



BUILDING PERMIT APPLICATION

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

Application Date: 12/28/2020

Permit Number: BP-2020-01273

GPIN/Tax Map: 7716-96-8394 / 58-42-0-24-0

Issued: 12/31/20

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 1636 CENTERVILLE PARK LANE	
	Owner MR & MRS DAVID LOVE	Phone # 804-212-7289
	Address 1636 CENTERVILLE PARK LANE, MANAKIN-SABOT, VA 23103	Email LEGACYDISTRO@AOL.COM

APPLICANT INFORMATION	Applicant/Contact STEVE MURPHY ADD A DECK, INC	Phone # 804-285-4239 OR 804-339-7139
	Address 6408 MALLORY DRIVE HENRICO, VA 23226	Email SMURPHY@ADDADECK.COM

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

CONTRACTOR INFORMATION	Contractor ADD A DECK, INC	Phone 804-285-4239
	Address 6408 MALLORY DRIVE HENRICO, VA 23226	Email SMURPHY@ADDADECK.COM
	Contractor License Number 2701033201	Type RES & COM CLASS A

DESCRIPTION OF WORK	Scope of Work: REPLACE EXISTING DECK WITH SCREENED PORCH				
	Proposed Use PORCH	Current Use DECK	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
		192 SQ FT	192 SQ FT		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>102.00</u>
Value of Work	\$20,000.00	State Levy Fee \$ <u>2.04</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>[Signature]</u> Date <u>12/28/2020</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>104.04</u>

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE R5 # STORIES _____ CONSTRUCTION TYPE VB OCCUPANT LOAD _____ CODE EDITION 2015

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL B Hall DATE 12/31/20

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

Application Date: 12/23/2020

Permit Number: *BP-2020-01270*

GPIN/Tax Map: *715-78-6326*

Issued: *12/31/20*

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

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

OWNER INFORMATION	Site Address 422 Wellfield Rd Manakin VA 23103	Phone #
	Owner CT Hill	
	Address 422 Wellfield Rd Manakin VA 23103	Email

APPLICANT INFORMATION	Applicant/Contact Matt Helms	Phone # 804-690-9605
	Address 2508 Turkey Creek Rd Oilville VA 23129	Email matthelms@westviewcompanies.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input 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 WestView Companies	Phone 8046909605
	Address 2508 Turkey Creek Rd Oilville VA 23129	Email matthelms@westviewcompanies.com
	Contractor License Number 2705117309	Type A

DESCRIPTION OF WORK	Scope of Work: Demo existing pergola on existing patio and construct open air roofed structure <i>using existing footings.</i>				
	Proposed Use	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed) 0		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 0
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <i>273</i>	Unfinished Sq. Ft. 0 <i>273</i>	Total Sq. Ft. 273	

<i>Building Only - Excludes All Trades Permits</i>		Application Fee \$ <i>70.50</i>
Value of Work	13,000	State Levy Fee \$ <i>1.41</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <i>71.91</i>
Signature of Applicant <i>[Signature]</i>		Date 12/23/2020

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Old Republic National Title Insurance Company Telephone: 804-281-7490

Mailing Address: 1800 Bayberry Ct, The Meridian Ct, Suite 104 Richmond VA 23226

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE R5 # STORIES _____ CONSTRUCTION TYPE VB OCCUPANT LOAD _____ CODE EDITION 2015

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL R. Hall DATE 12/31/20

Code Official

Revised: 8/31/2020

12-04-2020

 <p>BUILDING PERMIT APPLICATION</p> <p>Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay</p> <p><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial</p>	Application Date: 11.25.2020
	Permit Number: BP-2020-01204
	GPIN/Tax Map: 7705-15-3755
	Issued: 12/31/20
	This application is <u>not</u> 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 1300 TURKEY TROT ROAD
	Owner: GORDINIER STEFAMIE TRUSTEE GORDINIER CURTIS W TRUSTEE Address: 1300 TURKEY TROT ROAD-MANAKIN SABOT 23103 Phone #: 804-241-4892 Email: steffigordinier@me.com
APPLICANT INFORMATION	Applicant/Contact: MAKO BUILDERS INC - RICK KASTELBERG Address: 7677 HILL DRIVE RICHMOND 23225 Phone #: 804-350-3951 Email: wfkberg@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <u>Dover Lake</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	Front Setback: <u>55' from PL/PAW</u>	Center Line Setback: _____	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
	Side Setback: <u>15'/35'</u>	Side Setback: <u>15'/35'</u>	Flood Zone: _____	RR: <u>RR</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: _____		
Planning & Zoning Officer: <u>David Floyd</u>		Date: <u>12/10/2020</u>		

CONTRACTOR INFORMATION	Contractor: MAKO BUILDERS INC	Phone: 804-350-3951
	Address: 7677 HILL DRIVE RICHMOND 23225	Email: wfkberg@gmail.com
	Contractor License Number: <u>2701016164</u>	Type: <u>GEN. CONSTRUCTION CLASS A</u>

DESCRIPTION OF WORK	Scope of Work: CONSTRUCTION OF NEW POOL NEW HOT TUB AND SURROUNDING POOL DECK - PLASTER POOL - 18'x40' WITH AUTO COVER				
	Proposed Use: <u>N/A</u>	Current Use: <u>N/A</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed): <u>N/A</u>		
	SEWER: <u>Private</u>	WATER: <u>Private</u>	# of Bathrooms: <u>N/A</u>	# of Bedrooms: <u>N/A</u>	# of floors: <u>N/A</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No: <u>NO</u>	Finished Sq. Ft.: <u>N/A</u>	Unfinished Sq. Ft.: <u>720</u>	Total Sq. Ft.: <u>720</u>	

Building Only - Excludes All Trades Permits		Application Fee: \$ <u>327.00</u>
Value of Work: <u>\$70,000.00</u>		State Levy Fee: \$ _____
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee: \$ _____
Signature of Applicant: <u>William F. Kastelberg III</u>		Zoning Fee: \$ <u>25.00</u>
Date: <u>11.25.20</u>		RLD: \$ _____
		SWP: \$ _____
		Total: \$ <u>358.54</u>



BUILDING PERMIT APPLICATION

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

Application Date: 12-15-2020Permit Number: BP-2020-01245GPIN/Tax Map: 7716-08-2490
7716-08-3118 / 46-1-054-0Issued: 12/31/20

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

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

OWNER INFORMATION	Site Address <u>393 393 Three Chopt Rd, Manakin-Sabot, Va 23103</u>	
	Owner <u>James + Barbara Alvis</u>	Phone # <u>804-784-5841</u>
APPLICANT INFORMATION	Address <u>401 Three Chopt Rd Manakin Sabot, Va 23103</u>	Email <u>bjavis@gmail.com</u>
	Applicant/Contact <u>Same</u>	Phone # <u>Same</u>
	Address <u>Same</u>	Email <u>11</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' front porch</u>	Center Line Setback <u>9'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Planning & Zoning Officer: <u>[Signature]</u> Date: <u>12/21/2020</u> #2		

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

DESCRIPTION OF WORK	Scope of Work: <u>26' X 26' Metal rear garage</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No <u>No</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>624</u>	Total Sq. Ft. <u>624</u>	

Building Only - Excludes All Trades Permits

Value of Work

\$7,000.00 17,610⁰⁰

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.

Application Fee	\$ <u>89.20</u>
State Levy Fee	\$ <u>1.78</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$

Total 116.00

Signature

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

I, James Alvin (address) 401 Three Chopt Rd MS, Va 23103 affirm that I am the owner of a certain tract of parcel of land located at 401 Three Chopt Rd MS, Va 23103 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.

