



# 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: 10-13-2020  
 Permit Number: BP-2020-01006  
 GPIN/Tax Map: 7738-01-8997/48-6-0-1-C  
 Issued: 11-10-2020

Residential  Commercial

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

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

OWNER INFORMATION	Site Address <b>GIS 7738-01-8997</b>	
	Owner <b>Parkside Village HOA Pouncy Tract Partners</b>	Phone # <b>804-741-4663</b>
	Address <b>2250 Old Brick Road, Suite 220, Glen Allen, VA 23060</b>	Email <b>mmoran@eagleofva.com</b>

APPLICANT INFORMATION	Applicant/Contact <b>James Foley</b>		Phone # <b>804-620-3200</b>
	Address <b>6501 Dickens Place, Richmond, VA 23230</b>		Email <b>jay@carouselsigns.com</b>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <b>Parkside Village</b>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <b>5'</b>	Center Line Setback _____	Rear Setback _____	CUP/Variance/COA <b>131</b>
	Side Setback _____	Side Setback _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Ford</u> Date <u>10/21/2020</u>			

CONTRACTOR INFORMATION	Contractor <b>Carousel Signs and Designs</b>		Phone <b>804-620-3200</b>
	Address <b>6501 Dickens Place, Richmond, VA 23230</b>		Email <b>jay@carouselsigns.com</b>
	Contractor License Number <b>2705115473</b>	Type <b>A</b>	Expiration <b>Goochland County</b>

DESCRIPTION OF WORK	Scope of Work: <b>ID Sign for Section 4 of Parkside Village</b>				
	Proposed Use Signage for New Neighborhood	Current Use N/A	Environmental Impact (stream crossing, wetlands, and land disturbed) Non <b>Casey Littlefield APPROVED</b>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms N/A	# of Bedrooms N/A	
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. N/A	Unfinished Sq. Ft. N/A	Total Sq. Ft. Sign = 8.125 SqFt	
	<table border="1"> <tr> <td>Value of Work</td> <td><b>5000.00</b></td> </tr> </table>				Value of Work
Value of Work	<b>5000.00</b>				

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ <u>37.50</u>
		State Levy Fee	\$ <u>.75</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>88.25</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 James Foley Date 10/7/20



# BUILDING PERMIT APPLICATION

Application Date: 10.1.2020

Permit Number: BP.2020.00941

GPIN/Tax Map: 6067-13-3288/42-1-0-95-0

Issued: 11-23-2020

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.

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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: 2938 River Rd west Building J Goochland VA 23063

Owner: Goochland County Phone #: \_\_\_\_\_

Address: P.O. Box 100 Goochland VA 23063 Email: \_\_\_\_\_

**APPLICANT INFORMATION**

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

Address: 2414 Westwood Ave Richmond VA 23030 Email: RHASKEL@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/GOA
Side Setback	Side Setback	Flood Zone	

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

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

**CONTRACTOR INFORMATION**

Contractor: SERMAT Construction Services Phone: 804-264-4800

Address: 2414 Westwood Ave Richmond VA 23030 Email: \_\_\_\_\_

Contractor License Number: 2701025440 CRC-RBC Type: Class A Expiration: 10/31/2020

**DESCRIPTION OF WORK**

Scope of Work: - Move existing Door wall back 12" Fasten new metal Door unit. Replace Drywell + ceiling tiles As needed Sheriff's OFFICE

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

Building Only - Excludes All Trades Permits

Value of Work: \$ 20,000

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

Signature of Applicant: Ryan Haskel Date: 9/30/2020

fees waived, county project

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



# 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: 9/29/2020

Permit Number: BP-2020-00959

GPIN/Tax Map: 7714-13-3152/62-1-0-10-C

Issued: 11-30-2020

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>313 River Road W, Manakin-Sabot, VA 23103</u>	
	Owner <u>Gate House Realty, LLC</u>	Phone # <u>804-928-4804</u>
	Address <u>5413 Patterson Avenue, Suite 101, Richmond, VA 23226</u>	Email <u>eharrigan@nationaltowers.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>John W. Collier III</u>		Phone # <u>804-928-4804</u>
	Address <u>5413 Patterson Avenue, Suite 101, Richmond, VA 23226</u>		Email <u>jwcollier@mac.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>---</u>	Date Paid <u>---</u>
	Front Setback <u>100' from Prop. Line/Road</u>	Center Line Setback <u>---</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>COA-2020-19</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>---</u>	<u>B1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>---</u>			

Planning & Zoning Officer Daniel Lloyd Date 10/29/2020

CONTRACTOR INFORMATION	Contractor <u>Owner Contractor</u>		Phone <u>804.928.4804</u>
	Address <u>5413 Patterson Avenue, Suite 101, Richmond, VA 23226</u>		Email <u>jwcollier@mac.com</u>
	Contractor License Number <u>N/A</u>	Type <u>N/A</u>	Expiration <u>N/A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Garage</u> New construction of a detached structure to include new electric and HVAC.				
	Proposed Use <u>Storage</u>	Current Use <u>N/A</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# 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 <u>No</u>	Finished Sq. Ft. <u>1,000</u>	Unfinished Sq. Ft. <u>---</u>	Total Sq. Ft. <u>1,000</u>	

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>495.00</u>
Value of Work <u>\$35,000</u> <u>146,000</u>		State Levy Fee \$ <u>9.90</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ <u>---</u>
Signature of Applicant <u>John W. Collier III</u>	Date <u>9/29/20</u>	Zoning Fee \$ <u>100.00</u>
		RLD \$ <u>---</u>
		SWP \$ <u>---</u>
		Total \$ <u>604.90</u>



# BUILDING PERMIT APPLICATION

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 Goochland, VA 23063  
 (804) 556-5815 Fax (804) 556-5651  
 TDD 711 VA-Relay

Residential  Commercial

Application Date: 10/21/20  
 Permit Number: BP-2020-01025  
 GPIN/Tax Map: 6785-34-7908/55-2-0-62  
 Issued: 11-20-2020  
 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 932 Lee Road, Crozier, VA	
	Owner Charlie Fubus	Phone # (804) 514-4728
	Address 932 Lee Road, Crozier, VA	Email charlie.fubus4@gmail.com
APPLICANT INFORMATION	Applicant/Contact Owner - same as above -	
	Address	Phone # ↑ Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 75 from Prop. Line	Center Line Setback Road	Rear Setback 35'	CUP/Variance/COA
	Side Setback 15'	Side Setback 15'	Flood Zone C	RI
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>Daniel Ford</u> Date: <u>11/19/2020</u>			

CONTRACTOR INFORMATION	Contractor		Phone
	Address		Email
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: remove existing rear deck. Add on 2 car garage, master bed & bath, laundry, & screen porch. I am converting an existing bedroom to an office.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2	# of Bedrooms 2	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft. 609	Unfinished Sq. Ft. 773	Total Sq. Ft. 1,382	

Building Only - Excludes All Trades Permits

Value of Work	50,000. 54,752.50
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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: Charlie Fubus Date: 10/21/20

Application Fee	\$ 238.38
State Levy Fee	\$ 5.17
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 268.55



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

Residential  Commercial

Application Date: 11.5.2020  
 Permit Number: BP-2020-01076  
 GPIN/Tax Map: 60001-45-4810/43-42-D-17-D  
 Issued: 11-20-2020  
 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.

