

10-20-2020

10.2.2020

BUILDING 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

Application Accepted: BP.2020-00947
 Old Map Number: 48-19-D-4-D
 GPIN: 7738-11-1887

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

OWNER INFORMATION	Site Address <u>7229 Shenfield Ave</u>		District	
	Owner <u>Kevin Fellers + Shelly Wright</u>		Phone # <u>994-3429</u>	
	Address <u>7229 Shenfield Ave</u>			
	Proposed Use <u>Screen Porch</u>	Current Use <u>Deck</u>	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage <u>0.18</u>	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parkside Village</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	New Street Address		Zoning District <u>RPUD</u>	
	Front Setback <u>30' from pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	C.U. Permit _____
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	COA _____	Variance _____
	Flood Zone _____			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Ford Date 10/2/2020

Applicant/Contact: DAN Swords Phone 994-3429

Email: DAN@bnwbuilders.com

CONTRACTOR INFORMATION	Contractor <u>BNW Builders</u>		Phone <u>994-3429</u>	
	Address <u>8601 Staples Mill Rd.</u>			
	Contractor License Number <u>2705 109250</u>	Type <u>CLASS A DD HC</u>	Expiration <u>6/30/2022</u>	

Description of Work	Scope of Work: <u>Demo old deck And build new 12x12 screen porch on brick piers.</u>			
	SEWER Public/Private		# of Bathrooms	
	WATER Public/Private		Finished Sq. Ft.	Unfinished Sq. Ft.
	# of Floors	Total Sq. Ft. <u>144</u>	<u>144</u>	# of Bedrooms

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

VALUE OF WORK	
Building	<u>15,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>19.50</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>1.59</u>
R/L Total	\$ <u>106.09</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 _____

Issued

10-2-2020

10-16-2020

BUILDING PERMIT APPLICATION

Goochland County Building Inspection Department
P O Box 119
Goochland VA 23083
(804) 556-5815 Fax (804) 556-5851 TDD 711 Va Relay

Application Accepted:

BP-2020-00946

Old Map Number:

7038-20-3806

GPIN:

48-17-0-22-0

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

OWNER INFORMATION

Site Address	7038 Benhill Circle	District	
Owner	Root, Bob	Phone #	822-0625
Address	7038 Benhill Circle		
Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
Parkside Village	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
New Street Address	Zoning District RPUD		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
30' from Easement		50' B/S	
Side Setback	Side Setback	COA	Flood Zone
20' B/S	20' B/S		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer Daniel Boyd Date 10/2/2020

Applicant/Contact: DAN Swords Phone 994-3429

Email: DAN@bnwbuilders.com

Contractor	BNW Builders	Phone	994-3429
Address	8601 Staples Mill Rd.		
Contractor License Number	27.05 108 250	Type	BLD HIC
		Expiration	6/30/2022

Description of Work	Scope of Work: Build screen porch on existing 12x12 deck, upgrade footing as needed. No handrails needed, under 30" A.G.				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
			144		

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

VALUE OF WORK

Building	15,000
Excludes All Trades Permits	

Application Fee	\$ 99.50
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.59
Total	\$ 126.09

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

Signature
X



BUILDING PERMIT APPLICATION

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

Application Date: 8-17-20
 Permit Number: BP-2020-00787
 GPIN/Tax Map: 55-14-0210/6785-59-5902
 Issued: 10-6-2020

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>1229 The Forest Crozier VA 23039</u>	
	Owner <u>Drew Mugford</u>	Phone # <u>804-640-5627</u>
	Address <u>1229 The Forest Crozier VA 23039</u>	Email <u>Drew.Mugford@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Colonial Trimmercrafters Inc</u>	Phone # <u>804-237-9034</u>
	Address <u>PO Box 277 Goochland VA 23063</u>	Email <u>info@Colonialtrimmercrafters.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>The Forest</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' from Row</u>	Center Line Setback —	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>35' from Row</u>	Side Setback <u>5'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>AD</u>			

Planning & Zoning Officer: Dennis Floyd Date: 8/19/2020

CONTRACTOR INFORMATION	Contractor <u>Colonial Trimmercrafters Inc</u>	Phone <u>804-237-9034</u>
	Address <u>PO Box 277 Goochland VA 23063</u>	Email <u>info@Colonialtrimmercrafters.com</u>
	Contractor License Number <u>2705141588</u>	Type <u>A BLD</u>

DESCRIPTION OF WORK	Scope of Work: <u>Detached Garage</u>				
	Proposed Use <u>Storage</u>	Current Use <u>N/A</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>7500 S.F.</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>1380</u>		Unfinished Sq. Ft. —		Total Sq. Ft. <u>1380</u>

Building Only - Excludes All-Trades Permits

Value of Work	<u>50000 \$75,900.00</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: 8-17-20

Application Fee	\$ <u>353.55</u>
State Levy Fee	\$ <u>7.07</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>26-</u>
RLD	\$
SWP	\$
Total	\$ <u>385.62</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

Residential Commercial

Application Date: September 29, 2020

Permit Number: **BP-2020-00944**

GPIN/Tax Map: **6832-68-1189 / 6-4-0-21-0**

Issued: **10-6-2020**

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 4600 Hadensville Farm Lane, Mineral, Virginia 23117		Phone # (804) 867-6561		
	Owner Earlene C & Edward Deane George		Email George.earlene@yahoo.com		
	Address 4600 Hadensville Farm Lane, Mineral, Virginia 23117				
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:				
	Planning & Zoning Officer _____ 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: Install (18) Wall Anchors.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2.0	# of Bedrooms 3.0	# of floors
	1,624 Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work **18,006.30**

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 29, 2020

Application Fee	\$ 93.03
State Levy Fee	\$ 1.86
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 94.89



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: 8-17-2020

Permit Number: BP-2020-00874

GPIN/Tax Map: 6023-19-3460/5-14-0-3-0

Issued: 10-6-2020

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>5045 Ange Rd, Louisa VA 23093</u>	
	Owner <u>Dwayne Wake</u>	Phone # <u>(804) 426-8149</u>
APPLICANT INFORMATION	Address <u>5045 Ange Rd, Louisa VA 23093</u>	
	Applicant/Contact	Email <u>pswakeenterprise11c@gmail.com</u>
	Address	Phone #
		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid <u>5</u>
	Front Setback <u>55' from Prop. Line / Rear</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS	Date <u>9/16/2020</u>		

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

DESCRIPTION OF WORK	Scope of Work: <u>Garage, Agriculture Metal Building 410x50</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 <input checked="" type="checkbox"/> No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. <u>2000</u>	

Building Only -- Excludes All Trades Permits

Value of Work	<u>31,000</u>	Application Fee	\$ <u>304.50</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.		State Levy Fee	\$ <u>6.09</u>
		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
Signature of Applicant <u>[Signature]</u>	Date <u>09/15/2020</u>	Total	\$ <u>335.59</u>



BUILDING PERMIT APPLICATION

Application Date: 9-22-20

Permit Number: BP-2020-00897

GPIN/Tax Map: 6777-45-4810

Issued: 10-6-2020

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 1744 Fishers Pond Drive		Phone #
	Owner Scott & Lisa Frazier		Email
	Address 1930 Soldiers Lodge Crozier, Va 23039		

APPLICANT INFORMATION	Applicant/Contact Southern Traditions		Phone # 804-516-9908
	Address P.O. Box 4314 Glen Allen, Va 23058		Email ereeder@southerntraditions-homes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Breeze Hill	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 40' from Prop Line / Road	Center Line Setback	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>[Signature]</i> Date 9/24/2020			

CONTRACTOR INFORMATION	Contractor Southern Traditions		Phone 804-516-9908
	Address P.O. Box 4314 Glen Allen, Va 23058		Email ereeder@southerntraditions-homes.com
	Contractor License Number 2705082094	Type A	Expiration 2-28-22

DESCRIPTION OF WORK	Scope of Work: Pool house				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 1	# of Bedrooms	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. 21	Unfinished Sq. Ft. 175	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee \$ 63.75
Value of Work 1300 \$ 11,500		State Levy Fee \$ 1.28
		Septic/Well Fee \$
		Zoning Fee \$ 25.00
		RLD \$
		SWP \$
		Total \$ 90.03

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 *Chaine Reeder* Date 9/22/20

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Commonwealth Title Telephone: 804-359-2382

Mailing Address: 5609 Patterson Ave
Richmond, Va. 23226

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE ~~ASBESTOS~~ #STORIES 1 CONSTRUCTION TYPE VE OCCUPANT LOAD — CODE EDITION 15

