

3-5-2021



BUILDING PERMIT APPLICATION

Application Date: 3/4/2021

Permit Number: BP-2021-00278

GPIN/Tax Map: 7724-60-0907/64-12-A-1-0

Issued: 3-19-2021

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 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 418 Pagebrook Dr. Richmond, VA 23238	
	Owner Michael Spence	Phone # 804-508-9063
	Address 418 Pagebrook Dr. Richmond, VA 23238	Email

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Page brook</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>75' from PL/WL</i>	Center Line Setback <i>10'</i>	Rear Setback <i>35'</i>	CUP/Variance/COA
	Side Setback <i>15'</i>	Side Setback <i>15'</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>No change to existing footprints.</i>	Planning & Zoning Officer <i>David Floyd</i> Date <i>3/9/21</i>		

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

DESCRIPTION OF WORK	Scope of Work: Installation of a Flush Roof Mounted Solar Photovoltaic System System Size: 10.80 kWp DC				
	Proposed Use Residential Single Family	Current Use Residential Single Family	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.		

Building Only - Excludes All Trades Permits

Value of Work	\$4,546.80
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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 *Michael Graves* Date 3/4/2021

Application Fee	\$ 32.46
State Levy Fee	\$ 1.65
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 58.11



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: 3-23-21

Permit Number: BP-2021-00342

GPIN/Tax Map: 1733-95-2809 / 68-4-0-9-0

Issued: 3-31-21

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>308 Randolph Sq Parkway</u>	
	Owner <u>Geoffrey + Kristi Smith</u>	Phone #
	Address <u>308 Randolph Sq Parkway</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Trans Gardner / Gardner Construction Corp</u>		Phone #
	Address <u>8107 Larcum Ln 23229</u>		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Randolph Square</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>30' from pavement</u>	Center Line Setback _____	Rear Setback <u>50' B/S</u>	CUP/Variance/COA <u>RPUD</u>
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Boyd</u> Date <u>3/25/21</u>			

CONTRACTOR INFORMATION	Contractor <u>GARDNER Construction Corp</u>		Phone
	Address <u>Po Box 70579 Henrico VA 23255</u>		Email
	Contractor License Number <u>2705149682</u>	Type <u>BLDA</u>	Expiration <u>01-31-2023</u>

DESCRIPTION OF WORK	Scope of Work: <u>Update kitchen (new cabinets, appliances, tops) New Door to New RAISED PATIO</u>				
	Proposed Use <u>SFD</u>	Current Use <u>SFD</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>192.00</u>
Value of Work	<u>40,000</u>	State Levy Fee	\$ <u>3.84</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/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>220.84</u>
Signature of Applicant <u>[Signature]</u>		Date	<u>3/22/21</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: 02/05/2021

Permit Number: BP-2021-00186

GPIN/Tax Map: 7716-36-7250 / 58-44-0-7-0

Issued: 3/29/2021

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 1410 Grand Drive, Manakin Sabot, VA 23013	
	Owner C. Ryan Emmons	Phone # 804.814.8806
	Address 1410 Grand Drive, Manakin Sabot, VA 23013	Email remmons83@gmail.com
APPLICANT INFORMATION	Applicant/Contact Bernie Stanley	
	Address 13421 River Ridge Lane, Ashland VA 23005	Phone # 804.314.4023 Email bernie@shockoesolar.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 checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: No change to existing footprint Planning & Zoning Officer: <i>David [Signature]</i> Date: 2/10/21			

CONTRACTOR INFORMATION	Contractor Shockoe Solar, LLC		Phone 804.314.4023
	Address 13421 River Ridge Lane, Ashland VA 23005		Email bernie@shockoesolar.com
	Contractor License Number 2705126885	Type Class A	Expiration

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

Building Only - Excludes All Trades Permits		Application Fee	\$ 48.00
Value of Work	\$9,000	State Levy Fee	\$.96
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	\$ 25.00
		RLD	\$
		SWP	\$
Signature of Applicant	<i>Bernie Stanley</i>	Date	02/05/2021
		Total	\$ 73.96



