brianmholder@gmail.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 / Road</u>	Center Line Setback: _____	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>15' / 35'</u>	Side Setback: <u>15' / 35'</u>	Flood Zone: <u>C</u>	RR: <u>RR</u>

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 8/14/2020

CONTRACTOR INFORMATION
 Contractor: Brian M. Holder, Classic Construction Exteriors Phone: 804-690-1911
 Address: 11622 Busy Street, Richmond, VA 23236 Email: brianmholder@gmail.com
 Contractor License Number: 2705062408 Type: Class A Contractor Expiration: 4/30/2021

DESCRIPTION OF WORK
 Scope of Work: Side Addition for Kitchen Extension

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>168</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>168</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>75,000</u>	Application Fee	\$ <u>349.50</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: _____		State Levy Fee	\$ <u>6.99</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>381.49</u>

* once permit is issued please call JOU 865 803 4176



BUILDING PERMIT APPLICATION

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

Application Date: 9-1-20
 Permit Number: BP-2020-00830
 GPIN/Tax Map: 6787-17-4780/44-27-0-21-2
 Issued: 9-25-2020

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	1150 HAWK FORD COURT MAIDENS VA. 32102	
	Owner	Vince Smith	Phone # 804-239-2297
	Address	1150 HAWK FORD COURT	Email
APPLICANT INFORMATION	Applicant/Contact	Vince Smith	Phone # 804-239-2297
	Address	1150 HAWK FORD COURT MAIDENS VA. 32102	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	Somerset	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	—	—
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	40' from Prop. Line / Row	—	25'	—
Side Setback	Side Setback	Flood Zone	—	RP
20'	20'	—	—	—
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS:			
Planning & Zoning Officer	David Floyd		Date	9/1/2020

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

DESCRIPTION OF WORK	Scope of Work:				
	Build New Deck 30' x 25'				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	None				
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.			
	750	750			

Building Only - Excludes All Trades Permits

Value of Work	\$13,735	Application Fee	\$ 75.28
		State Levy Fee	\$ 1.48
		Septic/Well Fee	\$
		Zoning Fee	\$ 25.00
		RLD	\$
		SWP	\$
		Total	\$ 100.28

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: 9-1-20



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: 9/9/2020

Permit Number: BP-2020-00853

GPIN/Tax Map: 6823-75-0107/6-17-0-2-0

Issued: 9-25-2020

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.

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>4962 THREE CHOPT RD LOUISA VA 23093</u>		
	Owner	<u>ALFONSO AND SHARON VALENCIA</u>	Phone #	<u>804.690.9468</u>
APPLICANT INFORMATION	Address	<u>4962 THREE CHOPT RD LOUISA VA 23093</u>		
	Applicant/Contact	<u>SHARON VALENCIA</u>	Phone #	<u>804.690.9468</u>
	Address	<u>4962 THREE CHOPT RD LOUISA VA 23093</u>		
			Email	<u>sharon.valencia@hotmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>None</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>—</u>	<u>—</u>
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>75' from Prop. Line / Row</u>	<u>—</u>	<u>5'</u>	<u>—</u>
	Side Setback	Side Setback	Flood Zone	
	<u>5'</u>	<u>5'</u>	<u>—</u>	<u>A1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS:		
	Planning & Zoning Officer: <u>[Signature]</u>	Date: <u>9/9/2020</u>		

CONTRACTOR INFORMATION	Contractor	Phone
	<u>CAROLINA CARPORTS / RODNEY HARRISON</u>	<u>804.363.2536</u>
	Address	Email
	Contractor License Number	Type
		Expiration

DESCRIPTION OF WORK	Scope of Work:			
	<u>DETACHED BUILD GARAGE w/ ELECTRIC 40 X 30</u>			
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	<u>GARAGE</u>	<u>EMPTY LOT</u>	<u>NONE</u>	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms
<u>Public</u>	<u>Public</u>	<u>0</u>	<u>0</u>	
Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
<u>No</u>	<u>120</u>	<u>1200</u>	<u>1200</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>160.00</u>
Value of Work	<u>24,500</u> <u>33,000</u> ^{app}	State Levy Fee	\$ <u>3.21</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ <u>—</u>
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ <u>—</u>
		SWP	\$ <u>—</u>
		Total	\$ <u>188.21</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>9/9/2020</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 9-17-20

Permit Number: BP-2020-00882

GPIN/Tax Map: 6776-92-4797 / 55-1-0-10-B

Issued: 9-25-2020

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.

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>1455 Beaverdam Creek Rd Crozier VA 23039</u>	
	Owner	<u>Tason Dillenger</u>	Phone # <u>467-4252</u>
APPLICANT INFORMATION	Address	<u>Same</u>	Email <u>Dillengeres@aol.com</u>
	Applicant/Contact	<u>Same</u>	Phone #
	Address		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from Road</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS	
	Planning & Zoning Officer	<u>David Floyd</u>	Date	<u>9/23/2020</u>

CONTRACTOR INFORMATION	Contractor	<u>Tason Dillenger</u>	Phone <u>467-4252</u>
	Address	<u>1455 Beaverdam Creek Rd</u>	Email <u>Dillengeres@aol.com</u>
	Contractor License Number	<u>owner</u>	Type Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Small addition (office)</u>				
	Proposed Use <u>Office</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>0</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft. <u>192</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>192</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>79.50</u>
Value of Work	<u>15,000</u>	State Levy Fee	\$ <u>1.59</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>106.09</u>
Signature of Applicant	<u>Tason Dillenger</u>	Date	_____