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OWNER INFORMATION	Site Address <u>1744 Fishers Pond Drive Maidens, VA 23102</u>	Owner <u>Lisa Frazier</u>	Phone # <u>804-380-2567</u>
	Address <u>1744 Fishers Pond Drive</u>	Email <u>lisacfrazier@gmail.com</u>	
	Applicant/Contact <u>Catherine Gallagher</u>	Phone # <u>804-333-9192</u>	
APPLICANT INFORMATION	Address <u>196 Selftown Road, Warsaw, VA 22572</u>	Email <u>catherine@riverpoolsandspas.com</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Breeze Hill</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from Prop Line / Row</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____ <u>RP</u>
	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 Long</u> Date <u>11/6/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>River Pools &amp; Spas</u>	Phone <u>804-333-9192</u>
	Address <u>196 Selftown Road, Warsaw, VA 22572</u>	Email <u>catherine@riverpoolsandspas.com</u>
	Contractor License Number <u>2705099652</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>install inground 16'x40' fiberglass pool w/automatic cover</u>				
	Proposed Use <u>residential</u>	Current Use <u>residential</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes <u>No</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>640</u>	Total Sq. Ft. <u>640</u>	

**Building Only - Excludes All Trades Permits**

Value of Work	<u>35000</u>	Application Fee	<u>\$169.50</u>
		State Levy Fee	<u>\$3.39</u>
		Septic/Well Fee	\$
		Zoning Fee	<u>\$25-</u>
		RLD	\$
		SWP	\$
		Total	<u>\$197.89</u>

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

Signature of Applicant Cathrin Gallagher Date 10-28-2020



# 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: 08/10/2020

Permit Number: BP-2020-00770

GPIN/Tax Map: 6832-77-0739/6-A-D-16-0

Issued: 11-20-2020

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: 4009 Hadensville Farm Lane Mineral, VA 23117

Owner: Doug Shortridge Phone #: (804) 380-7404

Address: 4009 Hadensville Farm Lane Mineral, VA 23117 Email: dshortridge@servicemachine.com

**APPLICANT INFORMATION**

Applicant/Contact: Blue Ridge Custom Homes Phone #: (804) 614-4556

Address: 2958 River Road West Goochland, VA 23063 Email: BlueRidgeCustomHomes@gmail.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: <u>Hadensville Farm</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>55' from Prop Line/View</u>	Center Line Setback: _____	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>20'</u>	Side Setback: <u>20'</u>	Flood Zone: _____	_____

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

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

**CONTRACTOR INFORMATION**

Contractor: Blue Ridge Custom Homes LLC Phone: (804) 614-4556

Address: 2958 River Road West Goochland, VA 23063 Email: BlueRidgeCustomHomes@gmail.com

Contractor License Number: 27050686712 Type: A Expiration: 7-31-2022

**DESCRIPTION OF WORK**

Scope of Work: adding addition to existing house - adding master suite onto house w/ mudroom, deck, porch & PR

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed): <u>0.02 acres disturbed</u>		
SEWER: <u>Public/Private</u>	WATER: <u>Public/Private</u>	# of Bathrooms: <u>1.5</u>	# of Bedrooms: <u>2</u>	# of floors: _____
Finished Sq. Ft. <u>2329</u>	Unfinished Sq. Ft. <u>295</u>	Total Sq. Ft. <u>1034</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>80,000</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: 08/10/2020

Application Fee	\$ <u>312.50</u>
State Levy Fee	\$ <u>11.44</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>404.94</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: ANBORA Title Telephone: (804) 721-9005

Mailing Address: 2203 Pump Road, Henric, 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 R5 # STORIES 1 CONSTRUCTION TYPE VB OCCUPANT LOAD 2 CODE EDITION 15

FIRE SPRINKLER ✓ FIRE ALARM ✓ MODIFICATION ✓

APPROVAL [Signature] DATE 11.20.20  
Code Official



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: 10-13-2020

Permit Number: BP-2020-00991

GPIN/Tax Map: 6797-67-26981 45-5-0-6-0

Issued: 11-19-2020

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

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

OWNER INFORMATION	Site Address <u>1091 Merchants Lane</u>	
	Owner <u>Larry Page</u>	Phone # <u>804-784-5541</u>
	Address <u>1091 Merchants Lane</u>	Email <u>Joe.Bailey@PAGEAuto.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Joe Bailey</u>	
	Address <u>1091 Merchants Lane</u>	Phone # <u>804-784-5541</u>
		Email <u>Joe.Bailey@PAGEAuto.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Goochland Industrial Park</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>55' from Prop. Line / Rows</u>	Center Line Setback —	Rear Setback <u>100' from Row</u>	CUP/Variance/COA <u>COA-2020-18 MI</u>
	Side Setback <u>Rt. Side 60'</u>	Side Setback <u>10'</u>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date: <u>10/23/2020</u>			

CONTRACTOR INFORMATION	Contractor <u>[Signature]</u> OWNER		Phone <u>804-690-5558</u>
	Address <u>1014 Genito Rd</u>		Email <u>LARRY@PAGEAUTO.COM</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Page Auto Custom body Shop</u>				
	<u>Storage shed for used metal parts waiting to be recycled</u>				
	Proposed Use <u>Storage</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>none</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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>720</u>	Total Sq. Ft. <u>720</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>79.50</u>
Value of Work <u>10,600</u>		State Levy Fee \$ <u>1.59</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
Signature of Applicant <u>[Signature]</u>	Date <u>9-23-20</u>	Zoning Fee \$ <u>100.00</u>
		RLD \$
		SWP \$
		Total <u>181.09</u> \$ <u>128.12</u>

Will pick up permit



# BUILDING PERMIT APPLICATION

Application Date: 11/6/2020

Permit Number: BP-2020-01092

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

GPIN/Tax Map: 6842-84-4522 / 13-24-0-14-0

Issued: 11-10-2020

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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 4947 Austin Ln, Gum Springs VA 23065	
	Owner Mr & Mrs Robert Quackenbush	Phone # 1(435)830-5137
	Address 4947 Austin Ln, Gum Springs, VA 23065	Email Robert.Quackenbush@yahoo.com
APPLICANT INFORMATION	Applicant/Contact Abby Smallwood	
	Address 17387 Echo Meadows Rd, Rockville, VA 23146	Phone # 1(804)359-2997 Email Abby@SmallwoodRenovations.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Boundary Run</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <i>35' from Prop. Line / Row</i>	Center Line Setback	Rear Setback <i>35'</i>	CUP/Variance/COA
	Side Setback <i>30'</i>	Side Setback <i>30'</i>	Flood Zone	<i>A1</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David [Signature]</i> Date: <i>11/10/2020</i>			

CONTRACTOR INFORMATION	Contractor Smallwood Renovations LLC		Phone 1(804)359-2997
	Address 17387 Echo Meadows Rd, Rockville, VA 23146		Email hannah@smallwoodrenovations.com
	Contractor License Number 2705152796	Type VA Class A	Expiration 7/31/2022

**Scope of Work:**  
New composite ramp 12' out from existing porch, 5'x5' landing and 17' ramp to ground.

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 / <i>No</i>	Finished Sq. Ft. 170' SQ	Unfinished Sq. Ft.	Total Sq. Ft. 170' SQ	

**Building Only - Excludes All Trades Permits**

Value of Work	6,254
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *Abby Smallwood* Date: 11/4/20