James Alvin Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL [Signature] DATE 12/31/20

Code Official

Revised: 8/31/2020



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: 12/19/20
 Permit Number: BP-2020-01246

GPJN/Tax Map: 6785-34-7908 / 55-2-0-6-8

Issued: 12-28-2020

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

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

OWNER INFORMATION	Site Address <u>932 Lee Road, Cozier, VA 23039</u>	
	Owner <u>Charlie Forbes</u>	Phone # <u>(804) 514-4728</u>
	Address <u>932 Lee Road, Cozier, VA 23039</u>	Email <u>Charlieforbes4@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Same ↑</u>	
	Address <u>Same ↑</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>75 from PL/POW</u>	Center Line Setback <u>95'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA —
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>C</u>	RI
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>Daniel Long</u> Date: <u>12/21/2020</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>detached metal building/shed 18' x 25'</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$2,000</u> \$12,375.00	Application Fee	\$ <u>67.69</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>Charlie Forbes</u> Date: <u>12/19/20</u>		State Levy Fee	\$ <u>1.35</u>
		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RID	\$
		SWP	\$
		Total	\$ <u>94.04</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: 12/16/2020
 Permit Number: BP-2020-01249

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

Issued: 12/22/20

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

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

OWNER INFORMATION	Site Address	10 Partridge Hill Rd	
	Owner	Chris and Tan-Hay Groome	Phone # (804) 519-9251
APPLICANT INFORMATION	Address	6005 Stonewick Ct, Glen Allen, VA	Email chrisgroome@mc.com
	Applicant/Contact	Same as Above	Phone #
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
	Front Setback	Center Line Setback	Rear Setback
CONTRACTOR INFORMATION	Side Setback	Side Setback	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:		
Planning & Zoning Officer _____ Date _____			

CONTRACTOR INFORMATION	Contractor	Owner - Chris Groome	Phone (804) 519-9251
	Address	6005 Stonewick Ct, Glen Allen, VA 23059	Email chrisgroome@mc.com
DESCRIPTION OF WORK	Contractor License Number	MA	Type MA
	Expiration	MA	

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

Demo existing Barn
 None
 0 0 0
 900 900

Building Only - Excludes All Trades Permits

Value of Work	3500
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant _____ Date 12/16/2020

Application Fee	\$ _____
State Levy Fee	\$ _____
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ 30.60



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 12/17/2020
 Permit Number: BP-2020-01256
 GPIN/Tax Map: 7715-34-0403/5825-A4
 Issued: 12/21/20

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

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

OWNER INFORMATION	Site Address <u>339 Perrow Lane</u>	
	Owner <u>Steven and Lara D'Antonio</u>	Phone # <u>(804) 513-1866</u>
	Address <u>339 Perrow Lane</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Krickovic & Ziegler, LLC</u>	Phone # <u>(804) 569-9745</u>
	Address <u>PO Box 1510, Mechanicsville, VA 23116</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>Krickovic & Ziegler, LLC</u>		Phone <u>(804) 569-9745</u>
	Address <u>PO Box 1510 Mechanicsville, VA 23116</u>		
	Contractor License Number <u>2705100012</u>	Type <u>CLASS A</u>	Expiration <u>11/30/2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Add a bathroom to existing media room for home office and finish 865 sqft of unfinished basement</u>			
	Proposed Use	Current Use <u>Residential</u>	Existing Buildings on Property <u>House</u>	# of Floors
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>+1</u>	# of Bedrooms
	Finished Sq. Ft. <u>865</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>865</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>399.50</u>
Value of Work <u>\$75,000</u>		State Levy Fee \$ <u>699</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>12/17/2020</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>356.49</u>



BUILDING PERMIT APPLICATION

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

Application Date: 12-11-20 12-15-2020
 Permit Number: BP-2020-01247
 GPIN/Tax Map: 63-3-A-7-0 / 7714-81-8498
 Issued: 12/21/20

Residential Commercial

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

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

OWNER INFORMATION	Site Address 113 WILLOW OAKS ROAD	
	Owner WELLER ROBERT T WELLER ANDREA B	Phone # 804-310-2930
	Address 113 WILLOW OAKS ROAD	Email
APPLICANT INFORMATION	Applicant/Contact JES CONSTRUCTION	
	Address 2410 SOUTHLAND DR	Phone # 804-621-7718
		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		JSALVATORE@JESWORK.COM
	Contractor License Number 2705-06-8655	Type A	Expiration 4-30-22

DESCRIPTION OF WORK	Scope of Work: 106 LF BASEMENT GUTTER, SUMP PUMP, 2 FOUNDATION PIERS				
	Proposed Use <u>Res</u>	Current Use <u>Res</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits

Value of Work	21,256.03
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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: 12-11-20

Application Fee	\$ <u>107.66</u>
State Levy Fee	\$ <u>2.15</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>109.81</u>

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE B5 # STORIES _____ CONSTRUCTION TYPE VB OCCUPANY LOAD _____ CODE EDITION 2015

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL B. Hall DATE 12/18/2020

Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 11/13/2020

Permit Number: BP-2020-01121

GPIN/Tax Map: 7725-33-0619-9999 / 58-32-3-A7

Issued: 12-15-20

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

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

OWNER INFORMATION	Site Address 15010 Capital One Drive, Richmond, VA 23238	
	Owner Capital One	Phone # 804-640-4406
	Address 15000 Capital One Drive Richmond VA 23238	Email Sharon.kincaid@Capitalone.com

APPLICANT INFORMATION	Applicant/Contact Lori Covington		Phone # 804-222-6004
	Address 2621 Cogbill Rd N. Chesterfield, VA 23234		Email lcovington@tectaaamerica.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 Roof Services, A Tecta America Company		Phone 804-222-6004
	Address 2621 Cogbill Rd. N. Chesterfield, VA 23234		Email lcovington@tectaaamerica.com
	Contractor License Number 2705171100	Type Class A	Expiration 05/31/2021

DESCRIPTION OF WORK	Scope of Work: Remove existing roofs & Insulation. On Metal Roof re-roof with Induction Weld .60 mil Carlisle TPO over 2 layers of 2.6" ISO. On Concrete roof install Fully Adhered Carlisle .60 mil TPO over 2 layers of 2.6" ISO.				
	Proposed Use Office Bldg	Current Use Office Bldg	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes <u>(No)</u>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 37,900	

Building Only - Excludes All Trades Permits		Application Fee \$ _____ State Levy Fee \$ _____ Septic/Well Fee \$ _____ Zoning Fee \$ _____ RLD \$ _____ SWP \$ _____ Total \$ <u>369740</u>
Value of Work	\$483,320.00	
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	<u>Lori M Covington</u> Date <u>11/13/20</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: 12-03-2020
 Permit Number: BP. 2020-01200

GPIN/Tax Map: 6768-77-7180 / 31-1-0-24-E

Issued: 12-15-2020

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

This application requires two copies of construction drawings and two copies of the survey of the property (if new construction or goin 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>2775 POORHOUSE RD GOOCHLAND, VA</u>	
	Owner <u>JAMES HOPKINS</u>	Phone # <u>(804)</u>
	Address <u>2775 POORHOUSE RD GOOCHLAND, VA</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>MONICA BABER</u>	Phone # <u>(804) 393-6790</u>
	Address <u>2742 POORHOUSE Rd Goochland, VA 23063</u>	Email <u>MMBCLLC@AOL.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from PL/ROW</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	Planning & Zoning Officer <u>David Lloyd</u>		Date <u>12/9/2020</u>	

CONTRACTOR INFORMATION	Contractor <u>MMB CONSTRUCTION, LLC</u>		Phone <u>(804) 375-9891</u>
	Address <u>2742 Poorhouse Rd Goochland, VA 23063</u>		Email <u>MMBCLLC@AOL.COM</u>
	Contractor License Number <u>2705138098</u>	Type <u>CLASS A BLDR</u>	Expiration <u>01-31-2021</u>

DESCRIPTION OF WORK	Scope of Work: <u>Remove existing backdeck and replace with SUNROOM. ADDITION TO INCLUDE - Master bedroom & bath, bedroom & bathroom, attached garage CONVERT EXISTING BATHROOM into hallway to addition.</u>				
	Proposed Use <u>Residential Single Dwelling</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>3 Total</u>	# of Bedrooms <u>3 Total</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>1145</u>	Unfinished Sq. Ft. Garage/Decks <u>656</u>	Total Sq. Ft. <u>1801</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>799.50</u>
Value of Work <u>175,000.</u>		State Levy Fee \$ <u>15.99</u>
		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>840.49</u>

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

Signature of Applicant [Signature] Date 12-03-2020



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:

11-13-2020

Permit Number:

BP-2020-01122

GPIN/Tax Map:

7738-21-5725/48-1-0-56-A

Issued:

12-15-2020

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

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
6100 Pouncey Tract Rd, Glen Allen, VA

Owner
7-Eleven, Inc.

Phone #
800-255-0711

Address
3200 Hackberry Rd, Irving, TX 75063

Email
Matthew.Wiley@7-11.com

APPLICANT INFORMATION
Applicant/Contact
Jennifer Derenski

Phone #
773-259-6119

Address
201 Rosa Helm Way, Franklin, TN 37067

Email
JDerenski@sos-retailservices.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
SOS-Retail Services / Karla Portillo

Phone
615-550-4343

Address
201 Rosa Helm Way, Franklin, TN 37067

Email
KPortillo@sos-retailservices.com

Contractor License Number 2705174804 Type GC Expiration 6/30/2022

DESCRIPTION OF WORK
Scope of Work:
Interior remodel of existing convenience store, installing new equipment, relocating existing equipment and installing new finishes.