BUILDING PERMIT APPLICATION

Application Date: 9/9/2020
Permit Number: BP-2020-00854

GPIN/Tax Map: 6840-90-39.37 / 20-21-0-12-0

Issued: 9-29-2020
This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>2970 Willow Tree Ln, Sandy Hook, VA 23153</u>	
	Owner <u>Chris & Lisa Petersen</u>	Phone # <u>804-556-2456</u>
	Address <u>2970 Willow Tree Ln, Sandy Hook, VA 23153</u>	Email <u>cpetersen@icloud.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Chris Petersen</u>	Phone # <u>804-556-2456</u>
	Address <u>2970 Willow Tree Ln, Sandy Hook, VA 23153</u>	Email <u>cpetersen@icloud.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/GOA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer _____ Date _____			

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

DESCRIPTION OF WORK	Scope of Work: <u>Runing electric, plumbing & septic to shed, cover to she shed, Add walls and door for bathroom. Finish 240 sq ft Shed.</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
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <u>240</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>240</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>7740</u>
Value of Work	<u>2500 500</u>	State Levy Fee	\$ <u>193</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>7283</u>
Signature of Applicant	Date <u>9/9/2020</u>		



BUILDING PERMIT APPLICATION

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

Application Date: 9/17/2020

Permit Number: BP-2020-00904

GPIN/Tax Map: 7733-57-9534

Issued: 9-29-2020

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

Residential Commercial

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

OWNER INFORMATION	Site Address 76 W Square Dr Richmond VA 23238	
	Owner Mary Ann Wright	Phone #
	Address 76 W Square Dr	Email

APPLICANT INFORMATION	Applicant/Contact Jesse Kleinbeck / Eastern Alternative Energy LLC		Phone # 301-481-2878
	Address 1420 Winfall Dr Chesapeake VA 23322		Email jesse.kleinbeck@gmail.com

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

CONTRACTOR INFORMATION	Contractor Eastern Alternative Energy LLC		Phone 757-346-9277
	Address 1420 Winfall Dr. Chesapeake VA 23322		Email jesse.kleinbeck@gmail.com
	Contractor License Number 2705132710	Type Class B ELE and AES	Expiration 2/28/2022

DESCRIPTION OF WORK	Scope of Work: 11.9 kW grid tied rooftop solar PV system				
	Proposed Use Solar system	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.	Total Sq. Ft. 565		

Building Only - Excludes All Trades Permits		Application Fee \$ 5700
Value of Work	10,000	State Levy Fee \$ 1.14
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <i>Jesse Kleinbeck</i> Date 9/17/2020		Septic/Well Fee \$
		Zoning Fee \$
		RLD \$
		SWP \$
		Total \$ 5814

BHull 9/28/20



BUILDING PERMIT APPLICATION

Application Date: 9/10/20

Permit Number: BP-2020-00859

GPIN/Tax Map: 7715-72-6091 / 63-13-0-1-

Issued: 9-29-2020

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>John Clinton Mc Cown</u>	
	Owner <u>901 Hockett Rd.</u>	Phone # <u>615-812-1271</u>
	Address <u>Manakin-Sabot, VA 23103</u>	Email <u>jcmccown@vcu.edu</u>

APPLICANT INFORMATION	Applicant/Contact <u>see above</u>	Phone # <u>see above</u>
	Address <u>see above</u>	Email <u>see above</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>---</u>	Date Paid <u>---</u>
	Front Setback <u>100 from Prop. Line Road</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>---</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>---</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>9/10/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>John Clinton Mc Cown</u>	Phone <u>615-812-1271</u>
	Address <u>901 Hockett Rd., Manakin-Sabot, VA 23103</u>	Email <u>jcmccown@vcu.edu</u>
	Contractor License Number <u>N/A</u>	Type <u>N/A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Erection of sheet-metal garage 24' x 26' Detached.</u>				
	Proposed Use <u>garage</u>	Current Use <u>open land</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>none</u>		
	SEWER Public/Private <u>N/A</u>	WATER Public/Private <u>N/A</u>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No <u>No</u>	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>624</u>	Total Sq. Ft. <u>624</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>\$9392.76</u>	<u>\$17,160.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant John Clinton Mc Cown Date 9/10/20

Application Fee	\$ <u>89.22</u>
State Levy Fee	\$ <u>1.78</u>
Septic/Well Fee	\$ <u>---</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>---</u>
SWP	\$ <u>---</u>
Total	\$ <u>116.00</u>



BUILDING PERMIT APPLICATION

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

Application Date: September 16, 2020

Permit Number: BP-2020-00880

GPIN/Tax Map: 5-13-0-20-0 / 6813-64-4857

Issued: 9-30-2020

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

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 4567 Peters Creek Road, Columbia, Virginia 23038		Phone # (804) 457-9797
	Owner William R & Margaret Robison		
	Address 4567 Peters Creek Road, Columbia, Virginia 23038		Email Matmatx1949@gmail.com

APPLICANT INFORMATION	Applicant/Contact Karen Vasquez		Phone # (804) 318-5997
	Address 2410 Southland Drive, Chester, Virginia 23831		Email Kvasquez@jeswork.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Not Required. Inside Work</u> Planning & Zoning Officer: <u>[Signature]</u> Date: _____			