Application Fee	\$ <i>410.15</i>
State Levy Fee	\$ <i>80</i>
Septic/Well Fee	\$
Zoning Fee	\$ <i>25.00</i>
RLD	\$
SWP	\$
Total	\$ <i>63.95</i>



# BUILDING PERMIT APPLICATION

Application Date: 6/3/20

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

Permit Number: BP-2020-00472

GPIN/Tax Map: 6766-72-1777/54-5-0-9-0

Issued: 11-18-2020

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

Residential  Commercial

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

**OWNER INFORMATION**  
Site Address: 2421 River Road W, Maidens, VA 23102

Owner: River Run Manor, LLC Phone #: 434-294-0785

Address: 2421 River Rd W, Maidens, VA 23102 Email: RiverRunManor@gmail.com

**APPLICANT INFORMATION**  
Applicant/Contact: Kim Moody Phone #: 804-887-0171

Address: 2421 River Rd W, Maidens, VA 23102 Email: hello@theestateatriverrun.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: Conquest, Moncre + Bunn / TBD Phone: 804-643-3434

Address: 208 E. Cary St., Richmond, VA 23219 Email: jeffmodiseth@cmd-gc.com

Contractor License Number: 2701000013 Type: <sup>Class A</sup> Contractor Expiration: 9/30/20

**DESCRIPTION OF WORK**  
Scope of Work: Const. exterior Staircase, Encapsulated fire rating ceiling of 1st fl + 3rd fl + Pre-Swing of exit doors + install new hardware

Proposed Use: A-2, B, R	Current Use: A-2, R	Environmental Impacts (stream crossing, wetlands, amt land disturbed): N/A
SEWER: Public/Private	WATER: Public/Private	# of Bathrooms: 13
		# of Bedrooms: 9
		# of floors: 4

Finished Sq. Ft. ~ 15,000 Unfinished Sq. Ft. 0 Total Sq. Ft. ~ 15,000

Building Only - Excludes All Trades Permits

Value of Work: 40,000

Application Fee	\$ 300.00
State Levy Fee	\$ 6.00
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 306.00

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: H. Andrew Lloyd Date: 6/3/20



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: ~~10/15/2020~~ 10 26 2020

Permit Number: BP-2020-01035

GPIN/Tax Map: 46-1-0-57-0

Issued: 11-18-2020

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

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

OWNER INFORMATION	Site Address 1646 Manakin Road, Glen Allen, VA 23103	
	Owner Sri Sai Narayana Organization	Phone # 804-708-0867
	Address 1646 Manakin Road, Glen Allen, VA 23103	Email

APPLICANT INFORMATION	Applicant/Contact Lindsay Tomsheck	Phone # 540-552-1511
	Address 1711 N Main Street, Blacksburg, VA 24060	Email lindsay@baselinesolar.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 Baseline Solar Solutions	Phone 540-552-1511
	Address 1711 N Main Street, Blacksburg, VA 24060	Email lindsay@baselinesolar.com
	Contractor License Number 2705126138	Type General - Class A

DESCRIPTION OF WORK	Scope of Work: Installation of (13) solar photovoltaic panels and interconnection with building's electrical system				
	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	\$12,740 6,370
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Application Fee	\$ 47.77
State Levy Fee	\$ .96
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 97.46 48.73

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 10/15/2020



# 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: 11-6-2020

Permit Number: SP-2020-01098

GPIN/Tax Map: 7733-67-8087 / 68-3-C-480

Issued: 11-17-2020

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

Residential  Commercial

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

OWNER INFORMATION	Site Address <u>57 East Square Lane</u>	
	Owner <u>Elizabeth S. Forman</u>	Phone # <u>804-476-9189</u>
	Address <u>57 East Square Lane, Richmond 23238</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Same</u>	Phone # <u>Same</u>
	Address <u>Same</u>	Email <u>Same</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>R.J. Bunovitch Masonry, Inc.</u>	Phone <u>804-387-6227</u>
	Address <u>2308 Lafayette Avenue Henrico, VA 23228</u>	Email <u>rjb0958@yahoo.com</u>
	Contractor License Number <u>2705073631</u>	Type <u>Contractor BRK-CBC-RK</u>

DESCRIPTION OF WORK	Scope of Work: <u>Deck removed, brick stoop &amp; steps installed, railing installed</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 / <u>No</u>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

**Building Only - Excludes All Trades Permits**

Value of Work	<u>\$13,000<sup>00</sup></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 Elizabeth S. Forman Date 11-6-2020

Application Fee	\$ <u>170.50</u>
State Levy Fee	\$ <u>1.41</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>171.91</u>



# BUILDING PERMIT APPLICATION

Application Date: November 4th, 2020

Permit Number: BP-2020-01090

GPIN/Tax Map: 6822-88-5414 / 6-1-0-39-B

Issued: 11-17-2020

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

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

Residential  Commercial

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

OWNER INFORMATION	Site Address <b>4762 Three Chopt Rd, Louisa, VA 23093</b>	
	Owner <b>Adam Walker &amp; Alice Phinizy</b>	Phone # <b>804-980-6230</b>
	Address <b>4762 Three Chopt Rd, Louisa, VA 23093</b>	Email <b>adam@walkersruncontractors.com</b>

APPLICANT INFORMATION	Applicant/Contact <b>Walker's Run Contractors Inc.</b>	
	Address <b>781 Cedar Run Trail, Manakin-Sabot, VA 23103</b>	Phone # <b>804-980-6230</b>
		Email <b>adam@walkersruncontractors.com</b>

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

CONTRACTOR INFORMATION	Contractor <b>Walker's Run Contractors Inc</b>		Phone <b>804-980-6230</b>
	Address <b>781 Cedar Run Trail, Manakin-Sabot, VA 23103</b>		Email <b>adam@walkersruncontractors.com</b>
	Contractor License Number <b>2701029280</b>	Type <b>Class A CBC,RBC</b>	Expiration <b>2-28-2021</b>

DESCRIPTION OF WORK	Scope of Work: Interior renovation of the kitchen, bathrooms, and conversion of two bedrooms into a master suit with a master bathroom, 2 closets and 2nd floor laundry room.				
	Proposed Use <b>Residence</b>	Current Use residence	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <b>none</b>		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <b>2.5</b>	# of Bedrooms <b>3</b>	# of floors <b>4</b>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / <u>No</u>	Finished Sq. Ft. <b>2400</b>	Unfinished Sq. Ft. <b>500</b>	Total Sq. Ft. <b>2900</b>	

**Building Only - Excludes All Trades Permits**

Value of Work	<b>110,000.00</b>
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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 11-4-2020

Application Fee	\$ <u>507.00</u>
State Levy Fee	\$ <u>10.14</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>517.14</u>



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: 10/28/20

Permit Number: BP-2020-01047

GPIN/Tax Map: 6769-23-6540/30-13-B-4-0

Issued: 11-17-2020

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

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

OWNER INFORMATION	Site Address 2675 Mossmour dr	
	Owner Jim & Erin Tucker	Phone #
	Address	Email

APPLICANT INFORMATION	Applicant/Contact	Phone #
	Address	Email

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

CONTRACTOR INFORMATION	Contractor Rise & Shine Construction		Phone 804-437-0520
	Address 1881 Fairpine dr		Email riseshineconstruction@gmail.com
	Contractor License Number 2705142494	Type Class CBC RBC C	Expiration 8/31/21