Proposed Use Convenience store	Current Use Convenience store	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 5,608	

Building Only - Excludes All Trades Permits

Value of Work
\$60,000

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 Robin D. Bryant Date 10-30-2020

Application Fee	\$ 450.00
State Levy Fee	\$ 9.00
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 459.00



BUILDING PERMIT APPLICATION

Application Date: 8-11-2020

Permit Number: BP-2020-007169

GPIN/Tax Map: 7707-86-7278/46-27-A-61

Issued: Issued 12-17-2020

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 <u>2373 WHEATLANDS DR</u>	
	Owner <u>SUSAN S GILES</u>	Phone # <u>804.306.7074</u>
	Address <u>2373 WHEATLANDS DR</u>	Email <u>SSGILES@AOL.COM</u>

APPLICANT INFORMATION	Applicant/Contact <u>SUSA S GILES</u>		Phone # <u>804.306.7074</u>
	Address <u>2373 WHEATLANDS DR</u>		Email <u>SSGILES@AOL.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Wheatlands</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from Prop. Line / RR</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>15' / 35'</u>	Side Setback <u>15' / 35'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Kennel for Private Use.</u>			

Planning & Zoning Officer: David Loyd Date: 8/11/2020

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

DESCRIPTION OF WORK	Scope of Work: <u>2 STORY ADDITION - FIRST FLOOR DOG/KENNEL ROOM, SECOND FLOOR BEDROOM & BATH - THE SAME NUMBER</u>				
	Proposed Use <u>DOG ROOM</u>	Current Use -	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>1</u>	# of Bedrooms <u>1</u>	# of floors <u>2</u>
	Finished Sq. Ft. <u>456</u>		Unfinished Sq. Ft. <u>792</u>		Total Sq. Ft. <u>1248</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>325.00</u>
Value of Work \$ <u>64,000</u>		State Levy Fee	\$ <u>6.00</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>[Signature]</u> Date: <u>7/9/10</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>331.00</u>



BUILDING PERMIT APPLICATION

Application Date: 10/29/2020

Permit Number: **BP-2020-01069**

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: **7115-56-5294/58-48-8-14-0**

Issued: **12-16-2020**

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 833 Elmslie Ln Manakin VA 23103		Phone #
	Owner Mr & Mrs Barry Welsch		Email
	Address 833 Elmslie Ln Manakin VA 23103		

APPLICANT INFORMATION	Applicant/Contact WestView Companies c/o Matt Helms		Phone # 804-690-9605
	Address 2508 Turkey Creek Rd Oilville VA 23129		Email matthelms@westviewcompanies.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Kinloch	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback Behind Main Bldg	Center Line Setback	Rear Setback 5'	CUP/Variance/COA RPUD
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: David Floyd Date: 11/6/2020			

CONTRACTOR INFORMATION	Contractor WestView Companies, Inc		Phone 8046909605
	Address 2508 Turkey Creek Rd Oilville VA 23129		Email matthelms@westviewcompanies.com
	Contractor License Number 2705117309	Type A	Expiration 09-30-2021

DESCRIPTION OF WORK	Scope of Work: Construct above grade gunite pool and basin at existing elevated patio w/ fence barrier				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No	Finished Sq. Ft. 420	Unfinished Sq. Ft. 420	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ 120-
Value of Work	24,000	State Levy Fee	\$ 2.40
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	\$ 25-
		RLD	\$
		SWP	\$
		Total	\$ 147.40
Signature of Applicant [Signature]		Date	10/29/2020

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Old Republic National Title Insurance Company Telephone: 8042817490

Mailing Address: 1800 Bayberry Cr, The Meridian Ct, Suite 104 Richmond VA 23226

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE

PERMIT FEE SCHEDULE

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

Commercial fee is based on the building value of the job 50 to \$ 4000 of value.... \$ 30.00 + \$ 7.50 per portion of \$ 1000 above \$ 4000 Add 2% State Levy to fee

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

OFFICE USE ONLY

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

FIRE SPRINKLER FIRE ALARM MODIFICATION

APPROVAL MICHAEL BROOKINS DATE 12-15-20

Code Official

Revised: 8/31/2020



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: BP-2020-01094

GPIN/Tax Map: 7725-06-8410/58-54-4-12-0

Issued: 12-15-2020

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

Residential Commercial

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

OWNER INFORMATION	Site Address 12051 Talavera Terrace <i>Richmoner, VA 23238</i>	
	Owner HHHunt Homes, LLC	Phone # 6094103035
APPLICANT INFORMATION	Address 11237 Nuckols Road Glen Allen, VA 23059	
	Applicant/Contact Amir Shafi	Email agshafi@hhhunthomes.com
APPLICANT INFORMATION	Address 11237 Nuckols Road Glen Allen, VA 23059	
	Applicant/Contact Amir Shafi	Phone # 6094103035
APPLICANT INFORMATION	Address 11237 Nuckols Road Glen Allen, VA 23059	
	Applicant/Contact Amir Shafi	Email agshafi@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mosaic</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <i>\$4966.00</i>	Date Paid <i>Due</i>
	Front Setback <i>25' from Prop. Line/Road</i>	Center Line Setback	Rear Setback <i>25'</i>	CUP/Variance/GOA
TO BE COMPLETED BY ZONING DEPARTMENT	Side Setback <i>Left Side 10'</i>	Side Setback	Flood Zone <i>X</i>	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <i>*Cash Proffer due before issuing C.O. R.P.U.D. *Survey locate setbacks.</i>	
Planning & Zoning Officer <i>David Floyd</i>		Date <i>11/10/2020</i>		

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC		Phone 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email agshafi@hhhunthomes.com
CONTRACTOR INFORMATION	Contractor License Number 2705119751 A	Type Contractor	Expiration 1/31/2021

DESCRIPTION OF WORK	Scope of Work: 4 unit townhome with attached garages.			
	Proposed Use Townhomes	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 22,505 square feet	
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 3.5	# of Bedrooms 4
	# of floors 2	Finished Sq. Ft. 2163	Unfinished Sq. Ft. 440	Total Sq. Ft. 2603

Building Only - Excludes All Trades Permits	
Value of Work <i>\$100,000 \$265,506.00</i>	Application Fee \$ <i>1991.29</i>
	State Levy Fee \$ <i>39.83</i>
	Septic/Well Fee \$
	Zoning Fee \$ <i>100 -</i>
	RLD \$ <i>100 -</i>
	SWP \$
	Total \$ <i>2231.12</i>

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

Signature of Applicant *[Signature]* Date 11/6/2020

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER N FIRE ALARM N MODIFICATION

APPROVAL [Signature] DATE 12/10/2020 Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 10/20/2020 *Rec: 10-27-20*

Permit Number: **BP-2020-01041**

GPIN/Tax Map: 7725-06-8664 / 58-54-4-18-0

Issued: *12-7-2020*

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 12063 Talavera Terrace Richmond, VA 23238	
	Owner HHHunt Homes, LLC	Phone # 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email agshafi@hhhunthomes.com

APPLICANT INFORMATION	Applicant/Contact Amir Shafi		Phone # 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email agshafi@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mosaic</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <i>\$4966.00</i>	Date Paid <i>Dec</i>
	Front Setback <i>25' from Prop. Line</i>	Center Line Setback <i>Row</i>	Rear Setback <i>25'</i>	CUP/Variance/COA
	Side Setback <i>10'</i>	Side Setback	Flood Zone	<i>RPN</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>*Cash Proffer due before issuing C.O. *Survey locate Pt. Setback.</i> Planning & Zoning Officer: <i>David Floyd</i> Date: <i>10/29/2020</i>			

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC		Phone 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email agshafi@hhhunthomes.com
	Contractor License Number 2705119751 A	Type Contractor	Expiration 1/31/2021

DESCRIPTION OF WORK	Scope of Work: 3 unit townhome with attached garages.				
	Proposed Use Townhomes	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 18,939 square feet		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 2.5	# of Bedrooms 3	# of floors 2
	Finished Sq. Ft. 2310		Unfinished Sq. Ft. 441	Total Sq. Ft. 2751	

<i>Building Only - Excludes All Trades Permits</i>		Application Fee	\$ <i>2104.52</i>
Value of Work	\$100,000 \$280,602.00	State Levy Fee	\$ <i>42.09</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <i>[Signature]</i> Date: <u>10/20/2020</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <i>100-</i>
		RLD	\$ <i>100-</i>
		SWP	\$
		Total	\$ <i>2346.61</i>