CONTRACTOR INFORMATION	Contractor JES Construction, LLC		Phone (804) 495-4646
	Address 2410 Southland Drive, Chester, Virginia 23831		Email Kvasquez@jeswork.com
	Contractor License Number 2705068655	Type A	Expiration 04-30-2022

DESCRIPTION OF WORK	Scope of Work: <u>Install five (5) Intellijack and 4' Lin.Ft. of Supplemental Beam. Sister 14' Lin.Ft. of Floor Joist.</u>				
	Proposed Use N/A	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft. 2,339

Building Only - Excludes All Trades Permits

Value of Work	6,643.08
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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 Karen Vasquez Date September 16, 2020

Application Fee	\$ <u>41.89</u>
State Levy Fee	\$ <u>.84</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>42.73</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 9/11/2020

Permit Number: BP-2020-008603

GPIN/Tax Map: 6777-27-8621/43-42-D-9-1

Issued: 9-30-2020

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

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 1765 Fishers Pond Drive, Maidens, VA 23102	
	Owner Mike & Lonnie Krickovic & Ziegler LLC	Phone # (804) 908-2253
	Address 103102 Greenlands Circle, Mech, VA 23116	Email Mike@Kandzbuilders.com

APPLICANT INFORMATION	Applicant/Contact Krickovic & Ziegler, LLC	Phone # (804) 519-9745
	Address PO Box 1510, Mechanicsville, VA 23116	Email lonnie@Kandzbuilders.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Breeze H-11	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 40' from Prop. Line / 10' from	Center Line Setback —	Rear Setback 5'	CUP/Variance/COA —
	Side Setback 5'	Side Setback 5'	Flood Zone X	—
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: RP		

Planning & Zoning Officer: *David Floyd* Date: 9/15/2020

CONTRACTOR INFORMATION	Contractor Krickovic & Ziegler, LLC	Phone (804) 519-9745
	Address PO Box 1510, Mechanicsville, VA 23116	
	Contractor License Number 2705100072	Type CLASS A

DESCRIPTION OF WORK	Scope of Work: Detached Garage Unfinished storage above			
	Proposed Use Residential	Current Use N/A	Existing Buildings on Property House being built	# of Floors 2
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 0	# of Bedrooms 0
	Finished Sq. Ft.	Unfinished Sq. Ft. 2040	Total Sq. Ft. 2040	

Building Only - Excludes All Trades Permits

Value of Work	\$ 75,000. 66,300. 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: *Jimmy L...* Date: 9/11/2020

Application Fee	\$ 310.35
State Levy Fee	\$ 6.21
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 341.56



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: 8-11-2020

Permit Number: DP-2020-00764

GPIN/Tax Map: 7716-23-0660/57-25-B-8-0

Issued: 9-22-2020

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>33 Hunting Ridge Rd, Manakin Sabot 23103</u>		
	Owner	<u>Ripley & Judy Newcombe</u>		
	Address	Phone #	<u>804-784-4356</u>	
	Address	<u>MANAKIN-SABOT, VA. 23103</u>		
		Email		

APPLICANT INFORMATION	Applicant/Contact	Phone #	<u>804-641-1591</u>	
	Address	Email	<u>Walshbuilders@verizon.net</u>	
	<u>Walsh Builders Inc / D. RONALD WALSH - RMDR</u>			
	<u>967 Glebe Landing Rd Center Cross, Va. 22437</u>			

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	<u>Broad Run</u>			
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>75' from Prop. Line / Row</u>		<u>55'</u>	
	Side Setback	Side Setback	Flood Zone	<u>A2</u>
	<u>20'</u>	<u>20'</u>		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS:		
	Planning & Zoning Officer	Date	<u>8/13/2020</u>	
	<u>Doreen Ford</u>			

CONTRACTOR INFORMATION	Contractor	Phone	<u>804-641-1591</u>	
	Address	Email	<u>Walshbuilders@verizon.net</u>	
	<u>967 Glebe Landing Rd Center Cross, Va 22437</u>			
	Contractor License Number	Type	Expiration	
<u>2701-034172</u>	<u>Building</u>	<u>4-30-21</u>		

DESCRIPTION OF WORK	Scope of Work: <u>NEW Screen Patch & Rear Added to existing Basement; Master Bath - Remodel Master Bath; Partition Basement Addition</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms	# of Bedrooms	# of floors
			<u>1</u>	<u>0</u>	
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
<u>192-192</u>	<u>302-391</u>	<u>320 Screen Patch</u>	<u>512 622-</u>		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>327.00</u>
Value of Work	<u>\$70000</u>	State Levy Fee	\$ <u>6.54</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>358.54</u>
Signature of Applicant	<u>D. Ronald Walsh</u>	Date	<u>8-11-2020</u>



BUILDING PERMIT APPLICATION

Application Date: 9/8/2020

Permit Number: ISP-2020-00846

GPIN/Tax Map: 6787-75-0063 / 44-1-0-45-0

Issued: 9-21-2020

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address <u>1978 CARDWELL Road</u>	
	Owner <u>GREG leftel / GCT Holdings LLC</u>	Phone # <u>614 565-3350</u>
	Address	Email <u>GREG@GREGleftel.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>GREG leftel</u>	
	Address <u>1978 CARDWELL Road</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	Front Setback <u>75' from Prop. Line / ROW</u>	Center Line Setback <u>—</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>CD-2020-3</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <input checked="" type="checkbox"/>	<u>A2</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Ford</u> Date <u>9/8/2020</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>Detached 30 X 45 METAL GARAGE</u>				
	Proposed Use <u>Storage</u>	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>NA</u>	# of Bedrooms <u>NA</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes <input checked="" type="checkbox"/> No	Finished Sq. Ft. <u>—</u>	Unfinished Sq. Ft. <u>1350</u>	Total Sq. Ft. <u>1350</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>15,000 37,125.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant [Signature] Date 9/8/2020