FIRE SPRINKLER — FIRE ALARM — MODIFICATION —

APPROVAL Michael [Signature] DATE 10-2-20

Code Official



BUILDING PERMIT APPLICATION

Department of Building Inspection
 P.O. Box 119
 Goochland, VA 23063
 (804) 556-5816 Fax (804) 556-5651
 TDD 711 VA Relay

Residential Commercial

Application Date: 9/3/2020
 Permit Number: BP-2020-00838
 GPIN/Tax Map: 20-26-0-10-0 / 6840-52-137
 Issued: 10-6-2020

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>3851 Sage Road Sandy Hook, VA 23153</u>	
	Owner <u>Will Hicks</u>	Phone # <u>804 909-2521</u>
	Address	Email
APPLICANT INFORMATION	Applicant/Contact <u>CARTER HOME BUILDERS, LLC</u>	
	Address <u>611 Joe Brooke Lane Manassah Sabot VA 23103</u>	Phone # <u>804 241 6507</u> Email <u>carterhomebuilders@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Willingboro Bend</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from Pga 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>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Ford</u> Date: <u>9/14/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>Carter Home Builders, LLC</u>		Phone <u>804 241 6507</u>
	Address <u>611 Joe Brooke Lane Manassah Sabot, VA 23103</u>		Email <u>carterhomebuilders@gmail.com</u>
	Contractor License Number <u>2705078604</u>	Type <u>CLASS A</u>	Expiration <u>9/30/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build Detached Garage with bathroom</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>1</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>60</u>	Unfinished Sq. Ft. <u>1274</u>	Total Sq. Ft. <u>1274</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>125,000</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: 9/3/2020

Application Fee	\$ <u>374.00</u>
State Levy Fee	\$ <u>77.49</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u> </u>
SWP	\$ <u> </u>
Total	\$ <u>1610.99</u>



BUILDING PERMIT APPLICATION

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

Application Date: 9-25-2020

Permit Number: BP-2020-00937

GPIN/Tax Map: 6738-17-3425 / 28-20-D-3-D

Issued: 10-6-2020

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 2253 Chapel Hill Rd. Goochland, VA 23063		Phone # 7045743494
	Owner Paxton Widenhouse		Email pwidenhouse@yahoo.com
	Address 2253 Chapel Hill Rd. Goochland VA 23063		

APPLICANT INFORMATION	Applicant/Contact Billy Becker		Phone # 8047617904
	Address 13372 Greenwood Church Rd. Ashland VA 23005		Email poolsbybilly@yahoo.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>75' from Prop. Line / MWD</i>	Center Line Setback —	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>Rt. Side 55' from Prop. Line / MWD</i>	Side Setback <i>LT. Side 35' from Prop. Line</i>	Flood Zone <i>X</i>	<i>A1</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David Floyd</i> Date: <i>10/1/2020</i>			

CONTRACTOR INFORMATION	Contractor Billy's Pool Service LLC		Phone 8047617904
	Address 13372 Greenwood Church Rd. Ashland, VA 23005		Email poolsbybilly@yahoo.com
	Contractor License Number 2705136588	Type POL	Expiration 9-30-2021

DESCRIPTION OF WORK	Scope of Work: install inground fiberglass pool 15x36 (with fence as barrier)				
	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.	
			<i>540</i>	<i>540</i>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <i>120-</i>
Value of Work	\$24,000.00	State Levy Fee	\$ <i>2.40</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <i>Billy Becker</i> Date: <i>9.27.20</i>		Septic/Well Fee	\$
		Zoning Fee	\$ <i>25-</i>
		RLD	\$
		SWP	\$
		Total	\$ <i>147.40</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>10/1/2020</u>	Application No: <u>AP-2180-10943</u>	Fee: <u>\$25.00</u>
Zoning Approval: <u>Yes</u>	No: _____	Date: <u>10/2/2020</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: Thomas Johnson Ent LLC Telephone: 804-513-1382
 Address: 1190 Quail Run Hollow Cell phone: same
Powhatan VA 23139 FAX: _____
 E-mail: Thomasjohnsonenterprises@gmail.com

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

Property Information Meadow Hill Farm LLC -
 Street Address: 2503 Turner Rd Goochland VA 23063 Zoning: A2
 GPIN Number: 6769-50-0102-6769-30-913A Acreage: 67.649
 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. Value of Building: 7,400.00

3. Written Description of Proposed Physical Improvements:
12x24 Run-In Shed



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 9-21-2020
 Permit Number: BP-2020-00888
 GPIN/Tax Map: 6777-99-6687 / 44-1-0-37-0
 Issued: 10-6-2020
 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: 1892 Fairground Rd Maidens, VA 23102
 Owner: Jeff & Delaine Sanders Phone #: 804-240-5031
 Address: SAME Email: Sanderscorbin@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: James Buchanan Phone #: 804-363-2427
 Address: 11453 Rockville Rd Rockville, VA 23146 Email: jmmbuchananii@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

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

CONTRACTOR INFORMATION
 Contractor: Buchanan Builders Phone: 804-363-2427
 Address: 11453 Rockville Rd Rockville, VA 23146 Email: jmmbuchananii@gmail.com
 Contractor License Number: 2701028126 Type: Class A Expiration: 6/30/2022

DESCRIPTION OF WORK
 Scope of Work: Demo structural wall and existing kitchen to create open concept living/kitchen. Demo existing Powder Room & convert to coat closet under stairs. Create new bath per plan on first floor. All new flooring.

Proposed Use <u>Single Family</u>	Current Use <u>Single Family</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>		
SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft. <u>3,420 (unchanged)</u>		Unfinished Sq. Ft. <u>Unchanged</u>		Total Sq. Ft. <u>(Unchanged)</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 88,650</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: James mm Buchanan II Date: 9/21/20

Application Fee	\$ <u>410.92</u>
State Levy Fee	\$ <u>9.22</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>419.14</u>

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MG Law Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE VAB OCCUPANT LOAD — CODE EDITION 15

FIRE SPRINKLER — FIRE ALARM — MODIFICATION —

APPROVAL MICHAEL BROOKING DATE 10-5-20

Code Official



BUILDING PERMIT APPLICATION

Application Date: 9-22-20

Permit Number: BP-2020-00893

GPIN/Tax Map: 6778-88-9126/32-11-0-5-0

Issued: 10-2-2020

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

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>1904 Ellis Dr Maidens VA 23102</u>	
	Owner <u>Neil M Morgan Jr</u>	Phone # <u>(804) 972-7288</u>
	Address <u>1904 Ellis Dr Maidens VA 23102</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Neil</u>	Phone #
	Address <u>SAME</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>55' from Prop. Line/Road</u>	Center Line Setback <u>—</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>—</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Dennis Ford</u> Date <u>9/29/2020</u> <u>RD</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>convert existing deck into sun room 17' x 22'</u>		I'm responsible for footing, subfloor, decks, + wall for french doors to front		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private <u>NO</u>	WATER Public/Private	# of Bathrooms <u>NO</u>	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes / <u>No</u>	Finished Sq. Ft. <u>380-400</u>	Unfinished Sq. Ft. <u>248</u>	Total Sq. Ft. <u>400-630</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>55,000</u>	Application Fee \$ <u>259.50</u>
	State Levy Fee \$ <u>5.19</u>
	Septic/Well Fee \$
	Zoning Fee \$ <u>25.00</u>
	RLD \$
	SWP \$
	Total \$ <u>289.69</u>

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

Signature of Applicant Neil M Morgan Date 9-21-2020



BUILDING PERMIT APPLICATION

Application Date: 9-18-2020

Permit Number: 2020-00883

GPIN/Tax Map: 7733-06-5937/67-10-0-LED

Issued: 10-6-2020

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: 10 Lower Tuckerhoe Rd West Henrico VA 23228

Owner: Dan & Maureen Feink Phone #: 804-306-0778

Address: 10 Lower Tuckerhoe Rd West Henrico VA 23228 Email: maureenfeink@gmail.com

APPLICANT INFORMATION
Applicant/Contact: Walsh Builders Inc / Ronnie Walsh Phone #: 804-641-1591

Address: 967 Celeste Landing Rd Center Cross VA 22437 Email: Walshbuilders@verizon.net

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

CONTRACTOR INFORMATION
Contractor: Walsh Builders Inc Phone: 804-641-1591

Address: 967 Celeste Landing Rd Center Cross VA 22437 Email: Walshbuilders@verizon.net

Contractor License Number: 2701034172 Type: Building Expiration: 4-30-2021

DESCRIPTION OF WORK
Scope of Work: Interior - 7 Renaissance Powder Room / Kitchen (Add Beam) / opening into foyer to Hall
Renovate (2) Second Floor Baths

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: \$20,000

Application Fee	\$ <u>102.00</u>
State Levy Fee	\$ <u>2.04</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>104.04</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: 9-18-2020