DESCRIPTION OF WORK	Scope of Work: build a roof over rear door and stoop				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, art 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	\$ 45.30
Value of Work	7,400. <sup>00</sup>	State Levy Fee	\$ .91
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	\$ 46.21
Signature of Applicant <i>[Signature]</i>		Date	10/28/20



# BUILDING PERMIT APPLICATION

Application Date: 11/4/2020

11-6-2020

Permit Number:

BP-2020-010913

GPIN/Tax Map:

7723-45-0205 / 46-3-0-6-0

Issued:

11-17-2020

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

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 6 Partridge Hill Road	
	Owner Caroline & David Boyd	Phone # 804-380-6668
	Address 6 Partridge Hill Road	Email carriecutchins@gmail.com

APPLICANT INFORMATION	Applicant/Contact Caroline Boyd		Phone # 804-380-6668
	Address 6 Partridge Hill Road		Email carriecutchins@gmail.com

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

CONTRACTOR INFORMATION	Contractor owner		Phone 804-380-6668
	Address 6 Partridge Hill Road		Email carriecutchins@gmail.com
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	<b>Scope of Work:</b> finishing part of a basement, including adding a bathroom. Will be used as playroom.				
	Proposed Use living space	Current Use storage	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 1	# of Bedrooms 0	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft. 650	Unfinished Sq. Ft. 0	Total Sq. Ft. 650	

Building Only - Excludes All Trades Permits

Value of Work	<del>\$5000</del> <del>\$12,000</del> <del>\$12,000</del> \$3385	Application Fee	\$ 30-
		State Levy Fee	\$ .60
		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$

Total 30.60

11/6/2020

X *Carroll*

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances



# 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-2020-00993

GPIN/Tax Map: 7724-36-6448 / 63-34-0-2-6

Issued: 11-18-2020

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

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

OWNER INFORMATION	Site Address <u>12820 West Creek Parkway, Suites F,G,I,J Richmond VA</u>	
	Owner <u>Crenshaw Realty Co. Inc.</u>	Phone #
	Address <u>1910 Byrd Ave Suite 12 Richmond, VA 23230</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Christian Reinke</u>		Phone # <u>804-955-9776</u>
	Address <u>2795 Huguenot Trail, Powhatan, VA 23139</u>		Email <u>creinke@fortitudegc.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 <u>15' from Prop Line / 10'</u>	Center Line Setback <u>10'</u>	Rear Setback <u>10'</u>	CUP/Variance/COA _____
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Staying within existing foot print m1</u>	_____		
	Planning & Zoning Officer: <u>[Signature]</u>	Date: <u>10/15/2020</u>	* okay for proposed use.	

CONTRACTOR INFORMATION	Contractor <u>Fortitude Commercial Contracting, Inc.</u>		Phone <u>804-905-8303</u>
	Address <u>2795 Huguenot Trail, Powhatan, VA 23139</u>		Email <u>creinke@fortitudegc.com</u>
	Contractor License Number <u>2705170805</u>	Type <u>Class A CBC</u>	Expiration <u>3/31/2020</u>

DESCRIPTION OF WORK	<b>Scope of Work:</b> <u>Converting offices to warehouse space and reconfiguring remaining offices</u>				
	Proposed Use <u>Office/Warehouse</u>	Current Use <u>Office/Warehouse</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# 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.	

<b>Building Only - Excludes All Trades Permits</b>		Application Fee	\$ <u>790.55</u>
Value of Work	<u>105,407.00</u>	State Levy Fee	\$ <u>15.81</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  Signature of Applicant: <u>[Signature]</u> Date: <u>10/14/2020</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>806.36</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: 11-5-2020  
 Permit Number: BP-2020-01073  
 GPIN/Tax Map: 7738-20-1512/48-17-0-14-0  
 Issued: 11-10-2020  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 7027 BENHALL CIRCLE, GLEN ALLEN VA 23059  
 Owner: MARK & DONNA COFFEY  
 Phone #: MARK 8043892430  
 Address: 7027 BENHALL CIRCLE, GLEN ALLEN VA 23059  
 Email: COFFEYBREAKS@AOL.COM

**APPLICANT INFORMATION**  
 Applicant/Contact: MARK & DONNA COFFEY  
 Phone #: DONNA 8049091043  
 Address: 7027 BENHALL CIRCLE, GLEN ALLEN VA 23059  
 Email: COFFEYBREAKS@AOL.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: OWNER  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contractor License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

**DESCRIPTION OF WORK**  
 Scope of Work: FINISH EXISTING BASEMENT SPACE - Bedrooms - (1890 SQ FT) Bathroom, Gameroom, Exercise Room, Storage Room

Proposed Use ENTERTAINMENT	Current Use STORAGE	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER (Public/Private)	WATER (Public/Private)	# of Bathrooms 1	# of Bedrooms 1	# of floors 1
Will a foundation be installed within 20 ft. of any septic system components? Yes (N)	Finished Sq. Ft. 1890	Unfinished Sq. Ft. 380	Total Sq. Ft. 2270	

Building Only - Excludes All Trades Permits

Value of Work	35,000	Application Fee	\$ 1109.50
		State Levy Fee	\$ 3.39
		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 1122.89

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  
 Signature of Applicant: *Mark Coffey* Date: 11-2-2020



# BUILDING PERMIT APPLICATION

Application Date: **11-4-20**

Permit Number: **BP-2020-01072**

GPIN/Tax Map: **38-1-0-2-0/6708-71-5287**

Issued: **11-9-2020**

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.

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

Residential  Commercial

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

OWNER INFORMATION	Site Address	<b>5470 Hackney Rd. Goochland, VA 23063</b>	
	Owner	<b>Nathan Stone</b>	Phone # <b>804-904-2824</b>
	Address	<b>5470 Hackney Rd.</b>	Email <b>NathanStone1003@gmail.com</b>

APPLICANT INFORMATION	Applicant/Contact	<b>Nathan Stone</b>	Phone # <b>''</b>
	Address	<b>5470 Hackney Rd.</b>	Email <b>''</b>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	<b>None</b>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	_____	Date Paid	_____
	Front Setback	<b>55' from Prop. Line (Review)</b>	Center Line Setback	Rear Setback	<b>5'</b>	CUP/Variance/COA	
	Side Setback	<b>Left Side 35' from Road</b>	Side Setback	Flood Zone	_____	<b>A-1</b>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:		Planning & Zoning Officer <b>David Floyd</b>		Date <b>11/6/2020</b>		

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

DESCRIPTION OF WORK	Scope of Work: <b>Build 40x33 metal garage detached</b>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<b>N/A</b> SEWER Public/Private	<b>N/A</b> WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No <b>(No)</b>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
			<b>1320</b>	<b>1320</b>	

Building Only - Excludes All Trades Permits

Value of Work	<b>40,000</b>
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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 **Nathan Stone** Date \_\_\_\_\_

Application Fee	\$ <b>192-</b>
State Levy Fee	\$ <b>3.84</b>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <b>25-</b>
RLD	\$ _____
SWP	\$ _____
Total	\$ <b>220.84</b>



# 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 10-28-2020

Permit Number: BP-2020-01050

GPIN/Tax Map: 7723-36-9385/66-3-03-0

Issued: 11-6-2020

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 3 Partridge Hill Road			
	Owner Randy Reynolds		Phone # (804) 307-1230	
	Address 3 Partridge Hill Road Richmond, VA 23238		Email	
APPLICANT INFORMATION	Applicant/Contact Power Home Solar		Phone # 919-300-7976	
	Address 919 N Main St Mooresville, NC 28115		Email permitva@powerhome.com	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Partridge H-71</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>40' From Prop. Line</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone	<i>RI</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>[Signature]</i> Date <i>10/29/2020</i>			

CONTRACTOR INFORMATION	Contractor Power Home Solar		Phone 919-300-7976	
	Address 919 N Main St Mooresville, NC 28115		Email permitva@powerhome.com	
	Contractor License Number 2705166346	Type Contractor	Expiration 8-31-2021	

DESCRIPTION OF WORK	Scope of Work: 62 ground mounted solar modules, grid tied 19.84 kW, installed on existing residence				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.		Unfinished Sq. Ft.	Total Sq. Ft.	