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 11/19/2020
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 9/28/20 ~~10-05-20~~

Permit Number: BP-2020-00948

GPIN/Tax Map: 6758-99-5034 / 30-12-0-2-0

Issued: 12-9-2020

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 <u>2350 Warehouse Ln., Goochland, VA 23063</u>	Phone # <u>804-543-9609</u>
	Owner <u>W T Curtis & Son Inc. Heating and Cooling</u>	Email <u>wtcurtis.hvac@gmail.com</u>
APPLICANT INFORMATION	Address <u>2381 Camelback Road, Maidens, VA 23102</u>	Phone # <u>804-437-4231</u>
	Applicant/Contact <u>Daniel Gordon</u>	Email <u>Gordonbrothersconstruction@gvhco.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <u>None</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	Front Setback: <u>20' from Top Line / Row</u>	Center Line Setback: _____	Rear Setback: <u>30'</u>	CUP/Variance/COA: _____
	Side Setback: <u>10'</u>	Side Setback: _____	Flood Zone: _____	MAI: _____

APPROVED REJECTED COMMENTS: Survey located 30' from rear setbacks

Planning & Zoning Officer: Daniel Floyd Date: 10/13/2020 See scanned site plan

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

DESCRIPTION OF WORK	Scope of Work: <u>Construct Warehouse with office space</u>		<u>Heating & Cooling</u>		
	Proposed Use <u>warehouse</u>	Current Use <u>empty lot</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A 30,000 sqft</u>		
	SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms <u>5</u>	# of Bedrooms <u>1</u>	# of floors <u>1</u>
	Finished Sq. Ft. <u>1800</u>	Unfinished Sq. Ft. <u>1800</u>	Total Sq. Ft. <u>9,600</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>200,000.00</u> <u>673,2000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 9/28/20

Application Fee	\$ <u>500.00</u>
State Levy Fee	\$ <u>100.98</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>100.00</u>
RED	\$ _____
SWP	\$ _____
Total	\$ <u>529.98</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: 10/20/2020 *Rec: 10-27-20*
 Permit Number: **BP-2020-01045**
 GPIN/Tax Map: 7725-06-8546 / 58-54-4-16-0
 Issued: *12-7-2020*
 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 12059 Talavera Terrace Richmond, VA 23238	Phone # 6094103035
	Owner HHHunt Homes, LLC	Email agshafi@hhhunthomes.com
	Address 11237 Nuckols Road Glen Allen, VA 23059	

APPLICANT INFORMATION	Applicant/Contact Amir Shafi	Phone # 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email agshafi@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mosaic</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ 4966.00	Date Paid <i>Due</i>
	Front Setback <i>25' from Prop. Line</i>	Center Line Setback <i>ROW</i>	Rear Setback <i>25'</i>	CUP/Variance/COA
	Side Setback <i>Left Side 10'</i>	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <i>*Cash Proffer reduce before issuing G. *Survey locate setbacks.</i>		

Planning & Zoning Officer: *David Floyd* Date: *10/29/2020*

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC	Phone 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email agshafi@hhhunthomes.com
	Contractor License Number 2705119751 A Type Contractor Expiration 1/31/2021	

DESCRIPTION OF WORK	Scope of Work: 3 unit townhome with attached garages.			
	Proposed Use Townhomes	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 18,939 square feet	
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 3.5	# of Bedrooms 4
	# of floors 2	Finished Sq. Ft. 2163	Unfinished Sq. Ft. 440	Total Sq. Ft. 2603

Building Only - Excludes All Trades Permits

Value of Work	\$100,000 \$265,506.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: **10/20/2020**

Application Fee	\$ 199.29
State Levy Fee	\$ 39.83
Septic/Well Fee	\$
Zoning Fee	\$ 100.-
RLD	\$ 100.-
SWP	\$
Total	\$ 2231.12

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 11/19/2020
Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 05/06/2020 5-13-20

Permit Number: BP-2020-00387

GPIN/Tax Map: 7116-99-5543 / 47-1-0-43-H

Issued: 12-4-2020

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

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 54 plaza Dr Manakin-Sabot VA, 23103	
	Owner Jeongho Yi	Phone # 804-915-7033
	Address 54 plaza dr Manakin-Sabot VA, 23103	Email masterylmanager@gmail.com

APPLICANT INFORMATION	Applicant/Contact Jeongho Yi <i>Master Yi's Olympic taekwondo</i>	Phone # 804-869-9326
	Address 54 Plaza Dr Manakin-Sabot VA, 23103	Email masterylmanager@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>None</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>55 from Prop. Line</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: *David Ford* Date: *6/25/2020*

CONTRACTOR INFORMATION	Contractor Jeongho Yi (Owner)	Phone 804-869-9326
	Address 54 plaza Dr Manakin-Sabot VA, 23103	Email masterylmanager@gmail.com
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: 120 sq. ft. - deck on garage attached		
	Proposed Use rest area	Current Use empty	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	SEWER Public/Private	WATER Public/Private	# of Bathrooms
			# of Bedrooms
			# of floors

Building Only - Excludes All Trades Permits	
Value of Work	\$820

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: Jeongho Yi Digitally signed by Jeongho Yi Date: 2020.05.07 16:12:36 -0400 Date: 05/06/2020

Application Fee	3000
State Levy Fee	100
Septic/Well Fee	
Zoning Fee	5000
RLD	
SWP	
Total	7000



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: Nov. 30 2020

Permit Number: BP-2020-01178

GPIN/Tax Map: 7705-61-3328 / 62-28-010

Issued: 12-4-2020

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

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

OWNER INFORMATION	Site Address <u>719 Big Woods Place MANAKIN-SABOT, VA. 23103</u>	
	Owner <u>Sid & Ginny REMES</u>	Phone # <u>804-405-7008</u>
	Address <u>719 Big Woods PL MANAKIN-SABOT, VA. 23103</u>	

APPLICANT INFORMATION	Applicant/Contact <u>Walsh Builders Inc / Ronald Walsh</u>		Phone # <u>804-641-1591</u>
	Address <u>967 Globe Landing Rd Carter Cross, VA 22437</u>		Email <u>Walshbuilders@verizon.net</u>

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

CONTRACTOR INFORMATION	Contractor <u>Walsh Builders Inc</u>		Phone <u>804-641-1591</u>
	Address <u>967- Globe Landing Rd Carter Cross VA 22437</u>		Email <u>Walshbuilders@verizon.net</u>
	Contractor License Number <u>2701 034172</u>	Type <u>Building</u>	Expiration <u>4-30-2021</u>

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

Building Only - Excludes All Trades Permits

Value of Work	<u>\$10000</u>
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Application Fee	\$ <u>57.00</u>
State Levy Fee	\$ <u>1.14</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>58.14</u>

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

Signature of Applicant [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

Application Date: 12/07/2020

Permit Number: BP-2020-01206

GPIN/Tax Map: 6757-93-5915

Issued: 12-7-2020

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>2963 Pitts Dr. Goochland VA 23063</u>	
	Owner <u>Gwen Parrish</u>	Phone #
	Address <u>2963 Pitts Dr. Goochland, VA 23063</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Contractor</u>	
	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 <u>Nixon Cleaning And Restoration, LLC</u>		Phone <u>804 437-0870</u>
	Address <u>1940 Sandy Hook Road BLDG H ST 101 Goochland VA 23063</u>		Email <u>nixoncrva@gmail.com</u>
	Contractor License Number <u>2705167245</u>	Type <u>B Contractor</u>	Expiration <u>11-30-2022</u>

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

Building Only - Excludes All Trades Permits

Value of Work	<u>2600</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: 12/07/2020

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>3060</u>



BUILDING PERMIT APPLICATION

Application Date: 11/11/20 11-13-2020Permit Number: BP-2020-01123

GPIN/Tax Map: 7738-30-9741-9998

Issued: 12-3-2020This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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

 Residential
 Commercial

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

OWNER INFORMATION	Site Address 6013 POUNCEY TRACT ROAD	
	Owner American Towers LLC	Phone #
	Address P O Box 723597, Atlanta, GA 31139	Email

APPLICANT INFORMATION	Applicant/Contact AT&T c/o Kevin Feng	Phone # 267-939-4119
	Address 6095 Marshalee Dr, Suite 300, Elkridge, MD 21075	Email kfeng@nbcllc.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 Jacobs		Phone
	Address 5449 Bells Ferry Rd, Acworth, GA 30102		Email
	Contractor License Number 2705066988	Type Class A	Expiration 3/31/2022