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 9/11/20

Permit Number: BP-2020-00861

GPIN/Tax Map: 6767-13-9163

Issued: 10-1-2020

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>2938 River Road W. Goochland VA 23063</u>	
	Owner <u>Goochland Co.</u>	Phone # <u>(804) 556-5607</u>
	Address <u>1400 Sandy Hook Rd. Goochland</u>	Email <u>dwhite@GLND.K12.VA.US</u>

APPLICANT INFORMATION	Applicant/Contact <u>GCPS - Todd Steeley</u>	Phone # <u>(804) 386-4015</u>
	Address <u>2938 River Rd. W. Goochland VA 23063</u>	Email <u>tsteeley@GLND.K12.VA.US</u>

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

CONTRACTOR INFORMATION	Contractor <u>GCPS</u>	Phone <u>(804) 386-4015</u>
	Address <u>2938 River Road West</u>	Email <u>tsteeley@GLND.K12.VA.US</u>
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Add interior walls to open office space, existing in School Board Building.</u>				
	Proposed Use <u>Office</u>	Current Use <u>Office</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER Public/Private	WATER Public/Private	# 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	Finished Sq. Ft. <u>400</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>400</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$15,000</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 9/11/20

Application Fee	\$ <u>112.50</u>
State Levy Fee	\$ <u>2.25</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>114.75</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: 9/28/2020

Permit Number: BP-2020-00917

GPIN/Tax Map: 7717-23-1350/46-37-0-3-0

Issued: 10-8-2020

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>2156 Proffitt Road</u>	
	Owner <u>Jamy Liesfeld</u>	Phone #
	Address <u>2156 Proffitt Road</u>	Email
APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Proffitt Row II</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>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	<u>Ad</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Floyd</u>	Date <u>10/2/2020</u>		

CONTRACTOR INFORMATION	Contractor <u>Triple T Pools & Masonry LLC</u>		Phone <u>804-337-0793</u> <u>804-337-3868</u>
	Address <u>18493 Hollowing Creek Rd Beaverdam VA 23015</u>		Email <u>Tripletpools@gmail.com</u>
	Contractor License Number <u>2709159715</u>	Type <u>Class B</u>	Expiration <u>3/31/2022</u>

DESCRIPTION OF WORK	Scope of Work: <u>Concrete swimming pool 20x42 with auto cover</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	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>840</u>	<u>840</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>282-</u>
Value of Work	<u>40,000</u>	State Levy Fee	\$ <u>5.64</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>Angel Thurston</u> Date <u>9/28/2020</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>312.64</u>



BUILDING PERMIT APPLICATION

Application Date: 9/24/20Permit Number: BP-2020-00905U-10-6-06823-85-0829

GPIN/Tax Map:

Issued: 10-8-2020This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

 Residential Commercial

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>Walter Rd, Louisa, VA</u>	
	Owner <u>Hadensville Properties, LLC</u>	Phone # <u>434-738-8041</u>
	Address <u>1208 Agnese Str. Charlottesville, VA</u>	Email <u>rbpconstruction529@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Robert Puryear</u>		Phone # <u>434-738-8041</u>
	Address <u>P.O. Box 679, Buffalo Junction, VA 24529</u>		Email <u>rbpconstruction529@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from Prop Line/Row</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA <u>A1</u>
	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 Floyd</u> Date <u>9/25/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>RBP Construction, Inc</u>		Phone <u>434-738-8041</u>
	Address <u>P.O. Box 679 Buffalo Junction, VA 24529</u>		Email <u>rbpconstruction529@gmail.com</u>
	Contractor License Number <u>2705062849</u>	Type <u>Class A</u>	Expiration <u>05/31/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install new manufactured home on private property. 2020 (double wide)</u>				
	Proposed Use <u>residential</u>	Current Use <u>N/A</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None 7600 sq. ft.</u>		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</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>1148</u>	Unfinished Sq. Ft. <u>50</u>	Total Sq. Ft. <u>1198</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>448.50</u>
Value of Work <u>\$97,000.00</u>		State Levy Fee \$ <u>8.97</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
Signature of Applicant <u>[Signature]</u>	Date <u>09/15/2020</u>	Zoning Fee \$ <u>50.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>507.47</u>



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial
 Residential

Trade:

Fire
 Electrical
 Mechanical
 Plumbing
 Gas

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

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

Date
10/07/20

Permit #
11-2020-962

GPIN

Tax Map

LOCATION

Street Address
Goochland Anex Building @ 1800 Sandy Hook Road, Goochland

Stand Alone

PROPERTY OWNERSHIP

Name Goochland County	Phone Larry Hicks/Scott Foster
Mailing Address	Email

APPLICANT

Name Woodward, Inc/ Robert S. Hooe, Electrician	Phone 804 339-5480
Address 910 three chopt road, manakin sabot va 23103	Email woodwardinc@earthlink.net

CONTRACTOR

Name Woodward, Inc.	Phone 804 339-5480			
Mailing Address 910 Three Chopt Road, Manakin Sabot VA 23103	Email woodwardinc@earthlink.net			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705040841	Expiration 07/31/21	License Type ele h/h	Class B

DESCRIPTION OF WORK

Add (2) LED Exterior downlights (to match existing lights on Admin Building) on side of building to illuminate walk path to new parking lot.

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) 800.00			

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

Signature of Applicant: *[Signature]*

Date: 10/07/20

Approval:	Office Use Only <i>[Signature]</i> Approval date:
Permit Fee: <i>-0</i>	Issued date:

(owner's statement on back)



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: ~~9-10-2020~~ 9-24-2020

Permit Number: BP-2020-00908

GPIN/Tax Map: 6758-87-7481 / 30-1-76

Issued: 10-9-2020

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.

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 2314 Sandy Hook Rd Goochland VA 23063	
	Owner Roland P. Clement III	Phone # 804-339-9135
	Address 3275 Cooley Rd. Gum Spring VA 23065	Email

APPLICANT INFORMATION	Applicant/Contact CMT Homes Inc. / Teresa Kite	Phone # 804-798-3206 Cell: 540-742-4467
	Address 12244 Washington Hwy. Ashland VA 23005	Email teresakite20@gmail.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 (NOA)	Center Line Setback 125'	Rear Setback 35'	CUP/Variance/COA A2
	Side Setback 30'	Side Setback 30'	Flood Zone	

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: David Floyd Date: 9/28/2020

CONTRACTOR INFORMATION	Contractor CMT Homes Inc.	Phone 804-798-3206
	Address 12244 Washington Hwy. Ashland VA 23005	Email r078@claytonhomes.com
	Contractor License Number 2705048123	Type A

Scope of Work: Set 16' x 76' singlewide manuf. home using existing well and septic and driveway. (2) 5' x 5' decks

Proposed Use SFD	Current Use SFD	Environmental Impacts (stream crossing, wetlands, amt land disturbed) existing 2500		
<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms 2	# of Bedrooms 1	# of floors 1
Finished Sq. Ft. 1140	Unfinished Sq. Ft. 50	Total Sq. Ft. 1190		

Building Only - Excludes All Trades Permits

Value of Work	85,400.00
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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: _____ Date: 9/9/2020

Application Fee	\$
State Levy Fee	\$
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ <u>454.23</u>

Serial # CBG 052725 NC

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Dominion Capital Title Telephone: 888-607-0404

Mailing Address: 3900 Westerre Pky. # 300 Henrico, VA 23233

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL B Hall DATE 10/7/2020
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: September 13, 2020

Permit Number: BP-2020-00950

GPIN/Tax Map: 6860-00-0061 / 21-9-0-81-0

Issued: 10-8-2020

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 2992 Tranbycroft Way, Sandy Hook, VA 23153	
	Owner Charles & Emily Loving	Phone # 804-517-7102
	Address 2992 Tranbycroft Way, Sandy Hook, VA 23153	Email eleake@vt.edu

APPLICANT INFORMATION	Applicant/Contact Charles Loving		Phone # 804-517-7102
	Address 2992 Tranbycroft Way, Sandy Hook, VA 23153		Email eleake@vt.edu

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>High Grove</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>25' from Prop. Line / ROW</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	Planning & Zoning Officer <u>David Lloyd</u>		Date <u>10/2/2020</u>	

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

DESCRIPTION OF WORK	Scope of Work: Includes building a detached garage 32'x48' using wood construction with trusses.				
	Proposed Use Vehicle storage	Current Use New Construction	Environmental impacts (stream crossing, wetlands, amt land disturbed) Minimal impact - only clearing the area affected.		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No	Finished Sq. Ft. 0	Unfinished Sq. Ft. 1536	Total Sq. Ft. 1536	
	Building Only - Excludes All Trades Permits				