*Building Only - Excludes All Trades Permits*

Value of Work	\$1,000	Application Fee	\$ 30.00
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.		State Levy Fee	\$ .60
		Septic/Well Fee	\$
		Zoning Fee	\$ 25.00
		RLD	\$
		SWP	\$
Signature of Applicant <i>[Signature]</i>	Date 10/27/2020	Total	\$ 55.60

Rec: 9-30-20



**BUILDING PERMIT APPLICATION**

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

Residential  Commercial

Application Date: September 29, 2020

Permit Number: **BP-2020-00935**

GPIN/Tax Map: **0034-02-1557, VA-1-0-50-B**

Issued: **11-6-2020**

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: 12501 Patterson Avenue Richmond VA 23238

Owner: **David R. Milligan - James River Self Storage** Phone #: 804-314-7925

Address: 12501 Patterson Avenue Richmond VA 23238 Email: rmilligan@jamesriverinteriorsinc.com

**APPLICANT INFORMATION**  
 Applicant/Contact: **David R. Milligan** Phone #: 804-314-7925

Address: 12543 Patterson Avenue Richmond VA 23238 Email: rmilligan@jamesriverinteriorsinc.com

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: <b>None</b>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <b>100' from Right of Way</b>	Center Line Setback: _____	Rear Setback: <b>10'</b>	CUP/Variance/COA: <b>COA-2020-17</b>
Side Setback: <b>10'</b>	Side Setback: <b>10'</b>	Flood Zone: _____	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <b>* Non-conforming Bldg. No closer than 10' Current Structure</b>		
Planning & Zoning Officer: <b>David Lloyd</b>	Date: <b>10/15/2020</b>		

**CONTRACTOR INFORMATION**  
 Contractor: **James River Interiors, Inc.** Phone: 804-314-7925

Address: 12543 Patterson Avenue Email: rmilligan@jamesriverinteriorsinc.com

Contractor License Number: 2701034582 Type: A Expiration: 06/30/2021

Scope of Work: **No interior work at this time per Mr. Milligan**

Demolition of existing EIFS on exterior of building and all interior finishes. Add new metal stud facade and EIFS. Add new bathrooms and (2) offices.

Proposed Use: <b>Self Storage Facility</b>	Current Use: <b>Home Furnishings Store</b>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER: <b>Public</b>	WATER: <b>Public</b>	# of Bathrooms: <b>2</b>	# of Bedrooms: <b>0</b>	# of floors: <b>1</b>
Will a foundation be installed within 20 ft. of any septic system components? <b>Yes</b>	Finished Sq. Ft.: <b>18,500</b>	Unfinished Sq. Ft.: _____	Total Sq. Ft.: <b>18,500</b>	

**Building Only - Excludes All Trades Permits**

Value of Work: <b>\$128,000</b>	Application Fee: <b>\$ 960.-</b>
	State Levy Fee: <b>\$ 19.20</b>
	Septic/Well Fee: <b>\$</b>
	Zoning Fee: <b>\$</b>
	RLD: <b>\$</b>
	SWP: <b>\$</b>
Signature of Applicant: <b>[Signature]</b> Date: <b>9.29.20</b>	Total: <b>\$ 979.20</b>



# 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: 11/2/2020  
 Permit Number: BP-2020-01065  
 GPIN/Tax Map: 6800-30-2442/10-10-86-B  
 Issued: 11-9-2020  
 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: 2663 Shirleys Cove, Goochland, VA 23063  
 Owner: Timothy J. Harris Phone #: (804) 397-5899  
 Address: 2663 Shirleys Cove, Goochland, VA 23063 Email: tjharrisva@yahoo.com

**APPLICANT INFORMATION**  
 Applicant/Contact: Timothy J. Harris Phone #: (804) 397-5899  
 Address: 2663 Shirleys Cove, Goochland, VA 23063 Email: same as above

**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: Owner Phone: (804) 397-5899  
 Address: Same as above Email: same as above  
 Contractor License Number \_\_\_\_\_ Type \_\_\_\_\_ Expiration \_\_\_\_\_

**DESCRIPTION OF WORK**  
 Scope of Work: Repair of kitchen/dining room joists at back door area

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

**Building Only - Excludes All Trades Permits**

Value of Work <u>\$400</u>	Application Fee <u>\$30</u>
	State Levy Fee <u>\$ .60</u>
	Septic/Well Fee \$
	Zoning Fee \$
	RLD \$
	SWP \$
	Total <u>\$30.60</u>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.  
 Signature of Applicant: Timothy J. Harris Date: Oct. 30, 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: 09/30/20

Permit Number: **BP-2020-00945**

GPIN/Tax Map: 57-10-0-27-0 / 7705-86-5894

Issued: **11-9-2020**

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 1674 Devon <sup>W04</sup> <b>Manekin Subst, VA 23103</b>	
	Owner Johnson Mitchell Johnson Leigh	Phone # <b>804 402 9112</b>
	Address 1674 Devon	Email
APPLICANT INFORMATION	Applicant/Contact JEANNIE SALVATORE JES CONSTRUCTION	
	Address 2410 OSUTHLAND DR CHESTER VA 23831	Phone # <b>804 602 7718</b> Email JSALVATORE@JESWORK.COM

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

CONTRACTOR INFORMATION	Contractor JES CONSTRUCTION		Phone 804-621-7718
	Address 2410 SOUTHLAND DR CHESTER VA 23831		Email JSALVATORE@JESWORK.COM
	Contractor License Number 2705-06-8655	Type <b>A</b>	Expiration 04/30/22

DESCRIPTION OF WORK	Scope of Work: 434 CRAWL SEAL LINER WITH DEHUMIDIFIER FOR ENCAPSULATION AS SHOWN ON DRAWING.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 2294		

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <b>43.50</b> State Levy Fee \$ <b>.87</b> Septic/Well Fee \$ _____ Zoning Fee \$ _____ R.L.D \$ _____ SWP \$ _____ Total \$ <b>44.37</b>
Value of Work	6999.00	
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	<i>Jeannie Salvatore</i> Date 09/30/20	



# BUILDING PERMIT APPLICATION

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

Residential  Commercial

Application Date: 10-27-2020  
 Permit Number: BP-2020-01040  
 GPIN/Tax Map: 6709-94-3386/26-1-0-12-0  
 Issued: 11-04-2020  
 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: Jose Luis Cruz 804-216-0835  
 Owner: Jose Luis Cruz Phone #  
 Address: 2964 Davis Mill rd CMH Homes Email: stavedrywall11c1@Gmail.com