DESCRIPTION OF WORK	Scope of Work: AT&T proposes to remove (6) antennas and (3) RRUs and install (6) antennas and (9) RRUs to existing tower and install ground equipment inside existing fenced compound				
	Proposed Use U	Current Use U	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 100		

Building Only - Excludes All Trades Permits

Value of Work	30,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

 Signature of Applicant [Signature] Date 11/11/20

Application Fee	\$ <u>225.00</u>
State Levy Fee	\$ <u>4.50</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>429.50</u>



BUILDING PERMIT APPLICATION

Application Date: 10-16-2020

Permit Number: BP-2020-01003

GPIN/Tax Map: 6719-83-2818 / 27-9-0-A0

Issued: 12-02-2020

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 2517 Danielstown Road, Goochland, Virginia, 23063	
	Owner Rose Martial Trust with Jimmy Van Rose, Jr., Trustee; Dee Rose	Phone # 757-646-1092; 757-6814160
	Address <small>Rose and Womble, c/o G Pickett, 4100 B Plaza Trail, Suite 150, Virginia Beach, VA 23452; 2517 Danielstown Road, Goochland, Va 23063</small>	Email pickett@roseandwomble.com

APPLICANT INFORMATION	Applicant/Contact John Lawhorne		Phone # 804 371-3571
	Address 119 Boston Hill Road, Cartersville, Va 23027		Email jlawhorne@earthlink.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from Ridge Line / Row</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUR/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone _____	_____ <u>A1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <small>Planning & Zoning Officer: <u>David Ford</u> Date: <u>10/19/2020</u></small>			

CONTRACTOR INFORMATION	Contractor Triple L Construction, LLC		Phone (804) 371-3571
	Address 119 Boston Hill Road, Cartersville, Va 23027		Email jlawhorne@earthlink.net
	Contractor License Number 2705 059628A	Type Bldg _____	Expiration 11/30/2020

DESCRIPTION OF WORK	Scope of Work: Build an attached addition to the home for a swimming pool, bathroom and kitchen.				
	Proposed Use Residential	Current Use Residential	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Excavate for addition foundation		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms 1	# of Bedrooms 0	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components? <u>Yes/No</u>	Finished Sq. Ft. 1666	Unfinished Sq. Ft. 0	Total Sq. Ft. 1666	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>1092.00</u>
Value of Work \$240,000.00		State Levy Fee \$ <u>21.84</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/Wall Fee \$ _____
Signature of Applicant <u>John Lawhorne</u>	Date <u>10/12/20</u>	Zoning Fee \$ <u>25.00</u>
		RLD \$ <u>20</u>
		SWP \$ _____
		Total \$ <u>1138.84</u>



BUILDING PERMIT APPLICATION

Application Date: 11/12/20

Permit Number: BP-2020-01114

GPIN/Tax Map: 6777-48-8882/43-38-A-9-0

Issued: 12-1-2020

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

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 2132 Withers Lane Maidens, Va. 23102	
	Owner Mr. Daniel Hoover	Phone # 540-691-8088
	Address 2132 Withers Lane Maidens, Va. 23102	Email

APPLICANT INFORMATION	Applicant/Contact Bryan Roberts / Aquatic Concepts		Phone # 804-363-2379
	Address po box 367 Oilville Va. 23129		Email Bryan@acpoolsllc.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Breeze H. 71</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <u>40' from Prop. Line</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____	
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	Planning & Zoning Officer <u>Daniel Lloyd</u>		Date <u>11/16/2021</u>		

CONTRACTOR INFORMATION	Contractor Aquatic Concepts		Phone 804-363-2379
	Address po box 367 Oilville Va. 23129		Email bryan@acpoolsllc.com
	Contractor License Number 2705129869	Type Class A	Expiration 8-31-21

DESCRIPTION OF WORK	Scope of Work: install a 42' x 16' x 6' inground fiberglass pool <u>with auto cover</u>				
	Proposed Use private use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Finished Sq. Ft.	Unfinished Sq. Ft. 624	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>237.00</u>
Value of Work	\$50,000.00	State Levy Fee	\$ <u>4.74</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>266.74</u>
Signature of Applicant <u>[Signature]</u>		Date <u>11/12/20</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: 11/5/2020

Permit Number: BP-2020-01087

GPIN/Tax Map: 7716-17-5804

Issued: 12-2-2020

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 340 Three Chopt Road	
	Owner Sri Sai Narayana Organization	Phone # 804-708-0867
	Address 340 Three Chopt Road, Glen Allen, VA 23103	

APPLICANT INFORMATION	Applicant/Contact Lindsay Tomscheck		Phone # 540-552-1511
	Address 1711 North 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 North Main Street		Email lindsay@baselinesolar.com
	Contractor License Number 2705126138	Type General - Class A	Expiration 05-31-2021

DESCRIPTION OF WORK	Scope of Work: Installation of (36) 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	\$14,990
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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: 10/23/2020

Application Fee	\$ 112.42
State Levy Fee	\$ 2.25
Septic/Well Fee	\$
Zoning Fee	\$
RLD	\$
SWP	\$
Total	\$ 114.67



BUILDING PERMIT APPLICATION

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

Application Date: 12-1-2020

Permit Number: BP-2020-01185

GPIN/Tax Map: 7726-17-9036 / 70260 58-3-C-4-8

Issued: 12-2-2020

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.

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 1582 Birch Road , Manakin Sabot VA 23103				
	Owner Eric Kitt		Phone # 631-258-4534		
	Address		Email kitt23059@aol.com		
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 <u>Owner</u>			Phone	
	Address			Email	
	Contractor License Number		Type	Expiration	
DESCRIPTION OF WORK	Scope of Work: 1) Demo & Dispose of existing garage door. 2) Fill in garage opening using 2x8 lumber. 3) Supply & install 2x8 pressure treated joists to existing masonry. 4) Install 1/2" OSB sheathing. 5) Install Vinyl siding. (Closing off Garage with Wall) 6) Install matching Pellic window.				
	Proposed Use Storage, Auto Storage Space	Current Use Garage	Environmental Impacts (Stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.		Unfinished Sq. Ft.		Total Sq. Ft.

Building Only - Excludes All Trades Permits

Value of Work <u>\$ 2,200</u>	Application Fee \$ <u>30.00</u>
	State Levy Fee \$ <u>.60</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ _____
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>30.60</u>

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

Signature of Applicant Evan Kitt Date 12/1/2020



BUILDING PERMIT APPLICATION

Application Date: 11-19-2020

Permit Number: BP-2020-01147

GPIN/Tax Map: 30-1-0-66-0
6759-02-5644

Issued: 12-2-2020

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

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



Residential



Commercial

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

OWNER INFORMATION	Site Address <u>2618 Sandy Hook Rd Goochland VA 23063</u>	
	Owner <u>Jonathan Wheeler</u>	Phone # <u>804-332-2306</u>
	Address <u>2618 Sandy Hook Rd Goochland VA 23063</u>	Email <u>wheeler.jon654@gmail.com</u>

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

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

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

DESCRIPTION OF WORK	Scope of Work: <u>Adding a Laundry room and also an existing storage finishing off an additional room for an office/room</u>				
	Proposed Use <u>Storage Room / office/utility</u>	Current Use <u>Storage</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	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No) <u>No</u>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>70.50</u>
Value of Work	<u>13,000</u>	State Levy Fee	\$ <u>1.41</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>71.91</u>
Signature of Applicant <u>Jon Wheeler</u>		Date	<u>11/19/2020</u>



BUILDING PERMIT APPLICATION

Application Date: 11/12/20

Permit Number: BP-2020-0115

GPIN/Tax Map: 6767-86-6979 / 43-31-0-3-0

Issued: 12-2-2020

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address 2450 two Turtle Rd. Maidens, Va.23105	
	Owner Mr. David McDonald	Phone # 260-667-8682
	Address 2450 two Turtle Rd. Maidens, Va.23105	Email

APPLICANT INFORMATION	Applicant/Contact Bryan Roberts / Aquatic Concepts		Phone # 804-363-2379
	Address po box 367 Oilville Va. 23129		Email Bryan@acpoolsllc.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Longwood</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>55' from Prop. Line/Corner</i>	Center Line Setback	Rear Setback <i>5'</i>	CUP/Variance/COA —
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David Boyd</i> Date: <i>11/16/2020</i>			

CONTRACTOR INFORMATION	Contractor Aquatic Concepts		Phone 804-363-2379
	Address po box 367 Oilville Va. 23129		Email bryan@acpoolsllc.com
	Contractor License Number 2705129869	Type Class A	Expiration 8-31-21