Value of Work	<u>25,000 - 49,920</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 9/13/2020

Application Fee	\$ <u>236.64</u>
State Levy Fee	\$ <u>4.73</u>
Septic/Well Fee	\$ <u>0.00</u>
Zoning Fee	\$ <u>35.00</u>
R/LD	\$ <u>0.00</u>
SWP	\$ <u>0.00</u>
Total	\$ <u>276.37</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 09-29-2020

Permit Number: BP-2020-00932

GPIN/Tax Map: 6767-48-6700/43-2-0-2-0

Issued: 10-6-2020

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: 1908 Hidden Rock Lane, Maidens VA 23103

Owner: Goochland County, VA General Services Phone #: 804-556-5340

Address: 2938 River Road West, Goochland VA, 23063 Email: vgrady@goochlandva.us; sfoster@goochlandva.us

APPLICANT INFORMATION
 Applicant/Contact: Andrew Brooks/SMI Sign Systems, Inc. Phone #: 803-626-6418

Address: 2347 Stratford Court, Richmond VA 23224 Email: andrew.brooks@smisigns.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None Proffer Yes No Amount: _____ Date Paid: _____

Front Setback: 10' Center Line Setback: _____ Rear Setback: _____ CUP/Variance/COA: _____

Side Setback: _____ Side Setback: _____ Flood Zone: _____ COA-2128-16 A2

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: *David Floyd* Date: 9/30/2020

CONTRACTOR INFORMATION
 Contractor: SMI Sign Systems, Inc. Phone: 301-468-1132

Address: 3903 Cornell Place, Frederick MD, 21703 Email: andrew.brooks@smisigns.com

Contractor License Number: 2705143709 Type: Class B Expiration: 1-31-2022

DESCRIPTION OF WORK
 Scope of Work: Permit, Design, Fabrication, & Installation: 2x Monument Signs at Hidden Rock Park

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

Building Only - Excludes All Trades Permits

Value of Work	\$17,982.00	<i>fees waived, County Project</i>	Application Fee	\$ _____
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.			State Levy Fee	\$ _____
			Septic/Well Fee	\$ _____
			Zoning Fee	\$ _____
			RLD	\$ _____
Signature of Applicant: Andrew Brooks		Date: _____	SWP	\$ _____
			Total	\$ _____

Digitally signed by Andrew Brooks Date: 2020.09.30 06:30:27 -0400



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: 10-5-2020
 Permit Number: BP-2020-00955

GPIN/Tax Map: M23-26-0038 | 66-1-0-2-0
 Issued: 10-16-2020

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: 12829 River Road, Richmond, Va. 23238

Owner: Benedictine College Preparatory Phone #: 804-708-9500

Address: 12829 River Road, Richmond, Va. 23238 Email: jgrapes@benedictine-schools.org

APPLICANT INFORMATION
 Applicant/Contact: John Locher Phone #: 804-233-9856

Address: 3941 Deep Rock Road, Ste A, Richmond, Va. 23233 Email: john@taylor-parrish.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: None Proffer: Yes No Amount: _____ Date Paid: _____
 Front Setback: 75' from Prop Line / Road Center Line Setback: _____ Rear Setback: 35' CUP/Variance/COA: _____
 Side Setback: 20' Side Setback: 20' Flood Zone: _____ A2/R1

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: Daniel Floyd Date: 10/13/2020

CONTRACTOR INFORMATION
 Contractor: Taylor & Parrish, Inc. Phone: 804-233-9856

Address: 3941 Deep Rock Road, Ste A, Richmond, Va. 23233 Email: john@taylor-parrish.com

Contractor License Number: 270100451B Type: Class A Expiration: 9/30/22

DESCRIPTION OF WORK
 Scope of Work: 460 Construction Trailers (Job office & conference) 10x40 + 36x10 -> 360

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.	
		<u>820</u>	<u>820</u>	

Building Only - Excludes All Trades Permits 20 months
 Value of Work: 1,200.00

Application Fee	\$ <u>30-</u>
State Levy Fee	\$ <u>.60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>80.60</u>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: John Parrish Date: 9/15/2020



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: 10-2-2020Permit Number: BP-2020-00958GPIN/Tax Map: 6823-26-1365 / 5-20-0-3-0Issued: 10-20-2020

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

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>4187 Dreas Ridge Dr ADWISA VA 23093</u>		Phone # <u>804-774-8386</u>		
	Owner <u>RODNEY & JANE ASBRIDGE</u>		Email <u>rig@51@msn.com</u>		
	Address <u>SAME AS ABOVE</u>				
APPLICANT INFORMATION	Applicant/Contact <u>DENNIS HARDEN</u>		Phone # <u>804-305-5328</u>		
	Address <u>2715 Pineridge Ln POWHEATAN, VA 23139</u>		Email <u>Dennis.hard@comcast.net</u>		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Shelton Ridge</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —	
	Front Setback <u>55' from Prop. Line / Row</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>RR</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	Planning & Zoning Officer <u>David Floyd</u>		Date <u>10/13/2020</u>		
CONTRACTOR INFORMATION	Contractor <u>CREATIVE CONSTRUCTION SOLUTIONS LLC</u>		Phone <u>804-305-5328</u>		
	Address <u>2715 Pineridge Ln POWHEATAN VA 23139</u>		Email <u>Dennis.hard@comcast.net</u>		
	Contractor License Number <u>2705135777</u>	Type <u>C</u>	Expiration <u>07-31-22</u>		
DESCRIPTION OF WORK	Scope of Work: <u>BUILD SUN ROOM ON EXISTING DECK</u> <u>DECK IS CURRENTLY 16x20 320 SQFT</u> <small>Not within 20 ft of Septic</small>				
	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
	Finished Sq. Ft. <u>160</u>	Unfinished Sq. Ft. <u>160</u>	Total Sq. Ft. <u>160</u>		
	Building Only - Excludes All Trades Permits				
Value of Work <u>0</u>	Application Fee \$ <u>57.00</u>		State Levy Fee \$ <u>1.14</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 \$ _____	
Signature of Applicant <u>Dennis Harden</u>	Date _____	RLD \$ _____		SWP \$ _____	
		Total \$ <u>58.14</u>			

PH 10 10/10/2020



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 09/29/2020

Permit Number: Ap-2020-00938

GPIN/Tax Map: 6767-02-6166 / 42-1-0-38-0

Issued:

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

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 2913 River Rd W, Suite D, Goochland	
	Owner Courthouse Village (John Adamson)	Phone # (804) 750-9914
APPLICANT INFORMATION	Address 9301 River Rd, Richmond, VA 23229	Email john@adamsondevelopment.com
	Applicant/Contact Evan Pettrey	Phone # (804) 774-8545
TO BE COMPLETED BY ZONING DEPARTMENT	Address 5308 Lakeside Ave, Richmond, VA 23228	Email evan@weareconverge.io

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA <u>COA-2020-00015</u>
Side Setback	Side Setback	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No setbacks, Bldg. Mounted Sign</u> Planning & Zoning Officer: <u>[Signature]</u> Date: <u>10/1/2020</u>			

CONTRACTOR INFORMATION	Contractor American Made Signs		Phone (434) 971-7446
	Address 407 Earhart St, Suite B, Charlottesville, VA 22903		Email brion@americanmadesigns.com
	Contractor License Number 2705157238	Type Class B - BSC	Expiration 02/28/2022

DESCRIPTION OF WORK	Scope of Work: Installing sign above storefront + window vinyl				
	Proposed Use Insurance Agency Office	Current Use Insurance Agency Office	Environmental Impacts (stream crossing, wetlands, amt land disturbed) n/a		
	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	3081	Application Fee	\$ 30.00
		State Levy Fee	\$.60
		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 30.60

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

Signature of Applicant _____ Date _____



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: 10-1-2020
 Permit Number: BP-2020-00949
 GPIN/Tax Map: 7724-36-6418/63-34-0-2-0
 Issued: 10-20-2020

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

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>12820 West Creek Parkway Richmond, Va 23238</u>	
	Owner	<u>HATCHER CRENSHAW</u>	Phone #
	Address	<u>12820 West Creek Parkway, Richmond Va</u>	Email

APPLICANT INFORMATION	Applicant/Contact	<u>Ricky Rowe</u>	Phone #	<u>804-512-6032</u>
	Address	<u>2419 Westwood Ave. Richmond, Va 23230</u>	Email	<u>rrowe@sermat.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	<u>West Creek</u>	Proffer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	_____	Date Paid	_____
	Front Setback	_____	Center Line Setback	_____	Rear Setback	_____	CUP/Variance/COA	
	Side Setback	_____	Side Setback	_____	Flood Zone	_____	_____	
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>	COMMENTS: <u>* Staying within existing footprints.</u>			Date <u>10/2/2020</u>	