Application Fee	\$ <u>179.00</u>
State Levy Fee	\$ <u>3.58</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>207.64</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: 9-16-2020

Permit Number: BP. 2020-00875

GPIN/Tax Map: 7734-04-9723/64.20-0-14-8

Issued: 9.21.2020

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

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

OWNER INFORMATION

Site Address: 12500 W Creek Pkwy Richmond VA 23238

Owner: PEG Richmond VA Statutory Trust Phone # _____

Address: 12500 W Creek Pkwy Richmond VA 23238 Email _____

APPLICANT INFORMATION

Applicant/Contact: PowerSecure, Inc Phone # 4049982189

Address: 1609 Heritage Commerce CT Wake Forest NC 27587 Email Permitting@powersecure.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: West Creek Ser. 1 Proffer Yes No Amount _____ Date Paid _____

Front Setback: 75' from Prop. Line / 10' Center Line Setback _____ Rear Setback / _____ CUP/Variance/COA _____

Side Setback: 10' Side Setback _____ Flood Zone _____ MI

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: [Signature] Date: 9/18/2020

CONTRACTOR INFORMATION

Contractor: PowerSecure, Inc Phone 4049982189

Address: same as above Email _____

Contractor License Number: 2705088063 Type: CBC Expiration: 9/30/20

DESCRIPTION OF WORK

Scope of Work: Slab for generator

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>9,000</u>	Application Fee	\$ <u>67.50</u>
		State Levy Fee	\$ <u>135</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>118.85</u>

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

Signature of Applicant: [Signature] Date: 9/10/20



BUILDING PERMIT APPLICATION

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

Application Date: 09/02/2020

Permit Number: *BP-2020-00832*

GPIN/Tax Map: *7707-96-7255 / 46-23-0-2*

Issued: *9-17-2020*

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

Residential Commercial

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

OWNER INFORMATION	Site Address 500 Fords Road Manakin Sabot, VA 23103	
	Owner Greg and Heather Jastrzemski	Phone # 804-386-7853
	Address 500 Fords Road Manakin Sabot, VA 23103	Email hmjastrzemski@gmail.com

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

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

CONTRACTOR INFORMATION	Contractor Ford and Robbins Construction, INC	Phone 804-314-0206
	Address 9703 Laurel Pine Drive Henrico, VA 23228	Email ctrobbins68@gmail.com
	Contractor License Number 2705096804	Type A

DESCRIPTION OF WORK	Scope of Work: Relocate Washer dryer to second floor hallway, modify existing half bath on first floor by adding a ceramic shower, finish unfinished attic space for office/game room <i>(180 sq ft)</i>				
	Proposed Use Residential SFH	Current Use Residential SFH	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 3	# of Bedrooms 5	# of floors 2.5
	Finished Sq. Ft. Finishing approx 180 SqFt. in attic		Unfinished Sq. Ft.	Total Sq. Ft. <i>180</i>	

Building Only - Excludes All Trades Permits		Application Fee \$ <i>124.50</i> State Levy Fee \$ <i>2.49</i> Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <i>126.99</i>
Value of Work	25,000	
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	<i>[Signature]</i>	
Date	<i>9/2/2020</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: <u>9/29/2002</u>	Application No.: <u>AP-2000-00916</u>	Fee: <u>\$25.00</u>
Zoning Approval: Yes <u>Daniel Parker</u>	No: _____	Date: <u>9/29/2002</u>

Zoning Application Type: Please check appropriate box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Goochland County Telephone: 804-556-5340
 Address: 1800 Sandy Hook Rd Cell phone: 804-382-7132
Goochland, VA 23063 FAX: _____
 E-mail: mparker@goochlandva.us

Name of Applicant: Matt Parker Telephone: _____
 Address: _____ Cell phone: _____
 E-mail: _____ FAX: _____

Property Information

Street Address: 1900 Sandy Hook Rd Zoning: A2
 GPIN Number: 6767-48-6700 Acreage: 47.94
 Existing Use: _____
 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): 288 (2 @ 144 sq ft each)
2. Value of Building: 2 @ \$1700.00 each
3. Written Description of Proposed Physical Improvements:
2 12x12 gazebos for shade @ Hidden Rock dog park



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: 09 28 20 Application No.: AP-2020-00919 Fee: \$25.00

Zoning Approval: Yes 1 Denied/Ref No: _____ Date: 9/29/2020

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: JOSE LEANDRO Telephone: 804 931 6840
Address: 2205X MOUNTAIN VIEW RD Cell phone: _____
POW HATAN V.A. 23139 FAX: _____
E-mail: _____

Name of Applicant: JOSE LEANDRO Telephone: 804 931 6840
Address: _____ Cell phone: _____
E-mail: OLACIRLJ@gmail.com FAX: _____

Property Information

Street Address: 0 WALTON RD Zoning: A1
GPIN Number: FM6-1-04-46823-974458 acreage: 34.99
Existing Use: _____
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): 864
2. Value of Building: 2000.00
3. Written Description of Proposed Physical Improvements:
24'x36' TRACTOR AND FOUR WHEELER SHELTER