DESCRIPTION OF WORK	Scope of Work: install a 32' x 14' x 8' inground fiberglass pool				
	Proposed Use private 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 (X)	Finished Sq. Ft.	Unfinished Sq. Ft. 369	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ 217.00
Value of Work	\$40,000.00	State Levy Fee	\$ 3.84
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>E. J. Smith</i> Date: <i>11/22/20</i>		Septic/Well Fee	\$
		Zoning Fee	\$ 25.00
		RLD	\$
		SWP	\$
		Total	\$ 220.84

11-16-2020



BUILDING PERMIT APPLICATION

Application Date: 10/8/2020

Permit Number: BP-2020-01146

GPIN/Tax Map: 738-11-1035 / 48-17-4-11-8

Issued: 12-2-2020

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

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

Residential Commercial

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

OWNER INFORMATION	Site Address		7461 Brandiston Street, Glen Allen, VA 23059	
	Owner	Jeffery Pullen	Phone #	804-387-1177
	Address	7461 Brandison Street, Glen Allen, VA 23059	Email	permits@empwrsolar.com
APPLICANT INFORMATION	Applicant/Contact	Maddie Kemp	Phone #	843-647-7333 (ext. 123)
	Address	1111 Bowman Road, Suite A, Mount Pleasant, SC 29464	Email	maddiekemp@empwrsolar.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	Kelly Miles Empwr Solar LLP	Phone	704-795-6904
	Address	1111 Bowman Road, Suite A, Mount Pleasant, SC 29464	Email	permits@empwrsolar.com
	Contractor License Number	54355 270576152	Type	General Contractor
			Expiration	9-30-2022

DESCRIPTION OF WORK	Scope of Work: installation of electric solar panels - roof mount				
	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	\$24,908	Application Fee	\$ 124.09
		State Levy Fee	\$ 2.48
		Septic/Well Fee	\$
		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 126.57

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: Maddie Kemp Date: 10/8/2020



BUILDING PERMIT APPLICATION

Application Date: 12/7/2020

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

Permit Number: **BP-2020-01207**

GPIN/Tax Map: 7726-23-5827 / 58-55-3-330

Issued: 12-10-2020

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 12313 Beech Hall Circle, Manakin Sabot, VA 23103	
	Owner Gerald & Cynthia Haas	Phone # 717.309.0619
	Address 12313 Beech Hall Circle, Manakin Sabot, VA 23103	

APPLICANT INFORMATION	Applicant/Contact Conor Fagan, Balducci Builders, Inc.		Phone # 804.730.0982
	Address 10173 Chamberlayne Road, Mechanicsville, VA 23116		Email info@balducciinc.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	Front Setback <i>30' from PL/ROW</i>	Center Line Setback	Rear Setback <i>25'</i>	CUP/Variance/COA
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	Flood Zone <i>X</i>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>Survey location Setbacks.</i>			
	Planning & Zoning Officer: <i>David Lloyd</i> Date: <i>12/9/2020</i>			

CONTRACTOR INFORMATION	Contractor Balducci Builders, Inc.		Phone 804.730.0982
	Address 10173 Chamberlayne Road, Mechanicsville, VA 23116		Email info@balducciinc.com
	Contractor License Number 2701-028099A	Type BLD	Expiration 06/2022

DESCRIPTION OF WORK	Scope of Work: 12'x12' finished sunroom addition to existing home				
	Proposed Use sunroom	Current Use deck	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components? Yes / (No)	Finished Sq. Ft. 144	Unfinished Sq. Ft. 0	Total Sq. Ft. 144	

Building Only - Excludes All Trades Permits		Application Fee \$ <i>266.85</i>	
Value of Work	\$56,634	State Levy Fee \$ <i>3.34</i>	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Wall Fee \$	
		Zoning Fee \$ <i>25.00</i>	
		RLD \$	
		SWP \$	
		Total \$ <i>297.19</i>	
Signature of Applicant <i>[Signature]</i>		Date 12/7/2020	

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: McCaul, Martin Evans & Cook, P.C. Telephone: 804 746 3773

Mailing Address: P.O. Box 279, Mechanicsville VA 23111

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE B5 # STORIES _____ CONSTRUCTION TYPE VB OCCUPANT LOAD _____ CODE EDITION 2015

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL B. Hall DATE 12/10/2020

Code Official

Revised: 8/31/2020



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: BP-2020-01096

GPIN/Tax Map: 7725-06-842858-54-4-14-D

Issued: 12-15-2020

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

Residential Commercial

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

OWNER INFORMATION	Site Address 12055 Talavera Terrace <i>Richmond, VA 23238</i>	Phone # 6094103035
	Owner HHHunt Homes, LLC	Email agshafi@hhhunthomes.com
APPLICANT INFORMATION	Address 11237 Nuckols Road Glen Allen, VA 23059	Phone # 6094103035
	Applicant/Contact Amir Shafi	Email agshafi@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mosaic</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <i>\$4966.00</i>	Date Paid <i>Due</i>
	Front Setback <i>25' from Prop. Line/Row</i>	Center Line Setback	Rear Setback <i>25'</i>	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	

APPROVED REJECTED COMMENTS: *Cash Proffer due before issuing C.O. Survey locate setbacks.*

Planning & Zoning Officer: *David Lloyd* Date: *11/12/2020*

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC	Phone 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email agshafi@hhhunthomes.com
	Contractor License Number 2705119751 A	Type Contractor

Scope of Work: 4 unit townhome with attached garages.

Proposed Use Townhomes	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 22,505 square feet		
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 2.5	# of Bedrooms 3	# of floors 2
Finished Sq. Ft. 2310	Unfinished Sq. Ft. 441	Total Sq. Ft. 2751		

Building Only - Excludes All Trades Permits

Value of Work	\$100,000 <i>\$280,602.00</i>
---------------	--

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

Signature of Applicant: *[Signature]* Date: 11/6/2020

Application Fee	\$ 2104.52
State Levy Fee	\$ 42.09
Septic/Well Fee	\$
Zoning Fee	\$ 100.-
RLD	\$ 100.-
SWP	\$
Total	\$ 2346.61

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 12/10/2020
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 11/6/2020

Permit Number: BP-2020-01097

GPIN/Tax Map: 7725-06-8531/58-54-4-15-0

Issued: 12-15-2020

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

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	12057 Talavera Terrace Richmond, VA 23038	
	Owner	HHHunt Homes, LLC	Phone # 6094103035
	Address	11237 Nuckols Road Glen Allen, VA 23059	Email agshafi@hhhunthomes.com

APPLICANT INFORMATION	Applicant/Contact	Amir Shafi	Phone # 6094103035
	Address	11237 Nuckols Road Glen Allen, VA 23059	Email agshafi@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Mosaic		\$4966.00	Due
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	25' from Prop. Line/Road		25'	
	Side Setback	Side Setback	Flood Zone	
	Rights Side 10'		X	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: *Cash Payment due before issuing C.O. RPA		
	Planning & Zoning Officer	David Floyd	Date	11/10/2020 *Survey location set back

CONTRACTOR INFORMATION	Contractor	HHHunt Homes, LLC	Phone 6094103035
	Address	11237 Nuckols Road Glen Allen, VA 23059	Email agshafi@hhhunthomes.com
	Contractor License Number	2705119751 A	Type Contractor Expiration 1/31/2021

DESCRIPTION OF WORK	Scope of Work: 4 unit townhome with attached garages.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	Townhomes	None	Land disturbance of 22,505 square feet		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
			3	3	2
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	2239	424	2663		

Building Only - Excludes All Trades Permits		Application Fee	\$2,037.20
Value of Work	\$100,000 \$271,626 ⁰⁰	State Levy Fee	\$40.94
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		Zoning Fee	\$100-
	Date 11/6/2020	RLD	\$100-
		SWP	\$
		Total	\$2,279.94

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 12/10/2020
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 11/6/2020
 Permit Number: BP-2020-01095
 GPIN/Tax Map: 7725-06-18424/58-54-4-13-0
 Issued: 12-15-2020
 This application is not authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued.