**APPLICANT INFORMATION**  
 Applicant/Contact: Jose Luis Cruz Phone #  
 Address: 4806 Penick rd Henrico VA 23228 Email: 804-216-0835

**TO BE COMPLETED BY ZONING DEPARTMENT**

Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>---</u>	Date Paid: <u>---</u>
Front Setback: <u>75' from Prop. Ln./Kov</u>	Center Line Setback: <u>---</u>	Rear Setback: <u>5'</u>	CUP/Variance/COA: <u>---</u>
Side Setback: <u>5'</u>	Side Setback: <u>5'</u>	Flood Zone: <u>---</u>	<u>A1</u>

APPROVED  REJECTED  COMMENTS: ---  
 Planning & Zoning Officer: [Signature] Date: 10/29/2020

**CONTRACTOR INFORMATION**  
 Contractor: Owner Phone:  
 Address: --- Email:  
 Contractor License Number: --- Type: --- Expiration: ---

**DESCRIPTION OF WORK**  
 Scope of Work: Installing a Metal garage 30X36

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. <u>1080</u>	Unfinished Sq. Ft. <u>1080</u>	Total Sq. Ft. <u>1080</u>	

**Building Only - Excludes All Trades Permits**

Value of Work	<u>27,500 \$ 29,700.<sup>00</sup></u>	Application Fee	\$ <u>145.65</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>Jose Luis Cruz</u> Date: <u>10-27-20</u>		State Levy Fee	\$ <u>2.91</u>
		Septic/Well Fee	\$ <u>---</u>
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ <u>---</u>
		SWP	\$ <u>---</u>
		Total	\$ <u>173.56</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: 10/26/20  
 Permit Number: BP-2020-01030  
 GPIN/Tax Map: 6777-46-3053/43-42-D-19-8  
 Issued: 11-2-2020  
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

**OWNER INFORMATION**  
 Site Address: 1748 Fishers Pond Drive  
 Owner: Jonguil and Hayden Hill  
 Address: 1748 Fishers Pond Drive  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**APPLICANT INFORMATION**  
 Applicant/Contact: Steve Thompson  
 Address: 1390 B Broad Street rd Oilville 23121  
 Phone #: 539-2524  
 Email: Stevethompsonbuilder@comcast.net

**TO BE COMPLETED BY ZONING DEPARTMENT**  
 Subdivision: Breeze Hill Proffer  Yes  No Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 Front Setback: 40 from Prop Line Center Line Setback: \_\_\_\_\_ Rear Setback: 5' CUP/Variance/COA: \_\_\_\_\_  
 Side Setback: 5' Side Setback: 5' Flood Zone: \_\_\_\_\_  
 APPROVED  REJECTED  COMMENTS: \* Survey locate side setback  
 Planning & Zoning Officer: Daniel Kemp Date: 10/28/2020 RP

**CONTRACTOR INFORMATION**  
 Contractor: Steve Thompson Builder, LLC Phone: 539-2524  
 Address: 1390 B Broad Street rd Oilville 23129 Email: Stevethompsonbuilder@comcast.net  
 Contractor License Number: 2705054732 Type: CBC 12BC Expiration: 3/31/22

**DESCRIPTION OF WORK**  
 Scope of Work: New detached garage

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>650</u>	<u>650</u>	

**Building Only - Excludes All Trades Permits**

Value of Work	<u>45,000</u>	Application Fee	\$ <u>214.50</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>4.29</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant: <u>Steve Thom</u>	Date: <u>10/23/20</u>	Total	\$ <u>243.79</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-2020-01044

GPIN/Tax Map: 6757-83-7735/42-16-D-48

Issued: 11-2-2020

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

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

OWNER INFORMATION	Site Address <u>3258 SCOTT RD. Goochland VA 23063</u>	
	Owner <u>KATHLYN MERTENS</u>	Phone #
	Address <u>Same</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Dale Jenkins</u>	Phone # <u>804-512-2299</u>
	Address <u>6806 EVERGLADES DR. RICHMOND VA 23225</u>	Email <u>D9185JENKINS@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Venice Heights</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from Prop. Line</u>	Center Line Setback <u>None</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:		Date <u>10/29/2020</u>	

Planning & Zoning Officer: David Floyd

CONTRACTOR INFORMATION	Contractor <u>D.S. Jenkins const</u>	Phone <u>804 512-2299</u>
	Address <u>6806 EVERGLADES RD. RICHMOND VA 23225</u>	Email <u>D9185JENKINS@gmail.com</u>
	Contractor License Number <u>2705017904</u>	Type <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build Deck 16x20.</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. <u>320</u>	Total Sq. Ft. <u>320</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>73.00</u>
Value of Work	<u>8000.00.</u>	State Levy Fee	\$ <u>.96</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>73.96</u>

Signature of Applicant: [Signature] 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: 10-14-2020

Permit Number: BP-2020-00993

GPIN/Tax Map: 7724-36-6448 / 63-34-0-2-8

Issued: 11-13-2020

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: 12820 West Creek Parkway, Suites F,G,I,J Richmond VA

Owner: Crenshaw Realty Co. Inc. Phone #

Address: 1910 Byrd Ave Suite 12 Richmond, VA 23230 Email

**APPLICANT INFORMATION**  
 Applicant/Contact: Christian Reinke Phone # 804-955-9776

Address: 2795 Huguenot Trail, Powhatan, VA 23139 Email creinke@fortitudegc.com

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

Front Setback: 15' from Prop Line Center Line Setback: 10' Rear Setback: 10' CUP/Variance/COA

Side Setback: 10' Side Setback: 10' Flood Zone: \_\_\_\_\_

APPROVED  REJECTED  COMMENTS: Staying within existing footprints MI  
 Planning & Zoning Officer: [Signature] Date: 10/15/2020 \*ready for proposed use

**CONTRACTOR INFORMATION**  
 Contractor: Fortitude Commercial Contracting, Inc. Phone: 804-905-8303

Address: 2795 Huguenot Trail, Powhatan, VA 23139 Email: creinke@fortitudegc.com

Contractor License Number: 2705170805 Type: Class A CBC Expiration: 3/31/2020

**DESCRIPTION OF WORK**  
 Scope of Work: Converting offices to warehouse space and reconfiguring remaining offices

Proposed Use Office/Warehouse	Current Use Office/Warehouse	Environmental Impacts (stream crossing, wetlands, and 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	105,407.00
---------------	------------

Application Fee	\$ 790.55
State Levy Fee	\$ 15.81
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 806.36

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: 10/14/2020



# 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: 10/19/2020

Permit Number: BP-2020-01026

GPIN/Tax Map: 7704-34-3536 / 62-19-0-B-4

Issued: 11-13-20

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

Residential  Commercial

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

OWNER INFORMATION	Site Address 100 Alice Run Manakin Sabot, VA 23103	
	Owner <b>Chrsitie Smith</b>	Phone # <b>804-337-6693</b>
	Address 100 Alice Run Manakin Sabot, VA 23103	Email alldogsmith50@gmail.com

APPLICANT INFORMATION	Applicant/Contact <b>Sigora Solar LLC</b>		Phone # 434.465.6788 ext.119
	Address PO Box 7543 Charlottesville, VA 22906		Email permitting@sigorasolar.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Ben Dover</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 <u>5'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	<u>A2</u>

APPROVED  REJECTED  COMMENTS: \_\_\_\_\_  
 Planning & Zoning Officer: [Signature] Date: 10/28/2020

CONTRACTOR INFORMATION	Contractor <b>Sigora Solar LLC</b>		Phone 434.465.6788 ext.119
	Address PO Box 7543, Charlottesville, VA 22906		Email permitting@sigorasolar.com
	Contractor License Number 2705141338	Type AES ELE	Expiration 7/31/2022

DESCRIPTION OF WORK	Scope of Work: Installation of a Ground Mounted Solar Photovoltaic System System Size: 14.44 kWp DC					
	Proposed Use Residential Single Family		Current Use Residential Single Family		Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>		WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>		# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.	