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: <u>9/30/2020</u>	Application No.: <u>AP-2020-00937</u>	Fee: \$25.00
Zoning Approval: Yes <u>David Floyd</u>	No:	Date: <u>9/30/2020</u>

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: Kris Seamster
 Address: 3800 Bell Rd Goochland Va 23063
 E-mail: Kristopher.seamster@gmail.com

Telephone: _____
 Cell phone: 804 840 3193
 FAX: _____

Name of Applicant: _____
 Address: _____
 E-mail: _____

Telephone: _____
 Cell phone: _____
 FAX: _____

Property Information

Street Address: 3800 Bell Rd
 GPIN Number: 6749-55-2271
 Existing Use: _____

Zoning: A1
 Acreage: 18.47

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): 1040 2. Value of Building: 25,000
3. Written Description of Proposed Physical Improvements:
3 Bay Storage/Maintenance building wooden structure



**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: <u>9/30/2020</u>	Application No.: <u>A1-2021-00928</u>	Fee: \$25.00
Zoning Approval: Yes <input checked="" type="checkbox"/> <u>David Ford</u>	No: <input type="checkbox"/>	Date: <u>9/30/2020</u>

Zoning Application Type: Please check appropriate box

- Residential Accessory Structure – 256 sq. feet or less – structures over 256 sq. feet require a building permit
- Farm Use Structure – Attached Farm Use Affidavit shall be completed and signed by property owner

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: <u>Margie J. Isbell</u>	Telephone: <u>556-4233</u>
Address: <u>3645 Three Chopt RD</u>	Cell phone: <u>none</u>
<u>Gum Spring VA 23065</u>	FAX: <u>none</u>
E-mail: <u>none</u>	

Name of Applicant: _____	Telephone: _____
Address: _____	Cell phone: _____
E-mail: _____	FAX: _____

Property Information

Street Address: <u>3645 Three Chopt RD</u>	Zoning: <u>A1</u>
GPIN Number: <u>Gum Spring VA - 23065</u>	Acreage: <u>17.49</u>
Existing Use: <u>6841-93-9502</u>	

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): <u>1944</u>	2. Value of Building: <u>11,269.73</u>
3. Written Description of Proposed Physical Improvements:	
<u>Houseing farm equipment</u>	<u>30x36 Building</u>
	<u>2-12x36 lean to.</u>

Call Harry 641-5300 or 556-4233
When Ready



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: <u>9/30/2020</u>	Application No.: <u>AP-2020-10934</u>	Fee: \$25.00
Zoning Approval: Yes <u>Dana Lloyd</u>	No:	Date: <u>9/30/2020</u>

Zoning Application Type: Please check appropriate box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Chris and Mikki Evans
 Address: 2544 Pony Farm Road
Maidens VA
 E-mail: cevans@southwoodbuilders.com

Telephone: 804-363-8564 3
 Cell phone: same
 FAX: _____

Name of Applicant: same
 Address: _____
 E-mail: _____

Telephone: _____
 Cell phone: _____
 FAX: _____

Property Information

Street Address: 2544 Pony Farm Road
 GPIN Number: 6779-16-6101
 Existing Use: Farm Land

Zoning: A2
 Acreage: 18.096

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): 6240sf
2. Value of Building: \$85,000.00
3. Written Description of Proposed Physical Improvements:
New 58'-6"x48' horse barn, 48'x48' pole barn AND 24'x48' pole shed.



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

- Type:
- Electrical
 - Mechanical
 - Plumbing
 - Gas

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

Date	08/31/20
Permit #	212020-840
GPIN	
Tax Map	

LOCATION

Street Address	2198 JACKSON SHOP RD	District	
----------------	----------------------	----------	--

PROPERTY OWNERSHIP

Name	HENRY WORRELL	Phone	804-614-6478
Mailing Address	2198 JACKSON SHOP RD		

APPLICANT

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

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	VPITTMAN@ASKWOODFIN.COM
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701097820
Expiration	11/2020	License Type:	CONTRACTOR
		Class:	A

DESCRIPTION OF WORK

INSTALL 22KW GENERATOR, 200 AMP ATS

# of Baths	Service Size	Power Company	Inquiry #
	200	DOM	

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

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

(Signature)

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

Signature of Applicant: [Signature] 9/3/2020 Value of Work: 10,575

Approval: [Signature] Date: 9-3-20 Permit fee: \$69.96

Issue date: 9-3-20



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: 8-27-20

Permit #: 112020-218

GPIN: 544

Tax Map

LOCATION

Street Address: 2675 Mossmore Drive Goochland, Va 23063

PROPERTY OWNERSHIP

Name: Sim + ERIN Tucker	Phone: 804-218-2323
Mailing Address: 2675 Mossmore Drive	Email:

APPLICANT

Name: Edmund Medeiros	Phone: 434-975-3275
Address: 2293 Seminole Ln Charlottesville, Va 22901	Email:

CONTRACTOR

Name: Never Dark Whole House Generators	Phone: 434-975-3275			
Mailing Address: 2293 Seminole Lane Charlottesville, Va 22901	Email: 10r@neverdark@gmail.com			
Gas Certification: YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number: 2705141802	Expiration: 7-31-21	License Type: Contractors	Class: A

DESCRIPTION OF WORK

Wiring 22 KW Automatic generator to existing 200 Amp Transfer Switch

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required): 8765.00			

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: 8-21-20

Approval: <i>[Signature]</i>	Office Use Only	Approval date: 9-2-20
Permit Fee: \$61.65		Issued date:

(owner's statement on back)



TRADE PERMIT APPLICATION

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

Type:
 Commercial
 Residential

Trade:
 Fire
 Electrical
 Mechanical
 Plumbing
 Gas

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

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

Date: 8/31/20
 Permit #: 211-2020-944
 GPIN:
 Tax Map:

LOCATION

Street Address: 1005 MANAKEN ROAD 23103

PROPERTY OWNERSHIP

Name: CONSTANCE SNEAD / WAYNE
 Mailing Address: 1005 MANAKEN ROAD 23103
 Phone: 804-700-0833
 Email: CONSTANCE-SNEAD@COMCAST.NET

APPLICANT

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

CONTRACTOR

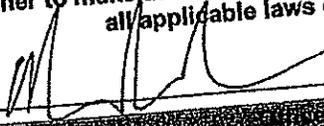
Name: Virginia Power Solutions
 Mailing Address: 10102 Whitesel Road, B, Ashland, VA 23005
 Phone: 804-365-0263
 Email: service@virginiapowersolutions.com
 License Type: ELE, GFC
 Class: B
 State License Number: 2705123991
 Expiration: 8/31/20
 Gas Certification: YES NO

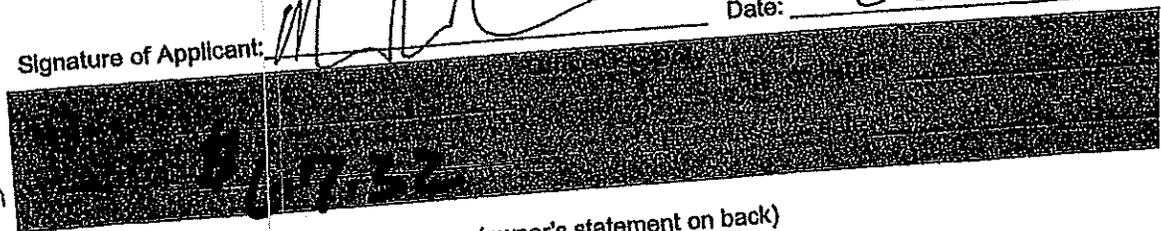
DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 200A SWITCH

of Bathrooms: _____ Service Size: _____ Power Company: _____ Inquiry #: _____
 Value of Work (required): \$10000.00

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 all applicable laws of Goochland County.

Signature of Applicant:  Date: 8-31-20



(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) 556-5851 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: 8/31/20

Permit #: 2112020-875

GPIN:

Tax Map:

LOCATION

Street Address: 1600 HORSEPEN HILLS ROAD 23102

PROPERTY OWNERSHIP

Name: STEVE BASSETT

Phone: 804-651-1026

Mailing Address: 1600 HORSEPEN HILLS RD 23102

Email: SBASSETT@YAHOO.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 NO

State License Number: 2705123991

Expiration: 8/31/20

License Type: ELE, GFC

Class: B

DESCRIPTION OF WORK

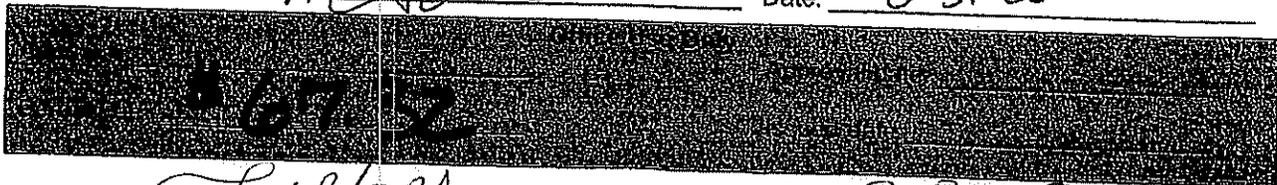
INSTALL 24KW GENERATOR AND 2-150A SWITCHES

of Bathrooms: _____ Service Size: _____ Power Company: _____ Inquiry #: _____

Value of Work (required): \$10,000.00

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

Signature of Applicant: Date: 8-31-20



(owner's statement on back) 9-8-20



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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

Date	9/9/2020
Permit #	ELI-2020-00854
GPIN	6840-90-3937
Tax Map	

LOCATION

Street Address: 2970 Willow Trace Lane, Sandy Hook, VA 23153

PROPERTY OWNERSHIP

Name	Chris and Lisa Petersen	Phone	804-556-2456
Mailing Address	2970 Willow Trace Lane, Sandy Hook, VA 23153	Email	cnpetersen@icloud.com

APPLICANT

Name	Chris Petersen	Phone	804-556-2456
Address	2970 Willow Trace Lane, Sandy Hook, VA 23153	Email	cnpetersen@icloud.com

CONTRACTOR

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

DESCRIPTION OF WORK

Running Electric + 100 AMP panel + wire for portable generator
~~electric, water and septic~~ to existing shed to convert to it to a she shed. Also, adding additional outlets and recessed lighting for in existing wet bar in basement.

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	1250		

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: 9/9/2020

Approval: <u>Robby Felts</u>	Office Use Only	Approval date: <u>9/28/20</u>
Permit Fee: <u>3060</u>		Issued date: <u>9-29-2020</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

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: 9/16/20

Permit # ELI-
2020-00315

GPIN

Tax Map

LOCATION

Street Address 27 Lower Tuckahoe Rd.