Planning & Zoning Officer: Debra Boyd

CONTRACTOR INFORMATION	Contractor	<u>Sermat Construction Services</u>		Phone	<u>(804) 264-4800</u>
	Address	<u>2419 Westwood Ave. Richmond, Va 23230</u>		Email	_____
	Contractor License Number	<u>2701025440</u>	Type	<u>A</u>	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Building 3 offices in the back warehouse Building A</u> <u>Boyanaway Tenant up fit</u>									
	Proposed Use	<u>offices</u>	Current Use	<u>no storage</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		<u>NA</u>			
	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>1100 sf</u>	Unfinished Sq. Ft.	_____	Total Sq. Ft.		<u>1100 sf</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>450.00</u>
Value of Work	<u>\$ 60,000.00</u>	State Levy Fee	\$ <u>9.00</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>100.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>559.00</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>9/30/2020</u>



BUILDING PERMIT APPLICATION

Application Date: 10/5/20

Permit Number: BP-2020-00976

GPIN/Tax Map: 6767-06-6600/42-1-0-90-A1

Issued: 10-20-2020

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address Goochalnd Family YMCA, 1800 Dickinson Rd, Goochland, Virginia 23063	
	Owner YMCA of Greater Richmond	Phone # (804) 644-9622
	Address 2 W Franklin St, Richmond VA 23220	Email maiolon@ymcarichmond.org

APPLICANT INFORMATION	Applicant/Contact Nick Maiolo Jr.		Phone # (804) 690-8831
	Address 2 W Frankin St, Richmond VA 23220		Email maiolon@ymcarichmond.org

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

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

DESCRIPTION OF WORK	Scope of Work: REPAIR AND STRUCTURE OVER POOL				
	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		Application Fee	\$ 48.76
Value of Work	6500.00	State Levy Fee	\$ 9.7
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant _____ Date 10/8/20		Septic/Well Fee	\$
		Zoning Fee	\$
		R&D	\$
		SWP	\$
		Total	\$ 49.73



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: 10-2-2020
 Permit Number: BP-2020-00957
 GPIN/Tax Map: 7733-68-1404 / 64-17-0-B-8
 Issued: 10/21/2020
 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 <u>12251 RIVER RD</u>	
	Owner <u>FRANK & HELEN KEYSER</u>	Phone # <u>(804) 708-0955</u>
	Address <u>SAME</u>	Email <u>FSKEYSER@COMCAST.NET</u>
APPLICANT INFORMATION	Applicant/Contact <u>FRANK</u>	
	Address <u>SAME</u>	Phone # <u>(804) 874-0291</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>102 from Prop. Line</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	<u>R1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Fryd</u> Date: <u>10/16/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>FRANK OWNER</u>		Phone <u>874-0291</u>
	Address		Email <u>FSKEYSER@COMCAST.NET</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>GARAGE (DETACHED) 42' x 40'</u> <u>Not within 20 feet of septic</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	<u>NONE</u>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>
	Finished Sq. Ft. <u>1920</u>		Unfinished Sq. Ft. <u>1920</u>	Total Sq. Ft. <u>1920</u>	
	Building Only - Excludes All Trades Permits				

Value of Work <u>\$ 30,000 62,400.00</u>	Application Fee \$ <u>292.80</u>
	State Levy Fee \$ <u>586</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ <u>25.00</u>
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>323.14</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: Frank Keyser Date: _____



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: 10-6-2020

Permit Number: BP-2020-009107

GPIN/Tax Map: 6735-29-4749 / 57-1-0-13-1

Issued: 10/21/2020

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 <u>1056 Rock Castle Rd. Goochland VA. 23063</u>	
	Owner <u>Joseph T. Johnson JR</u>	Phone # <u>804-502-1056</u>
	Address <u>1056 Rock Castle Rd. Goochland, VA.</u>	Email <u>g+j103@aol.com</u>
APPLICANT INFORMATION	Applicant/Contact Phone #	
	Address Email	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>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>20'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Ford</u> Date <u>10/14/2020</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>Build Screen ^{14x20} porch and extend Deck 9x12 unfinish</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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>276.132</u>	Total Sq. Ft. <u>276.132</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>11,004.00</u>	Application Fee \$ <u>61.52</u>
	State Levy Fee \$ <u>1.23</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ <u>25.00</u>
	RLD \$ _____
	SWP \$ _____
Signature of Applicant <u>Joseph T. Johnson JR</u> Date <u>10-4-20</u>	Total \$ <u>87.75</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: 10-14-2020

Permit Number: BP-2020-00994

GPIN/Tax Map: 7716-77-2798/47-36-0-9-0

Issued: 10-27-2020

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

This application requires two copies of construction drawings and two copies of the 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>1526 CAMBERLEY DRIVE, Manakin Sabot, Va 23103</u>				
	Owner <u>Gary & Missy KRAPP</u>	Phone # <u>804-512-6558</u>			
APPLICANT INFORMATION	Address <u>1526 CAMBERLEY DRIVE</u>		Email <u>gfkrapp@gmail.com</u>		
	Applicant/Contact <u>GARY F. KRAPP</u>		Phone # <u>804-512-6558</u>		
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>1526 CAMBERLEY DRIVE</u>		Email <u>gfkrapp@gmail.com</u>		
	Subdivision <u>Parke a Saddle Creek</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>	
CONTRACTOR INFORMATION	Front Setback <u>30' from Pavement</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>X</u>		<u>RPCB</u>
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/15/2020</u>					
CONTRACTOR INFORMATION	Contractor <u>OWNER - Gary KRAPP</u> <u>Greg DOMMERT - KeyPoint Pools & Ponds</u>		Phone <u>804-931-1761</u>		
	Address <u>6906 Vaughan Rd. N Dinwiddie, Va 23805</u>		Email <u>greg@keypointpools.com</u>		
DESCRIPTION OF WORK	Scope of Work: <u>Steel Sided Pool construction</u> <u>Excavate and install a 12x20 Flat Bottom In-ground Pool</u>				
	Proposed Use <u>for swimming and exercise</u>	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>2 1/2</u>	# of Bedrooms <u>3</u>	# of floors <u>2</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / <u>No</u>	Finished Sq. Ft. <u>2,882</u>	Unfinished Sq. Ft. <u>240</u>	Total Sq. Ft. <u>3,122</u> <u>240</u>	

Building Only - Excludes All Trades Permits

Value of Work
\$34,527.00

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 Gary Krapp Date 10/13/2020

Application Fee	\$ <u>1167.37</u>
State Levy Fee	\$ <u>—</u>
Septic/Well Fee	\$ <u>—</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u>—</u>
SWP	\$ <u>—</u>
Total	\$ <u>195.72</u>



BUILDING PERMIT APPLICATION

Application Date: 10-1-20

Permit Number: BP-2020-00939

GPIN/Tax Map: 60608-56-4971/31-1-0-21-A

Issued: 10-27-2020

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

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

Residential Commercial

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

OWNER INFORMATION

Site Address: 2835 Poorhouse Rd Goochland, VA 23063

Owner: Christine + David Kenworthy Phone #: 516-279-7928

Address: 2835 Poorhouse Rd Email: _____

APPLICANT INFORMATION

Applicant/Contact: Ryan Heskell Phone #: 804-357-0960

Address: 2419 Westwood Ave Richmond VA 23230 Email: RHASKELL@SERMAT.COM

TO BE COMPLETED BY ZONING DEPARTMENT

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

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION

Contractor: Sermat Construction Phone: 804-264-4800

Address: 2419 Westwood Ave, Richmond VA 23230 Email: RHASKELL@SERMAT.COM

Contractor License Number: 2701025440CRC-RBC Type: Class A Expiration: 6/31/2026

DESCRIPTION OF WORK

Scope of Work: Repair Cottage Roof + well Framing from impact of Tree
Replace Metal Roof, Insulation - Drywell, Trim + Paint

Proposed Use <u>Residential</u>	Current Use <u>Residential</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NO.</u>		
SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>1</u>	# of Bedrooms <u>1</u>	# of floors <u>1</u>
Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <u>existing</u>	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work: \$30,000. fees waived, tree damage

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: 9/31/2020

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

6102

10-19-2020
10-27-2020

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23083
 (804) 556-5815 Fax (804) 556-5851 TDD 711 Va Relay

Application Accepted: BP-2020-01002
 Old Map Number: 20-6-0-7-0
 GPIN: 6840-90-1294

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

OWNER INFORMATION	Site Address <u>3650 Whitehall Rd.</u>		District		
	Owner <u>John + Lisa Headley</u>		Phone # <u>436-5643</u>		
	Address <u>3650 Whitehall Rd.</u>				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage <u>4.05</u>	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback <u>154'</u>	Center Line Setback	Rear Setback <u>154'</u>	C.U. Permit	Variance
	Side Setback <u>67</u>	Side Setback <u>440'</u>	COA	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

Planning & Zoning Officer _____ Date _____

Applicant/Contact: DAN Swartz BNW Builders Phone 994-3429
 Email: DAN@bnwbuilders.com

CONTRACTOR INFORMATION	Contractor <u>BNW Builders</u>		Phone <u>994-3429</u>	
	Address <u>8601 Staples Mill Rd. Richmond 23228</u>			
	Contractor License Number <u>2705 108 250</u>	Type <u>CLASS A</u>	Expiration <u>6-30-2022</u>	

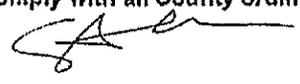
Description of Work	Scope of Work: <u>Demo old decking and rails. Rebuild stairs, Redeck with KDAR wood decking and add new powdercoated aluminum rails. Existing structure stays.</u>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. <u>552</u>	Finished Sq. Ft.	Unfinished Sq. Ft.