<b>Building Only - Excludes All Trades Permits</b>		Application Fee \$ <u>4481</u>	
Value of Work	\$7,291.30	State Levy Fee	\$ <u>90</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>Michael Graves</u> Date: <u>10/19/2020</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>2500</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>7011</u>



# TRADE PERMIT APPLICATION

## Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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

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

Date <span style="font-size: 1.5em; color: blue;">11/4/20</span>
Permit # <span style="font-size: 1.5em; color: blue;">20-1054</span>
GPIN
Tax Map

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

### LOCATION

Street Address <span style="font-size: 1.2em;">1804 Greenbriar Branch Dr. Maidens, VA 23102</span>
---

### PROPERTY OWNERSHIP

Name <span style="font-size: 1.2em;">Shawn Sutton</span>	Phone <span style="font-size: 1.2em;">(443) 676-9462</span>
Mailing Address <span style="font-size: 1.2em;">1804 Greenbriar Branch Dr. Maidens, VA 23102</span>	Email —

### APPLICANT

Name <span style="font-size: 1.2em;">Melanie Dowler</span>	Phone <span style="font-size: 1.2em;">(804) 746-2240</span>
Address <span style="font-size: 1.2em;">8420 Meadowbridge Rd. Mech. VA 23116</span>	Email <span style="font-size: 1.2em;">melanie@mwbutter</span>

### CONTRACTOR

Name <span style="font-size: 1.2em;">MWB Butler Electrical</span>		Phone <span style="font-size: 1.2em;">(804) 746-2240</span>	
Mailing Address <span style="font-size: 1.2em;">8420 Meadowbridge Rd. Mech. VA 23116</span>		Email <span style="font-size: 1.2em;">generator@mwbutter</span>	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <span style="font-size: 1.2em;">2705110673</span>	Expiration <span style="font-size: 1.2em;">01/31/22</span>	License Type <span style="font-size: 1.2em;">ELEC.</span>
		Class <span style="font-size: 1.2em;">A</span>	<span style="font-size: 1.2em;">electrical.com</span>

### DESCRIPTION OF WORK

<span style="font-size: 1.2em;">Wire 22kw generator w/ (1) 200 amp Transfer switch</span>			
<span style="font-size: 1.2em;">(gas by others)</span>			
# of Bathrooms	Service Size <span style="font-size: 1.2em;">200a</span>	Power Company <span style="font-size: 1.2em;">Dominion</span>	Inquiry #
Value of Work (required) <span style="font-size: 1.5em; color: blue;">\$ 2450<sup>00</sup></span>			

**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: Melanie Dowler Date: 11/3/20

#### Office Use Only

Approval: <u><span style="font-size: 1.5em; color: blue;">Fisher</span></u>	Approval date: <u><span style="font-size: 1.5em; color: blue;">11/4/20</span></u>
Permit Fee: <u><span style="font-size: 1.5em; color: blue;">32.67</span></u>	Issued date: _____



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	10/30/2020
Permit #	2020-01033
GPIN	
Tax Map	

## LOCATION

Street Address	840 Lachland Road
----------------	-------------------

## PROPERTY OWNERSHIP

Name	Kinloch Development Corp	Phone	804-784-6192
Mailing Address	9020 Stony Point Pkwy Suite 145 Richmond VA 23235	Email	

## APPLICANT

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

## CONTRACTOR

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

## DESCRIPTION OF WORK

Wiring of a single family dwelling, Installation of a 22kw generator and 2-200 amp transfer switches.			
# of Bathrooms	Service Size	Power Company	Inquiry #
	400	Dominion Energy	10414952
Value of Work (required)	\$14,178.00		

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: 10/30/2020

Approval:	<u>[Signature]</u>	Office Use Only	Approval date:	<u>11-5-20</u>
Permit Fee:	<u>\$ 84.50</u>		Issued date:	<u>11-5-20</u>

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

(owner's affidavit on back) 11-5-20



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	11-9-2020
Permit #	EL-2020-01099
GPIN	
Tax Map	

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

## LOCATION

Street Address 4844 St. Pauls Church Rd Goochland VA 23063

## PROPERTY OWNERSHIP

Name Steve and Mary Lawson Phone 457-2832

Mailing Address 4844 St Pauls Church Rd Goochland VA 23063 Email mary.lawson@capitalone.com

## APPLICANT

Name same as above Phone same as above

Address same as above Email same as above

## CONTRACTOR

Name owner Phone

Mailing Address Email

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
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## DESCRIPTION OF WORK

Install 200amp Transfer switch and 20KW Generator

# of Bathrooms	Service Size	Power Company	Inquiry #
		<u>N/A</u>	<u>N/A</u>
Value of Work (required) <u>\$1800.00</u>			

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

Signature of Applicant: Stephen P. Lawrence Jr Date: 11/9/20  
Mary H. Lawson Date: 11/9/20

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>11-9-2020</u>
Permit Fee: <u>30.60</u>		Issued date: <u>11-9-2020</u>

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

(owner's statement on back)

**Owner's Statement Required if Owner is the Applicant**

I Steve and Mary Lawson of (address) 4844 St. Pauls Church Rd Goochland VA

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

230 63

4844 St Pauls Church Rd Goochland VA 23063

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.

Mary A Lawson (Owner Signature)



# TRADE PERMIT APPLICATION

## Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date <i>11-12-2020</i>
Permit # <i>ELI- 802020-00862</i>
GPIN
Tax Map

### LOCATION

Street Address *2118 - Jockey Ridge Rd. middens va*

### PROPERTY OWNERSHIP

Name <del>Gilham Park</del> <i>Kric Kouic &amp; Ziegler LLC</i>	Phone
Mailing Address <i>1930 Soldiers Lodge Rd Crozier</i>	Email

### APPLICANT

Name <i>Jay Cox</i>	Phone <i>804 357 1964</i>
Address <i>13346 Farrington Rd.</i>	Email <i>coxelectric64@gmail.com</i>

### CONTRACTOR

Name <i>Cox Electric</i>		Phone <i>357 1964</i>	
Mailing Address <i>13346 Farrington Rd</i>		Email <i>same as</i>	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <i>2705016860</i>	Expiration <i>11-30-21</i>	License Type <i>elec</i>
		Class <i>B</i>	

### DESCRIPTION OF WORK

<i>wire new single family residence</i>			
<i>w/ whole house generator 22kw</i>			
# of Bathrooms <i>5</i>	Service Size <i>400A</i>	Power Company <i>Dominion</i>	Inquiry # <i>10417878</i>
Value of Work (required) <i>16,000.00</i>			

**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: *Jay Cox* Date: *11-12-2020*

Approval: <u><i>Fisher</i></u>	Office Use Only Approval date: <u><i>11-12-2020</i></u>
Permit Fee: <u><i>94.80</i></u>	Issued date: <u><i>11-12-2020</i></u>