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: 12053 Talavera Terrace Richmond, VA 23238
 Owner: HHHunt Homes, LLC Phone #: 6094103035
 Address: 11237 Nuckols Road Glen Allen, VA 23059 Email: agshafi@hhhunthomes.com

APPLICANT INFORMATION
 Applicant/Contact: Amir Shafi Phone #: 6094103035
 Address: 11237 Nuckols Road Glen Allen, VA 23059 Email: agshafi@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: Mosaic	Proffer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$4966.00	Date Paid: Due
Front Setback: 25' from Prop. Line / Road	Center Line Setback: _____	Rear Setback: 25'	CUP/Variance/GOA: _____
Side Setback: _____	Side Setback: _____	Flood Zone: _____	

APPROVED REJECTED COMMENTS: *Cash Proffer due before issuing C.O. *Survey locate setbacks.
 Planning & Zoning Officer: *[Signature]* Date: 11/10/2020

CONTRACTOR INFORMATION
 Contractor: HHHunt Homes, LLC Phone: 6094103035
 Address: 11237 Nuckols Road Glen Allen, VA 23059 Email: agshafi@hhhunthomes.com
 Contractor License Number: 2705119751 A Type: Contractor Expiration: 1/31/2021

DESCRIPTION OF WORK
 Scope of Work: 4 unit townhome with attached garages.

Proposed Use: Townhomes	Current Use: None	Environmental Impacts: (stream crossing, wetlands, amt land disturbed) Land disturbance of 22,505 square feet
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms: 2.5
# of Bedrooms: 3	# of floors: 2	
Finished Sq. Ft.: 2310	Unfinished Sq. Ft.: 441	Total Sq. Ft.: 2751

Building Only - Excludes All Trades Permits

Value of Work	\$100,000	\$280,602.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: *[Signature]* Date: 11/6/2020

Application Fee	\$2104.52
State Levy Fee	\$42.09
Septic/Well Fee	\$
Zoning Fee	\$100-
RLD	\$100-
SWP	\$
Total	\$2346.61

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 12/10/2020
Code Official

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 5-19-17
 Application Accepted: BP-2017-00403
 Old Map Number: 46-1-0-24-0
 GPIN: 7707-14-0525

Issued: 12/10/2020

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.

OWNER INFORMATION	Site Address <u>867 BROAD ST. Rd.</u>		District: <u>Dover</u>	
	Owner <u>EVA Wood Childress</u>		Phone # <u>(804) 338-6740</u>	
	Address <u>867 BROAD ST Rd MANAKIN - Sabot VA 23103</u>			
	Proposed Use <u>Multi-Purpose</u> <i>Antiquing - misc metal building</i>	Current Use <u>SHADE</u>	Existing Buildings on Property <u>House, Garage, CARport, single wheel Trailer</u> Commercial Use	
Proposed Occupant Load <u>EARTH FLOOR</u>	Acreage <u>Almost 7</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District <u>A-2</u>	
	Front Setback <u>100' from Row</u>	Center Line Setback	Rear Setback <u>5'</u>	C.U. Permit <u>N/A</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>	

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.
 Planning & Zoning Officer: [Signature] Date 12/10/2020

Applicant/Contact: EVA Wood Childress Phone (804) 338-6740
 Email: No Computer *They to call us carport when ready to set up*

Contractor Information:
 Contractor: OWNERS BUILDERS Phone 2858.65
 Address: South Hill VA
 Contractor License Number: 5/17/17 Type: Ed. CK # 3858 Expiration: 2858.65

Description of Work:
Scope of Work: 20' x 26' Metal FRAME CARport w/extra supports on each "A" (8) color: white
Ground already flat. Located even w/front door (garage) of existing Cinder block structure. front facing Rt. 350(N). back (S) Existing garage faces East Black Roof
All 4 corners screwed + bolted w/2-3 ft rods in ground. Back to West. 2 panels eq. (Vinyl) Abt. half down (50%)
 SEWER: Public/Private N/A WATER: Public/Private N/A # of Bathrooms: N/A
 # of Floors: N/A Total Sq. Ft.: 20' x 26' Finished Sq. Ft.: 20x26 Unfinished Sq. Ft.: 520 # of Bedrooms: N/A

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

VALUE OF WORK	
Building	<u>3,222.16 \$ 7,800.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>47.10</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>.94</u>
NET Total	\$ <u>73.04</u>

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

Signature of Applicant: Eva L. Childress



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: 10/20/2020 *Rec: 10-27-20*
 Permit Number: *BP-2020-0042*
 GPIN/Tax Map: 7725-06-8650 / *58-54-4-17-0*
 Issued: *12-7-2020*

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 12061 Talavera Terrace <i>Richmond, VA 23238</i>	
	Owner HHHunt Homes, LLC	Phone # 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059	Email agshafi@hhhunthomes.com

APPLICANT INFORMATION	Applicant/Contact Amir Shafi		Phone # 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email agshafi@hhhunthomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Mosaic</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <i>\$4966.00</i>	Date Paid <i>Done</i>
	Front Setback <i>25' from Prop. Line / Row</i>	Center Line Setback	Rear Setback <i>25'</i>	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>*Cash Proffer due before testing C.O. *Survey locate Front Setback.</i>			
Planning & Zoning Officer <i>David Floyd</i>		Date <i>10/29/2020</i>		

CONTRACTOR INFORMATION	Contractor HHHunt Homes, LLC		Phone 6094103035
	Address 11237 Nuckols Road Glen Allen, VA 23059		Email agshafi@hhhunthomes.com
	Contractor License Number 2705119751 A	Type Contractor	Expiration 1/31/2021

DESCRIPTION OF WORK	Scope of Work: 3 unit townhome with attached garages.				
	Proposed Use Townhomes	Current Use None	Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 18,939 square feet		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms 3	# of Bedrooms 3	# of floors 2
	Finished Sq. Ft. 2149		Unfinished Sq. Ft. 455		Total Sq. Ft. 2604

Building Only - Excludes All Trades Permits		Application Fee	\$ <i>1992.06</i>
Value of Work	\$100,000 <i>\$265,608.00</i>	State Levy Fee	\$ <i>39.84</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$
		Zoning Fee	\$ <i>100-</i>
		RLD	\$ <i>100-</i>
		SWP	\$
		Total	\$ <i>2231.90</i>
Signature of Applicant <i>[Signature]</i>		Date 10/20/2020	

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

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

FIRE SPRINKLER N FIRE ALARM N MODIFICATION _____

APPROVAL [Signature] DATE 11/19/2020
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 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 <u>Jose Luis Cruz</u>	Phone # <u>804-216-0835</u>
	Owner <u>2464 Davis Mill rd CMH Homes</u>	Email <u>stavedrywall11c1@gmail.com</u>

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from Prop. Line / Kaw</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	<u>A1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>David Floyd</u>	Date <u>10/29/2020</u>		

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

DESCRIPTION OF WORK	Scope of Work: <u>Intalling a detat garage 30x36 revised 35 12/18/20</u> <u>Storage above detached</u>		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	SEWER Public/Private	WATER Public/Private	# of Bathrooms # of Bedrooms # of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No	Finished Sq. Ft. <u>1080</u>	Unfinished Sq. Ft. <u>1080 2100</u> Total Sq. Ft. <u>2100 1080</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>145.65</u>
Value of Work <u>\$68,250.00</u>	<u>27,500</u> <u>29,700</u> <u>36,000</u>	State Levy Fee \$ <u>2.91</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>Jose Luis Cruz</u>	Date <u>10-27-20</u>	Zoning Fee \$ <u>25.00</u>
		RLD \$
		SWP \$
		Total \$ <u>173.56</u>

Rev Fee: \$176.95



TRADE PERMIT APPLICATION
Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23083

(804) 558-5815 Fax (804) 556-5851 TDD-711 VA Relay

Type:
 Commercial
 Residential

Trade:
 Fire
 Electrical
 Mechanical
 Plumbing
 Gas

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

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

Date	12.01.2020
Permit #	2112020-201
GPIN	
Tax Map	

LOCATION

Street Address
 12313 BEECH HALL CIRCLE, MANAKIN-SABOT, VA 23103

PROPERTY OWNERSHIP

Name GERALD HAAS	Phone
Mailing Address 12313 BEECH HALL CIRCLE, MANAKIN-SABOT, VA. 23103	Email

APPLICANT

Name	Phone
Address	Email

CONTRACTOR

Name RJ ELECTRIC INC	Phone 804.763.4495			
Mailing Address PO BOX 6050 MIDLOTHIAN, VA 23112	Email RJELEC1981@VERIZON.NET			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701037750	Expiration 11.30.2022	License Type A	Class ELE

DESCRIPTION OF WORK

SUPPLY & INSTALL 22kW STANDBY GENERATOR w/ AUTOMATIC TRANSFER SWITCH

# of Bathrooms	Service Size N/A	Power Company N/A	Inquiry # N/A
Value of Work (required) \$8300.00			

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: RJ Electric Inc Date: 12.01.2020

Approval	Office Use Only	Approval date
Permit Fee		Issued date

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date	12/08/20
Permit #	EU- BP -2020-00501
GPIN	
Tax Map	