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

VALUE OF WORK	
Building	<u>12,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>166.00</u>
Zoning Fee	\$ <u>120.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>1.32</u>
RLD	\$ <u>67.32</u>

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





BUILDING PERMIT APPLICATION

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

Application Date: 8.26.2020
 Permit Number: BP.2020.00812
 GPIN/Tax Map: 0026-74-4268/59-3-2-88-0
 Issued: 10-28-2020
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

Residential Commercial

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

OWNER INFORMATION	Site Address <u>2000 Wilkes Ridge Dr Richmond, VA 23223</u>	
	Owner <u>ROBERTO DIESTA</u>	Phone #
	Address <u>2000 WILKES RIDGE DR</u>	Email
APPLICANT INFORMATION	Applicant/Contact Scout Services	Phone #
	Address <u>490 Quail Ridge Dr, Westmont, IL 60559</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Creek Business Park</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>5' from Prop. Line/Road</u>	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>9/2/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>Superior Signs LLC</u>		Phone
	Address <u>2510 Willis Rd</u>		Email
	Contractor License Number <u>2705156399</u>	Type	Expiration <u>3-31-2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Shooting Arms.</u> Install 2 wall signs and monument sign				
	Proposed Use <u>Ind.</u>	Current Use <u>Ind.</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.

Building Only - Excludes All Trades Permits

Value of Work	<u>117,660</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 Diestra, Roberto Date _____

Application Fee	\$ <u>882.45</u>
State Levy Fee	\$ <u>17.65</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50-</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>900.10</u>

Digitally signed by Diestra, Roberto
Date: 2020.09.12 15:50:36 -0400



BUILDING PERMIT APPLICATION

Application Date: September 15, 2020

Permit Number: **BP-2020-00921**

GPIN/Tax Map: **798**
~~6978-44-8960~~ / **33-1-0-12-0**

Issued: **10-28-2020**

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address Northeast corner of Hanover Rd and Carver Oaks Ct	
	Owner Highview LLC	Phone #
	Address	

APPLICANT INFORMATION	Applicant/Contact Matt Helms	Phone # 8046909605
	Address 2508 Turkey Creek Rd Oilville VA 23129	Email MattHelms@westviewcompanies.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Carver Oaks	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 10' from Prop. Line/Row	Center Line Setback 30'	Rear Setback 5'	GUP/Variance/COA R2-2019-7
	Side Setback 5'	Side Setback 5'	Flood Zone X	R1
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: Daniel Fergal Date: 10/1/2020			

CONTRACTOR INFORMATION	Contractor WestView Companies	Phone 8046909605
	Address 2508 Turkey Creek Rd Oilville VA 23129	Email matthelms@westviewcompanies.com
	Contractor License Number 2705117309	Type A

DESCRIPTION OF WORK	Scope of Work: Neighborhood entrance arm sign (3'x3.5') denoting Carver Oaks community				
	Proposed Use n/a	Current Use n/a	Environmental impacts (stream crossing, wetlands, amt land disturbed) n/a		
	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 \$2500	Application Fee \$30-
	State Levy/Fee \$60
	Septic/Well Fee \$
	Zoning Fee \$50-
	RLD \$
	SWP \$
Signature of Applicant: [Signature] Date: 9/15/2020	Total \$80.60

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



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: 10/22/20
 Permit Number: BP-2020-01027
 GPIN/Tax Map: 6832-50-5945/12-1-0-102
 Issued: 10-29-2020
 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.

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 4337 Three Chopt Rd Mineral spring, Va 23065	
	Owner Julio Wilinski	Phone # 8043993973
	Address 4337 Three Chopt Rd	Email bom-dia@verizon.net

APPLICANT INFORMATION	Applicant/Contact Julio Wilinski		Phone # 8043993973
	Address 4337 Three Chopt Rd		Email bom-dia@verizon.net

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

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

DESCRIPTION OF WORK	Scope of Work: Add a bathroom to second floor				
	Proposed Use bathroom	Current Use bedroom	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 01	# of Bedrooms 03	# of floors 02
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. 1340	Unfinished Sq. Ft. 0	Total Sq. Ft. 1340	

Building Only - Excludes All Trades Permits

Value of Work	2,700.00
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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: *Julio Wilinski* Date 10/21/2020

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



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: 9/28/2020

Permit Number: BP-2020-00964

GPIN/Tax Map: 7725-33-0619 / 58-32-3-A-0

Issued: 10-20-2020

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

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 15000 Capital One Drive	
	Owner Capital One	Phone # 540-872-8325
APPLICANT INFORMATION	Address 15000 Capital One Drive	Email christina.smith@capitalone.com
	Applicant/Contact Canterbury Enterprises, LLC/Kayla Giambra	Phone # 804-530-2109
	Address 204 Rivers Bend Blvd., Chester, VA 23836	Email kgiambra@cbury.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision West Creek	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 20'	Center Line Setback	Rear Setback 10'	CUP/Variance/COA —
	Side Setback 30' RT. Side	Side Setback 10'	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Lloyd</u> Date <u>10/14/2020</u>			

CONTRACTOR INFORMATION	Contractor Canterbury Enterprises, LLC		Phone 804-530-2109
	Address 204 Rivers Bend Blvd., Chester, VA 23836		Email kgiambra@cbury.net
	Contractor License Number 2705091632	Type A/Building	Expiration 1/31/21

DESCRIPTION OF WORK	Scope of Work: Capital One				
	We will be setting a concrete pad for the security kiosk and then placing the small kiosk on top.				
	Proposed Use Security Kiosk	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
Will a foundation be installed within 20 ft. of any septic system components? Yes (No)		Finished Sq. Ft. 96	Unfinished Sq. Ft.	Total Sq. Ft. 96	

Building Only - Excludes All Trades Permits		Application Fee \$ 326.24	
Value of Work	\$43,500	State Levy Fee	\$ 6.53
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	\$ 100.00
		RLD	\$
		SWP	\$
		Total	\$ 532.77
Signature of Applicant <u>Kayla Giambra</u>		Date <u>9/28/2020</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: 10/9/2020 *10-13-2020*

Permit Number: *BP-2020-00992*

GPIN/Tax Map: *7706-42-0433 / 57-1-0-81-0*

Issued: *10-30-2020*

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 1445 Millers Lane		Phone # 804-477-4531
	Owner Janice Banks		Email jbbanks4@comcast.net
	Address 1445 Millers Lane		
APPLICANT INFORMATION	Applicant/Contact Bill Kastelberg		Phone # 8044374948
	Address 7677 Hill Dr.		Email bill@makobuildersinc.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 Mako Builders Inc.		Phone 8044374948
	Address 7677 Hill Dr.		Email bill@makobuildersinc.com
	Contractor License Number 2701016164	Type BLD	Expiration 2024

DESCRIPTION OF WORK	Scope of Work: Add roof over existing patio				
	Proposed Use Porch	Current Use Porch	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <i>NA</i>	# of Bedrooms <i>NA</i>	# of floors <i>NA</i>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <i>NA</i>	Unfinished Sq. Ft. <i>NA</i>	Total Sq. Ft. <i>NA</i>	

Building Only - Excludes All Trades Permits

Value of Work	\$10,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant *Bill Kastelberg* Date *10/9/2020*

Application Fee	\$ <i>57.00</i>
State Levy Fee	\$ <i>1.14</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>58.14</i>

00824



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: 9/3/2020
 Permit Number: BP-2020-00841
 GPIN/Tax Map: W05N-9N-845N/42-1-D-64-D
 Issued: 10-30-2020
 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.