11-13-20 \$68.35



# 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	11.12.20
Permit #	0112020-01118
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

### LOCATION

Street Address	<b>3001 PRESTON PARK TERRACE</b>	District	
----------------	----------------------------------	----------	--

### PROPERTY OWNERSHIP

Name	<b>DEAN AND JANICE EVANS</b>	Phone	<b>804-275-9189</b>
Mailing Address	<b>3001 PRESTON PARK TERRACE</b>		

### APPLICANT

Name	<b>WOODFIN HEATING</b>	Phone	<b>8042778603</b>
E-Mail Address	<b>AWILLS@ASKWOODFIN.COM</b>		

### CONTRACTOR

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

### DESCRIPTION OF WORK

<b>INSTALL 22KW, 200 AMP ATS, SURGE</b>			
# of Baths	Service Size	Power Company	Inquiry #
	200A	DOM	N/A

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

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

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

Signature of Applicant: PPS Value of Work: 10,225  
Approval: Fisher Date: 11-16-20 Permit fee: \$68.35 Issue date: 11-16-20



# TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

11-17-2020

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 10/23/20

Permit #: ELI-2020-01131

GPIN:

Tax Map:

## LOCATION

Street Address: 2754 DAVIS MILL ROAD 23063

## PROPERTY OWNERSHIP

Name: MARION PUGG-Y GRADY

Mailing Address: 2754 DAVIS MILL ROAD 23063

Phone: 804-690-6316

Email: PUGG-Y.LINDA@GMAIL.COM

## APPLICANT

Name: Virginia Power Solutions

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

Phone: 804-365-0263

Email: service@virginiapowersolutions.com

## CONTRACTOR

Name: Virginia Power Solutions

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

Phone: 804-365-0263

Email: service@virginiapowersolutions.com

Gas Certification: YES  NO

State License Number: 2705123991

Expiration: 8/31/20

License Type: ELE, GFC

Class: B

## DESCRIPTION OF WORK

INSTALL 22KW GENERATOR AND 200A SWITCH

# of Bathrooms: \_\_\_\_\_ Service Size: \_\_\_\_\_ Power Company: \_\_\_\_\_ Inquiry #: \_\_\_\_\_

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

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

Signature of Applicant:

Date: 10/23/20

Office Use Only

Fee: 967.32

Approval date: \_\_\_\_\_

Issued date: \_\_\_\_\_

(owner's statement on back)



# TRADE PERMIT APPLICATION

## Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date <i>11-30-2020</i>
Permit # <i>2020-00764</i>
GPIN <i>7716-23-0660</i>
Tax Map <i>57-25-B-8-0</i>

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

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

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

**LOCATION** *ELI-2020-00764*

Street Address <i>33 Hunting Ridge Rd</i>
--

**PROPERTY OWNERSHIP**

Name <i>Riley + Judith Newcombe</i>	Phone
Mailing Address <i>33 Hunting Ridge Rd Manakin-Sabot VA 23103</i>	Email

**APPLICANT**

Name <b>Bruce W. Smith</b>	Phone <b>804-564-6519</b>
Address <b>10458 Cauthorne Rd. Glen Allen Va. 23059</b>	Email <b>bruce@localelectricva.com</b>

**CONTRACTOR**

Name <b>Local Electric Co. Inc.</b>		Phone <b>804-752-6519</b>	
Mailing Address <b>10458 Cauthorne rd. Glen Allen Va. 23059</b>		Email <b>bruce@localelectricva.com</b>	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <b>2705038941A</b>	Expiration <b>4-30-2021</b>	License Type <b>Elec.</b>
		Class <b>A</b>	

**DESCRIPTION OF WORK**

<i>Relocate Meter Base, wire for 22kw generator, wire lights +</i>			
<i>receptacles in New Bathroom, Screen Porch + Master Bathroom</i>			
# of Bathrooms	Service Size <i>400A</i>	Power Company <i>Dominion</i>	Inquiry # <i>10411637</i>
Value of Work (required) <i>\$15,145.00</i>			

**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: *Bruce W Smith* Date: *11-30-2020*

Approval: <u><i>[Signature]</i></u>	<b>Office Use Only</b>	Approval date: <u><i>11/30/2020</i></u>
Permit Fee: <u><i>\$20.94</i></u>		Issued date: _____

(owner's statement on back)



# TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Rec: 8-19-20

Type:

Commercial  
 Residential

Trade:

Fire  
 Electrical  
 Mechanical  
 Plumbing  
 Gas

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

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

Date  
8-12-20

Permit # 20-785  
~~BP-2020-00472 (parent)~~

GPIN  
6766-72-1777

Tax Map  
54-5-0-9-0

## LOCATION

Street Address  
2421 River Road West

## PROPERTY OWNERSHIP

Name River Run Manor LLC	Phone 4342940785
Mailing Address 2421 River Road West	Email handrewmoody@gmail.com

## APPLICANT

Name Affordable Electrical and Control Inc.	Phone 8044645600
Address 7301 Iron Bridge Road	Email solar@rvaaerial.com

## CONTRACTOR

Name Affordable Electrical and Control Inc.	Phone 8042752802			
Mailing Address 7301 Iron Bridge Road	Email affordableelectrical@yahoo.com			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <b>2705085490</b>	Expiration <b>6-30-22</b>	License Type <b>ELE</b>	Class <b>B</b>

## DESCRIPTION OF WORK

Installation of diesel electrical generator and service relocation

# of Bathrooms	Service Size 1200A	Power Company Dominion	Inquiry # Pending
Value of Work (required) \$26,162	Was Told <del>\$100,000</del> \$102,832.79 By Contractor		

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

Signature of Applicant: [Signature] Date: 8-12-20

### Office Use Only

Approval: [Signature] Approval date: 11-16-2020  
Permit Fee: 215.44 Rev fee: 586.53 Issued date: 11-18-2020



# TRADE PERMIT APPLICATION

## Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

*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/permitscalc](http://www.goochlandva.us/permitscalc)

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

Date: 12/12/2020

Permit # 4100738

2020-00863

GPIN

Tax Map

### LOCATION

Street Address 1765 Fishers Pond Rd Maidens va.

### PROPERTY OWNERSHIP

Name <u>Krickovic &amp; Ziegler LLC</u>	Phone
Mailing Address <u>1930 Soulders Lodge</u>	Email

### APPLICANT

Name <u>Jay Cox</u>	Phone <u>357-1964</u>
Address <u>13346 Farrington Rd Ashland</u>	Email <u>coxelectric64@gmail</u>

### CONTRACTOR

Name <u>Cox Electric</u>		Phone <u>3571964</u>	
Mailing Address <u>13346 Farrington Rd Ashland</u>		Email <u>↑</u>	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number <u>2705016860</u>	Expiration <u>11-30-21</u>	License Type <u>elec</u> Class <u>B</u>

### DESCRIPTION OF WORK

Wire new single family residence and 22KW Generator system.

# of Bathrooms <u>4</u>	Service Size <u>400A</u>	Power Company <u> Dominion</u>	Inquiry # <u>10417879</u>
Value of Work (required) <u>\$12,000.00</u>			

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

Signature of Applicant: Jay Cox Date: 12/12/2020

Approval: <u>Fisher</u>	Office Use Only
Permit Fee: <u>8568</u>	Approval date: <u>11-12-2020</u>
	Issued date: <u>11-12-2020</u>

(owner's statement on back)