PROPERTY OWNERSHIP

Name <u>JASON + JULIE HERZOG</u>	Phone
Mailing Address	Email

APPLICANT

Name <u>Kevin M. King</u>	Phone <u>804 339 5740</u>
Address <u>5453 Mantlo Creek Rd. Mech. VA 23116</u>	Email <u>kingelectricalcomcast.net</u>

CONTRACTOR

Name <u>KING ELECT. CO. INC.</u>	Phone <u>804 339 5740</u>			
Mailing Address <u>5453 Mantlo Creek Rd. Mech. VA 23116</u>	Email <u>kingelectricalcomcast.net</u>			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2705083328</u>	Expiration <u>6/30/22</u>	License Type <u>Elect</u>	Class <u>B</u>

DESCRIPTION OF WORK

wiring single family dwelling

installing 30kw generator

# of Bathrooms <u>7</u>	Service Size <u>400</u>	Power Company <u>DOM. POWER</u>	Inquiry # <u>10404328</u>
Value of Work (required) <u>15,000</u>			

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

Signature of Applicant: [Signature] Date: 9/16/20

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>9-16-2020</u>
Permit Fee: <u>90.27</u>		Issued date: <u>9-16-2020</u>



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date: 9-16-2020

Permit # EU-2020-00875

GPIN

Tax Map

- 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

LOCATION

Street Address
12500 W Creek Pkwy Richmond VA 23238

PROPERTY OWNERSHIP

Name <u>Richmond VA Statutory Trust</u>	Phone
Mailing Address 12500 W Creek Pkwy Richmond VA 23238	Email

APPLICANT

Name PowerSecure, Inc	Phone 4049982189
Address 1609 Heritage Commerce Ct Wake Forest NC 27587	Email permitting@powersecure.com

CONTRACTOR

Name PowerSecure, Inc		Phone 4049982189		
Mailing Address 1609 Heritage Commerce Ct Wake Forest NC 27587		Email permitting@powersecure.com		
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <u>270508806</u>	Expiration <u>9/30/20</u>	License Type <u>ELE</u>	Class <u>A</u>

DESCRIPTION OF WORK

<u>generator - pre fab - w/ switchgear + wiring</u>			
<u>650 kW</u>		<u>see plans</u>	
# of Bathrooms	Service Size <u>1200 amp</u>	Power Company	Inquiry #
Value of Work (required)	<u>198,000</u>		

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

Signature of Applicant: [Signature]

Date: 9/10/20

Approval: [Signature] Office Use Only

Approval date: 9-21-2020

Permit Fee: 1530.00

Issued date: 9-21-2020



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	09/15/20
Permit #	2112020-877
GPIN	
Tax Map	

LOCATION

Street Address	135 W SQUARE CT	District	
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PROPERTY OWNERSHIP

Name	KENT AND DIANE COOPER	Phone	804-708-2943
Mailing Address	135 W SQUARE CT		

APPLICANT

Name	WOODFIN HEATING	Phone	8042778603
E-Mail Address	AWILLS@ASKWOODFIN.COM		

CONTRACTOR

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

DESCRIPTION OF WORK

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

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

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

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

Signature of Applicant: [Signature] Value of Work: 10,025
Permit fee: \$ 67.43
Approval: [Signature] Date: 9-18-20 Issue date: 9-18-20



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5051 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	9/16/2020
Permit #	2020-00857
GPIN	
Tax Map	

LOCATION

Street Address	345 Swinburne Road
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PROPERTY OWNERSHIP

Name	Boone Homes, Inc.	Phone	804-784-6192
Mailing Address	129 Broad Street Road	Email	

APPLICANT

Name	Terry Guthrie	Phone	804-763-6550
Address	12733 Oak Lake Ct Suite D. Midlothian, VA 23112	Email	tguthrie@cws-va.com

CONTRACTOR

Name	Commonwealth Wiring Solutions, Inc.	Phone	804-763-6550		
Mailing Address	12733 Oak Lake Ct. Suite D Midlothian, VA 23112	Email	tguthrie@cws-va.com		
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705128995	9/30/2021	ELE	A

DESCRIPTION OF WORK

Wiring of a single family dwelling			
Installation of 22KW generator			
# of Bathrooms	Service Size	Power Company	Inquiry #
	200	Dominion Energy	10404441
Value of Work (required)	\$10,162.00		

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: 9/16/2020

Approval:	<u>[Signature]</u>	Office Use Only	Approval date:	<u>9-22-20</u>
Permit Fee:	<u>\$18,000</u>		Issued date:	<u>9-22-20</u>

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

(owner's affidavit on back)

868.06



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
Permit # 2020-00864
GPIN
Tax Map

LOCATION

Street Address: 2308 Wheatlands Dr Manakin Sabot 23103

PROPERTY OWNERSHIP

Name Tibor Evans	Phone
Mailing Address 2308 Wheatlands Dr	Email

APPLICANT

Name Ned Bothwell	Phone 8044391924
Address 723 Holly Grove Lane	Email nedbothwell@gmail.com

CONTRACTOR

Name Bothwell Electric LLC	Phone 8044391924				
Mailing Address 723 Holly Grove Lane	Email nedbothwell@gmail.com				
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">State License Number 2705703941</td> <td style="width: 25%;">Expiration 3-31-2022</td> <td style="width: 25%;">License Type ELE</td> <td style="width: 25%;">Class B</td> </tr> </table>	State License Number 2705703941	Expiration 3-31-2022	License Type ELE	Class B
State License Number 2705703941	Expiration 3-31-2022	License Type ELE	Class B		