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: Gymnasium - Parks, & Rec
 Owner: Goochland County
 Address: 1800 Sandy Hook
 Phone #: (804) 556-5331
 Email: JFoster@goochlandva.us

APPLICANT INFORMATION
 Applicant/Contact: Daniel Gordon
 Address: 2945 River Road West, Goochland, VA 23063
 Phone #: 804-437-4231
 Email: gordonbrothersconstruction@gubro.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/GOA
Side Setback	Side Setback	Flood Zone	

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

CONTRACTOR INFORMATION
 Contractor: Gordon Brothers Construction
 Address: 2945 River Road West, Goochland, VA 23063
 Contractor License Number: 2705144137
 Type: Class A
 Expiration: 12/31/2021
 Phone: 804-556-8180
 Email: gordonbrothersconstruction@gubro.com

DESCRIPTION OF WORK
 Scope of Work: cut out wall opening and install window (pass through) - Parks & Rec.

Proposed Use <u>admin office</u>	Current Use <u>admin office</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>
<input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	<input checked="" 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</u>	Total Sq. Ft. <u>N/A</u>

Building Only - Excludes All Trades Permits

Value of Work: \$ 14,000.⁰⁰

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

Signature of Applicant: [Signature] Date: 9/3/20

Application Fee	\$
State Levy Fee	\$ <u>None</u>
Septic/Well Fee	\$ <u>Waived</u>
Zoning Fee	\$ <u>Waived</u>
R.I.D.	\$ <u>Waived</u>
SWP	\$ <u>Waived</u>
Total	\$ <u>Project</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: 10-27-2020

Permit Number: BP-2020-01036

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

Issued: 10-28-2020

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 2000 Wilkes Ridge Dr. Richmond VA 23233	
	Owner Sheltering Arms Corporation	Phone # 804-342-4324
	Address 140 East Shore Dr. Suite 200 Glen Allen, VA 23059	Email hweaver@shelteringarms.com

APPLICANT INFORMATION	Applicant/Contact Sheltering Arms Institute	Phone # 804-342-4324
	Address 2000 Wilkes Ridge Dr. Richmond VA 23233	Email hweaver@shelteringarms.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 Amico Clinical Solutions <i>Owner</i>	Phone 678-557-0387
	Address 85 Fulton Way, Richmond Hill ON L4B 2N4 Canada	Email dwood@amico.com
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: Installing patient lifts above ceiling in six locations; Rm's 1101, 1106, 1133, 2183, 3064, 3130				
	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		Application Fee \$ <u>375.00</u>
Value of Work	\$50,000.00	State Levy Fee \$ <u>7.50</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.		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>382.50</u>
Signature of Applicant <u>[Signature]</u>	Date <u>Oct 27, 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: 9-30-2020

Permit Number: BP-2020-00956

GPIN/Tax Map: 7705-54-6591/57-35-0-3-0

Issued: 10-23-2020

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.

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>DAVID REITINGER 913 Merchant Lee Place</u>	
	Owner <u>913 MERCHANT LEE DRIVE David Reinger</u>	Phone #
	Address <u>MANAKIW-SABOT, VA 23103</u>	

APPLICANT INFORMATION	Applicant/Contact <u>TONY PITTS</u>		Phone # <u>804-405-2282</u>
	Address <u>7714 WHITEAWNE RD. N. RICHMOND, VA. 23237</u>		Email <u>AMSASSOCIATESINC@COMCAST.NET</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Thor Meadows</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from Prop. Line</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA <u>RR</u>
	Side Setback <u>15' / 35'</u>	Side Setback <u>15' / 35'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/13/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>PITTS & ASSOCIATES INC.</u>		Phone <u>804-405-2282</u>
	Address <u>7714 WHITEAWNE RD ST. C N RICHMOND VA 23237</u>		Email <u>PITTSASSOCIATES INC@COMCAST.NET</u>
	Contractor License Number <u>2705038947</u>	Type <u>LBC RBC</u>	Expiration <u>5-31-2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>ATTACHED BY breezeway ADDITION OF SUNROOM AND DETACHED GARAGE</u> <u>RENOVATION OF EXISTING ATTACHED GARAGE TO MEDIA ROOM</u>				
	Proposed Use	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>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft. <u>718</u>	Unfinished Sq. Ft. <u>756</u>	Total Sq. Ft. <u>1,474</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>826.95</u>
Value of Work <u>181,100.00</u>		State Levy Fee \$ <u>16.54</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 \$ <u>25.00</u>
Signature of Applicant <u>[Signature]</u>	Date	Zoning Fee \$ <u>25.00</u>
		RLD \$
		SWP \$
		Total \$ <u>908.49</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: 9.30.2020
Permit Number: BP.2020.00930

GPIN/Tax Map: 0720-26-1464/58.3.A.14.0

Issued: 10-27-2020

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

This application requires two copies of construction drawings and two copies of the 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>12863 Holly Lane Manakin Sabot 23103</u>	
	Owner	<u>Douglas M. Harley URBANLAND SOLUTIONS</u>	Phone # <u>804 221 0629</u>
APPLICANT INFORMATION	Address	<u>1410 WEST MAMMOUTH COURT 23238</u>	Email <u>DMHarley446@gmail</u>
	Applicant/Contact	<u>Douglas M. Harley</u>	Phone # <u>804 221-0625</u>
APPLICANT INFORMATION	Address	<u>1410 WEST MAMMOUTH COURT 23238</u>	Email <u>DMHarley446@GMAIL.</u>

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

CONTRACTOR INFORMATION	Contractor	<u>URBANLAND SOLUTIONS LLC OWNER</u>	Phone <u>804 221-0629</u>
	Address	<u>1410 WEST MAMMOUTH COURT 23238</u>	Email <u>DMHarley446@gmail</u>
	Contractor License Number	<u>2705171670</u>	Type <u>C</u> Expiration <u>5/31/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>LIGHT DEMO - DEMO EXISTING FULL BATH, DEMO EXISTING KITCHEN & REBUILD BATH -interior renovation</u>			
	Proposed Use <u>RESIDENTIAL</u>	Current Use <u>R</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>1.5</u>	# of Bedrooms <u>3</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No) <u>(No)</u>	Finished Sq. Ft. <u>2000</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>2000</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>43.50</u>
Value of Work	<u>2,000</u>	State Levy Fee	\$ <u>.87</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>44.37</u>
Signature of Applicant: <u>[Signature]</u>		Date	<u>9/18/2020</u>

Sharon Carol



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: 9/28/20 ~~10/20/20~~
 Permit Number: BP-2020-00948
 GPIN/Tax Map: 6758-99-8034 / 30-12-0-2-0
 Issued:
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 2350 Warehouse Ln., Goochland, VA 23063
 Owner: W T Curtis + Son Inc. Heating and Cooling
 Phone #: 804-543-9609
 Address: 2381 Camelback Road, Maidens, VA 23102
 Email: wtcurtis.hvac@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: Daniel Gordon
 Phone #: 804-437-4231
 Address: 2945 River Road West, Goochland, VA 23063
 Email: Gordonbrothersconstruction@gshoo.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>20' from Prop. Line / Row</u>	Center Line Setback: _____	Rear Setback: <u>30'</u>	CUP/Variance/COA: _____
Side Setback: <u>10'</u>	Side Setback: _____	Flood Zone: _____	_____

APPROVED REJECTED COMMENTS: # Survey located under rear setbacks
 Planning & Zoning Officer: Daniel Floyd Date: 10/13/2020 See scanned site plan.

CONTRACTOR INFORMATION
 Contractor: Gordon Brothers Construction
 Phone: 804-556-8180
 Address: 2945 River Road West, Goochland, VA 23063
 Email: gordonbrothersconstruction@gshoo.com
 Contractor License Number: 2705144137 Type: Class A Expiration: 12/31/2021

DESCRIPTION OF WORK
 Scope of Work: Construct Warehouse with office space Heating & Cooling
- WT Curtis + Son Inc.