LOCATION

Street Address 10 Partridge Hill Road

PROPERTY OWNERSHIP

Name	Chris Groome Melinda Maasha	Phone	804-741-4663
Mailing Address		Email	

APPLICANT

Name	John Barr	Phone	804-737-5220
Address	801 E. Nine Mile Road, Highland Springs, VA 23075	Email	taylorandbarr@verizon.net

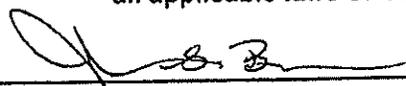
CONTRACTOR

Name	Taylor & Barr Electrical Contractors, Inc.			Phone	804-737-5220				
Mailing Address	801 E. Nine Mile Road, Highland Springs, VA 23075			Email	taylorandbarr@verizon.net				
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705052299	Expiration	09/30/21	License Type	Electrical	Class	A

DESCRIPTION OF WORK

Wire gutted existing house and addition. 400A service already in place.			
Install 22kw generator and connect to existing 200A transfer switch.			
# of Bathrooms	Service Size	Power Company	Inquiry #
		N/A	N/A
Value of Work (required)	\$25,000.00		

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: 12/08/20

Approval: Fisher		Office Use Only	
Permit Fee: 136.17	Approval date: 12-10-2020	Issued date: 12-10-2020	

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

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5851 TDD 711 VA Relay

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 12-9-20

Permit #: 112020-1217

GPIN

Tax Map

LOCATION

Street Address: 4763 Shannon Hill Road Columbia, Va 23038

PROPERTY OWNERSHIP

Name: Chris + Amanda Napoli Phone: 804-678-9505

Mailing Address: 4763 Shannon Hill Rd Columbia, Va Email:

APPLICANT

Name: Edmund Medeiros Phone: 434-975-3275

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

CONTRACTOR

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

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

Gas Certification: YES NO State License Number: 2710025076 Expiration: 7-31-2021 License Type: contractors Class: A

DESCRIPTION OF WORK

wiring 24kw Automatic generator with Automatic Transfer Switch with load share modules

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

Value of Work (required): 5,500

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

Signature of Applicant: [Signature] Date: 11-18-20

Approval: [Signature] Office Use Only Approval date: 12-9-20

Permit Fee: \$46.60 Issued date: _____

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: <u>12-10-20</u>
Permit # <u>112020-122</u> 2020-00454
GPIN
Tax Map

LOCATION

Street Address: 12350 South Crossing Dr. Manakin Sabot, VA 23108

PROPERTY OWNERSHIP

Name: <u>Steve Brant</u>	Phone: <u>N/A</u>
Mailing Address: <u>12350 South Crossing Dr. Manakin Sabot</u>	Email: <u>N/A</u>

APPLICANT

Name: <u>Melanie Dowler</u>	Phone: <u>(804) 746-2240</u>
Address: <u>8420 Meadowbridge Rd. Mech. VA 23116</u>	Email: <u>generators@mwbutlerelectrical.com</u>

CONTRACTOR

Name: <u>MW Butler Electrical</u>		Phone: <u>(804) 746-2240</u>	
Mailing Address: <u>8420 Meadowbridge Rd. Mech. VA 23116</u>		Email: <u>generators@mwbutlerelectrical.com</u>	
Gas Certification: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number: <u>2705110673</u>	Expiration: <u>01/31/22</u>	License Type: <u>ELE.</u>
		Class: <u>A</u>	

DESCRIPTION OF WORK

<u>Wire 22kW generator w/ (1) 200 amp transfer switch</u>			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required): <u>2450</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: Melanie Dowler Date: 11/10/20

Approval: <u>[Signature]</u>	Office Use Only
Permit Fee: <u>\$32.67</u>	Approval date: <u>12-10-20</u>
	Issued date: _____

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

Date	12/11/20
Permit #	ELI-2020-01233
GPIN	6777-48-5157
Tax Map	

LOCATION

Street Address
1668 Indy's Run; Madiens VA 23102

PROPERTY OWNERSHIP

Name Todd Miller	Phone 804.317.6100
Mailing Address 1668 Indy's Run; Madiens VA 23102	Email

APPLICANT

Name Teddi Bartlett	Phone 804.231.9684
Address PO Box 35418; RVA 23235	Email teddi@dgelectrical.com

CONTRACTOR

Name Davis & Green		Phone 804.231.9684	
Mailing Address PO Box 35418; RVA 23235		Email teddi@dgelectrical.com	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2701 026667	Expiration 8/31/21	License Type ELE
			Class A

DESCRIPTION OF WORK

Provide & install 50amp set up for customer's portable generator

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$1,848.00			

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: 12-11-20

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>12/11/20</u>
Permit Fee: <u>3060</u>		Issued date: <u>12/11/20</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

12-10-2020

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

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

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

Date	Nov 19, 2020
Permit #	EU-2020-00675
GPIN	6820-20-5424
Tax Map	18-4-0-4-H1

LOCATION

Street Address	3112 Davis Mill Road, Goochland, Va. 23063
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PROPERTY OWNERSHIP

Name	Belo Properties	Phone	804-525-5036
Mailing Address	2206 Parkers Hill Drive, Maidens Va 23102	Email	terry@thconstruction.com

APPLICANT

Name	Terry Shoemaker	Phone	804-335-6336
Address	2206 Parkers Hill Dr, Maidens Va. 23102	Email	terry@thconstruction.com

CONTRACTOR

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

DESCRIPTION OF WORK

Install electrical for New residential construction generator 9500kw			
# of Bathrooms	Service Size	Power Company	Inquiry #
	200	Dominion	work order 10417820
Value of Work (required)			
\$ 7,000 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: 12/10/20

Office Use Only

Approval: Fisher Approval date: 12-10-2020

Permit Fee: 53.55 Issued date: 12-10-2020



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date 12/07/2020
Permit # <i>2112020-01253</i>
GPIN
Tax Map

LOCATION

Street Address
1756 Fishers Pond Drive Maldens, VA 23102

PROPERTY OWNERSHIP

Name Vander & Winnie Warner	Phone 804.878.3277
Mailing Address 1756 Fishers Pond Drive Maldens, VA 23102	Email wwprchwife@aol.com

APPLICANT

Name Tanya S. Hale	Phone 804.518.3060
Address 23194 Airport St. N. Dinwiddie, VA 23803	Email tanya@haleyesgenerators.com

CONTRACTOR

Name Hale's Electrical Service, Inc.		Phone 804.518.3060	
Mailing Address 23194 Airport St. N. Dinwiddie, VA 23803		Email tanya@haleyesgenerators.com	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705 117246A	Expiration 02/28/2022	License Type A

DESCRIPTION OF WORK

Installation of 22kW generator & 400A SE ATS			
# of Bathrooms	Service Size 400A	Power Company Dominion Energy	Inquiry #
Value of Work (required) \$4100			

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: *Tanya S. Hale* Date: 12/07/2020

Approval: <u><i>[Signature]</i></u>	Office Use Only
Permit Fee: <u>\$ 4024</u>	Approval date: <u>12-17-20</u>
	Issued date: _____

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Fire
- Electrical
- Mechanical
- Plumbing
- Gas

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

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

Date
Permit # <i>ELE-2019-01169</i>
GPIN 6796-79-5506
Tax Map 45-1-0-45-0

LOCATION

Street Address 1625 Shallow Well Road

PROPERTY OWNERSHIP

Name Schubert Scott Shubert Sarah	Phone
Mailing Address 301 Virginia St Unit 1113, Richmond, VA 23219	Email

APPLICANT

Name Jen Lane	Phone (804) 266-4704
Address 1575 Mountain Road, Glen Allen, VA 23060	Email jenl@tribbleelectric.com

CONTRACTOR

Name Tribble Electric	Phone (804) 266-4704			
Mailing Address 1575 Mountain Road, Glen Allen VA 23060	Email jenl@tribbleelectric.com			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2701034592	Expiration 6/30/2021	License Type ELE	Class A

DESCRIPTION OF WORK

Wire single family dwelling to code *Revised 12-22-20 to include*

36 kW generator

Feed from detached garage Dominion

10340344

# of Bathrooms	Service Size	Power Company	Inquiry #
<i>\$39,500.00</i>			

Value of Work (required)

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: *Dean Fisher* Date: *5/14/2020*

Approval: <i>Fisher</i>	Office Use Only	Approval date: <i>5-13-2020</i>
Permit Fee: <i>202.03</i>		Issued date: <i>5-13-2020</i>

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

(owner's statement on back)