DESCRIPTION OF WORK

Install 22 KW standby generator			
# of Bathrooms	Service Size 400	Power Company	Inquiry #
Value of Work (required) \$ 9500.00			

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: EB [Signature] Date: 9/22/2020

Approval: Fisher	Office Use Only
Permit Fee: 65.03	Approval date: 9.22.2020
	Issued date: 9.22.2020

(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) 556-5851 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	9/16/20
Permit #	0112020-891
GRIN	63-31-C-7-0
Tax Map	

LOCATION

Street Address
729 woodson pl Manakin Sabot Va 23103

PROPERTY OWNERSHIP

Name Jeff Everhart	Phone 804 221 9289
Mailing Address 729 woodson pl Manakin Sabot Va 23103	Email jeffeverhartlaw@comcast.net

APPLICANT

Name Foy Mullins	Phone 757 342 6830
Address 104 Pin Oak Rd Newport News Va 23601	Email foymec100@aol.com

CONTRACTOR

Name F. L. Mullins Electric	Phone 757 342 6830			
Mailing Address 104 Pin Oak Rd Newport News Va 23601	Email foymec100@aol.com			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2710082830	Expiration 12/31/22 9-30-21	License Type ELEC Master	Class C

DESCRIPTION OF WORK

2705064971

install 22kw generator with ATS200 amp rated

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required)	2500		

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: Foy Mullins Date: 9/16/20

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>9-22-20</u>
Permit Fee: <u>\$32.90</u>		Issued date: <u>9-22-20</u>



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5651 TDD-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: 9-23-20

Permit #: 2020-896

GPIN

Tax Map

LOCATION

Street Address: 720 Woodson Place

PROPERTY OWNERSHIP

Name: Patricia Turner Phone: 804-784-4962

Mailing Address: 720 Woodson Place Email: N/A

APPLICANT

Name: MW Butler Electrical Phone: 804-746-2240

Address: 8420 meadowbridge Rd. Email: Chesney@mwbutler

Electrical.com

CONTRACTOR

Name: MW Butler Electrical Phone: ↑

Mailing Address: SAME AS ABOVE Email: ↑

Gas Certification: YES NO

State License Number: 2705110673 Expiration: 1-31-22 License Type: Elec Class: A

DESCRIPTION OF WORK

Wire 10kw Generator w 100A, 16 circuit transfer switch

of Bathrooms: _____ Service Size: _____ Power Company: _____ Inquiry #: _____

Value of Work (required): 2,450

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: Chesney Butler Date: 9/16/20

Approval: [Signature] Office Use Only Approval date: _____

Permit Fee: \$ 32.67 Issued date: 9-23-20

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>9-22-20</u>
Permit #: <u>212020-00909</u>
GPIN
Tax Map

LOCATION

Street Address 603 Cornwallis Place, Manakin Sabot, VA 23109

PROPERTY OWNERSHIP

Name Shirley Mullins	Phone 540-338-4529
Mailing Address 603 Cornwallis Place, Manakin Sabot, VA 23109	Email

APPLICANT

Name Electrical Services Unlimited	Phone 804-730-8525
Address 12103 Hanover Courthouse Rd., Hanover, VA 23069	Email esu@comcast.net

CONTRACTOR

Name Electrical Services Unlimited		Phone 804-730-8525	
Mailing Address 12103 Hanover Courthouse Rd., Hanover, VA 23069		Email esu@comcast.net	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705103851	Expiration 2/28/2022	License Type Elec
		Class A	

DESCRIPTION OF WORK

Install wire and transfer switch to new standby generator.			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$3,300.00			

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: 9-22-20

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>9-22-20</u>
Permit Fee: <u>\$36.57</u>		Issued date: <u>9-22-20</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

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: 9-28-20

Permit #: 011-2020-910

GPIN

Tax Map

LOCATION

Street Address
616 Joe Brooke Lane

PROPERTY OWNERSHIP

Name <u>Shelar Challa</u>	Phone <u>804-244-6970</u>
Mailing Address <u>616 Joe Brooke Lane</u>	Email

APPLICANT

Name <u>Electrical Services Unlimited</u>	Phone <u>804-730-8525</u>
Address <u>12103 Hanover Courthouse Rd, Hanover, VA 23069</u>	Email <u>esu@comcast.net</u>

CONTRACTOR

Name <u>Electrical Services Unlimited</u>		Phone <u>804-730-8525</u>	
Mailing Address <u>12103 Hanover Courthouse Rd, Hanover, VA 23069</u>		Email <u>esu@comcast.net</u>	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2705103851A</u>	Expiration <u>2.28.2022</u>	License Type <u>A</u>

DESCRIPTION OF WORK

Install wire and transfer switch to standby generator.

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) <u>\$2600.00</u>			

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

Signature of Applicant: [Signature] Date: 9-22-20

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>9-27-20</u>
Permit Fee: <u>\$33.35</u>		Issued date: <u>9-28-20</u>

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	09.28.2020
Permit #	212020923
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	11400 BRICKVIEW LANE	District	
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PROPERTY OWNERSHIP

Name	HOWARD SIMMONS	Phone	8044893260
Mailing Address	11400 BRICKVIEW LANE		

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

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

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

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

_____(Signature)

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

Signature of Applicant [Signature] 09.28.2020 Value of Work: 11000.00

Approval [Signature] Date 9-30-20 Permit-fee: 71.91 (Per Ashley)

Issue date: 9-30-20