Proposed Use: <u>Warehouse</u>	Current Use: <u>empty lot</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed): <u>NA</u>
SEWER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms: <u>5</u>
Finished Sq. Ft.: <u>1800</u>	Unfinished Sq. Ft.: <u>7800</u>	# of Bedrooms: _____
		# of floors: <u>1</u>
		Total Sq. Ft.: <u>9,600</u>

Building Only - Excludes All Trades Permits

Value of Work: 700,000.00 673,2000

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: 9/28/20

Application Fee	\$ <u>5019.00</u>
State Levy Fee	\$ <u>100.98</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>100.00</u>
RED	\$ _____
SWP	\$ _____
Total	\$ <u>5219.98</u>



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 9/23/20

Permit #: 112020-0082

GPIN:

Tax Map:

LOCATION

Street Address: 437 BLAIR ROAD 23238

PROPERTY OWNERSHIP

Name: ROBERT KELLOGG

Phone: 614-579-6544

Mailing Address: 437 BLAIR ROAD 23238

Email: ROBERTKELLOGG@GMAIL.COM

APPLICANT

Name: Virginia Power Solutions

Phone: 804-365-0263

Address: 10102 Whitesel Road, B, Ashland, VA 23005

Email: service@virginiapowersolutions.com

CONTRACTOR

Name: 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: 8/31/22

License Type: ELE

Class: B

DESCRIPTION OF WORK

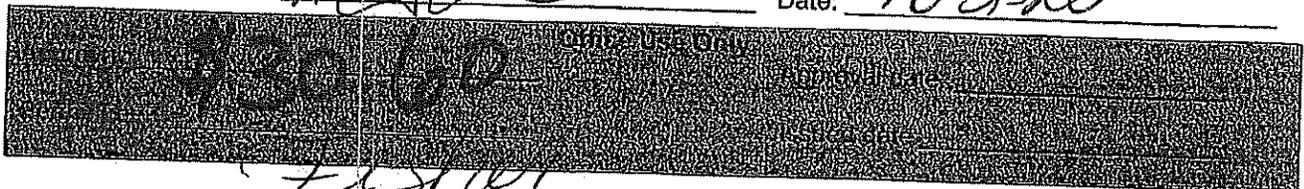
WIRE CUSTOMER SUPPLIED GENERATOR TO CUSTOMER SUPPLIED EXISTING TRANSFER SWITCH 200A

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

Value of Work (required): \$2000.00

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: 10-2-20



(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

Please call or visit our website to calculate fee

www.goochlandva.us/permitcalc

Date 10/5/20

Permit # BP 2020 - 00372

GPIN EU-2020-00960

Tax Map

LOCATION

Street Address 1744 Fishers Pond Dr

PROPERTY OWNERSHIP

Name Charles Frazier Phone

Mailing Address 1930 Soldiers Lodge Crozier, VA Email

APPLICANT

Name Joseph S. Schiess Phone 784 6774

Address P.O. Box 231 Manakin Sabot VA Email selec21@aol

CONTRACTOR

Name J. S. Schiess Electrical Phone 784 6774

Mailing Address P.O. Box 231 Manakin Sabot VA Email selec21@aol

Gas Certification YES NO

State License Number 2705046710 Expiration 10/31/2022 License Type EIEC Class B

DESCRIPTION OF WORK

Generator AND Transfer Switch

of Bathrooms Service Size Power Company Inquiry

Value of Work (required) \$9000⁰⁰

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

Signature of Applicant: [Signature] Date: 10/5/2020

Approval: Fisher Office Use Only Approval date: 10-5-2020

Permit Fee: 62.73 Issued date: 10-5-2020

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: 10-16-20

Permit #: 211-2020-1000

GPIN

Tax Map

LOCATION

Street Address: 2854 Turner Oaks Drive Goochland, Va 23063

PROPERTY OWNERSHIP

Name: Leslie Lickerman Phone: 203-448-0743

Mailing Address: 2854 Turner Oaks Drive Email:

APPLICANT

Name: Edmund Medeiros Phone: 434-975-3275

Address: 2293 Semmole Lane, Charlottesville, Va 22901 Email: Eddieneverdark@gmail.com

CONTRACTOR

Name: Never Dark Whole House Generators Phone: 434-975-3275

Mailing Address: 2293 Semmole Lane Charlottesville, Va 22901 Email: Eddieneverdark@gmail.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2710025076</u>	<u>7-31-21</u>	<u>contractors</u>	<u>A</u>

DESCRIPTION OF WORK

wiring 22 Kw automatic generator with automatic Transfer Switch for Powering essential Circuits Only

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

Value of Work (required): 5,500

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

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

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>10/16/20</u>
Permit Fee: <u>4661</u>		Issued date: <u>10/16/20</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: 10-16-20

Permit #: 2120201001

GPIN

Tax Map

LOCATION

Street Address: 7 Deer Run Road

PROPERTY OWNERSHIP

Name: Pete Fuson Phone: 804-307-5419

Mailing Address: 7 Deer Run Rd, Manakin Sabot, Va 23063 Email:

APPLICANT

Name: Edmund Medeiros Phone: 434-975-3275

Address: 2293 Semmole Ln Charlottesville, Va 22901 Email: eddieneverdark@gmail.com

CONTRACTOR

Name: Never Dark Whole House Generators Phone: 434-975-3275

Mailing Address: 2293 Semmole Ln Charlottesville, Va 22901 Email: eddieneverdark@gmail.com

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705141802</u>	<u>7-31-2021</u>	<u>contractors</u>	<u>A</u>

DESCRIPTION OF WORK

wiring 20 kw automatic generator with automatic transfer switch with load share modules

# of Bathrooms	Service Size	Power Company	Inquiry #
	<u>400 Amp</u>	<u>CVEC</u>	
Value of Work (required)			
<u>5,500</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: 10-6-20

Approval: <u>[Signature]</u>	Office Use Only	Approval date: <u>10-16-20</u>
Permit Fee: <u>46.67</u>		Issued date: <u>10-16-20</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 10-19-2020
Permit # ELF 2020-00867
GPIN
Tax Map

LOCATION

Street Address 15750 Mosaic Creek Blvd Mosaic lot 42

PROPERTY OWNERSHIP

Name Schell brothers Richmond LLC	Phone (804) 295-5277
Mailing Address 1919 Huguenot Road, N. Chesterfield, VA 23235	Email

APPLICANT

Name CR Phillips Electrical Contractors, Inc	Phone (804) 798-8853
Address 10996 Leadbetter Road	Email cheryl.ozmar@crphillipselectrical.com

CONTRACTOR

Name CR Phillips Electrical Contractors, Inc		Phone (804) 798-8853	
Mailing Address 10996 Leadbetter Road, Ashland, VA 23005		Email Same as above	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705054166	Expiration 1/31/22	License Type ELE, BLD, GRC, PLB
		Class A	

DESCRIPTION OF WORK

Wire New Single Family House w/ whole house generator w/ ^{22kw} transfer switch.

# of Bathrooms	Service Size 200	Power Company Dominion	Inquiry # 10403197
Value of Work (required) \$20,000.00			

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: Cheryl Ozmar Date: 10-19-20

Approval: <u>Fisher</u>	Office Use Only Approval date: <u>10-19-2020</u>
Permit Fee: <u>113.22</u>	Issued date: <u>10-19-2020</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

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

Date	10-19-2020
Permit #	ELI-2020-00798
GPIN	
Tax Map	

LOCATION

Street Address	15744 Mosaic Creek Blvd Mosaic Lot 45
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PROPERTY OWNERSHIP

Name Schell brothers Richmond LLC	Phone (804) 295-5277
Mailing Address 1919 Huguenot Road, N. Chesterfield, VA 23235	Email

APPLICANT

Name CR Phillips Electrical Contractors, Inc	Phone (804) 798-8853
Address 10996 Leadbetter Road	Email cheryl.ozmar@crphillipselectrical.com

CONTRACTOR

Name CR Phillips Electrical Contractors, Inc		Phone (804) 798-8853	
Mailing Address 10996 Leadbetter Road, Ashland, VA 23005		Email Same as above	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705054166	Expiration 1/31/22	License Type ELE, BLD, GRC, PLB
		Class A	

DESCRIPTION OF WORK

Wire New Single Family House w/ whole house generator w/ 22kw transfer switch			
# of Bathrooms	Service Size 200	Power Company Dominion	Inquiry # 104100830
Value of Work (required) \$11,000.00			

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

Signature of Applicant: Cheryl Ozmar Date: 10-19-20

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>10-19-2020</u>
Permit Fee: <u>71.91</u>		Issued date: <u>10-19-2020</u>

(owner's statement on back)

Job Date: 10.21.20 \$ 76.00



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	10/16/20
Permit #	2112020-1017
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	9 DEER RUN RD	District	
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PROPERTY OWNERSHIP

Name	BOB AND RUTH COURAIN	Phone	804-829-7077
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Mailing Address	9 DEER RUN RD
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APPLICANT

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

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

INSTALL 22KW GENERATOR, 2-200 AMP ATS, SURGE

# of Baths	Service Size	Power Company	Inquiry #

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

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.111 of the Code of Virginia.

(Signature)

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

(Notary)

My commission expires _____

Value of Work: **11,905.00**

Signature of Applicant *Bob Courain*

Permit fee: **76.00**

Approval *Fisher* Date **10/21/20**

Issue date: **10/21/20**