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: 3-12-2021
 Permit Number: BP-2021-00300
 GPIN/Tax Man: 6778-50-2010/43-1-0-65-0
 Issued: 3-25-2021

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>1790 Hawk Town Road Maidens, VA 23102</u>	
	Owner <u>Hayden & Rachel Mater</u>	Phone # <u>804-306-7232</u>
	Address <u>"same as site"</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Hayden Mater</u>	
	Address <u>"same as site"</u>	Phone # <u>804-306-7232</u>
		Email <u>hayden.mater@hotmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from PUP/ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>A2</u>
	Side Setback <u>Right side 35' from ROW</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>3/22/21</u>			

CONTRACTOR INFORMATION	Contractor <u>NewMart Builders Owner</u>		Phone <u>434-447-2693</u>
	Address <u>1000 cycle lane South Hill, VA 23970</u>		Email
	Contractor License Number	Type <u>Residential</u>	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Metal Garage 30x26</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No <u>No</u>	Finished Sq. Ft. <u>N/A</u>	Unfinished Sq. Ft. <u>750</u>	Total Sq. Ft. <u>750</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>10,338.58</u> \$21,450.00	Application Fee \$ <u>108.53</u>
	State Levy Fee \$ <u>21.17</u>
	Septic/Well Fee \$ <u> </u>
	Zoning Fee \$ <u>25.00</u>
	RLD \$ <u> </u>
	SWP \$ <u> </u>
Signature of Applicant <u>[Signature]</u> Date <u>3-12-21</u>	Total \$ <u>135.70</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.

3-8-2021



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:
3/4/21

Permit Number:
BP-2021-00280

GPIN/Tax Map:
7737-10-2710 48-17-4-20-0

Issued:
3-25-2021

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			7445 Park Village Boulevard Glen Allen VA 23059		
	Owner			Lawrence Huber		
	Address			7445 Park Village Boulevard Glen Allen VA 23059		
APPLICANT INFORMATION	Applicant/Contact			EMPWR Solar		
	Address			1007 Johnnie Dodds Blvd, Suite 111 Mount Pleasant, SC 29464		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid		
	Parkside Village	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA		
	30' from PC/BW	55'	25'			
	Side Setback	Side Setback	Flood Zone	RPUD		
	10'	10'				
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: *No change to existing footprint.					
	Planning & Zoning Officer			Date		
	David [Signature]			3/9/21		

CONTRACTOR INFORMATION	Contractor			Phone		
	EMPWR Solar/Kelly Miles			843-813-5908		
	Address			Email		
	1007 Johnnie Dodds Blvd, Suite 111 Mount Pleasant, SC 29464			permits@empwrsolar.com		
	Contractor License Number		Type	Expiration		
	2705176152		AES	9-30-2022		

DESCRIPTION OF WORK	Scope of Work: Installation of Electric Solar Panels <i>Roof Mounted</i>					
	Proposed Use		Current Use		Environmental Impacts (stream crossing, wetlands, amt land disturbed)	
	Residential		Residential			
	SEWER <input checked="" type="checkbox"/> Public/Private		WATER <input checked="" type="checkbox"/> 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.

Building Only - Excludes All Trades Permits

Value of Work	\$43,452.00 <i>41,616.00</i>
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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 3/4/21

Application Fee	\$ 199.27
State Levy Fee	\$ 399
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 228.26



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2/9/21

Permit Number: BP-2021-00241
0757-95-5428 / 42-41-1-R-0

GPIN/Tax Map: 6757-96-2154 / 42-1-0-58-0

Issued: 3-22-2021

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 RIVER ROAD / REED MARSH SECTION 1	
	Owner REED MARSH, LLC	Phone # 804-690-2070
	Address 540 THREE CHOPT ROAD MANAKIN SABOT, VA 23103	Email LHLINC@COMCAST.NET

APPLICANT INFORMATION	Applicant/Contact REED MARSH, LLC		Phone # 804-291-8697
	Address 540 THREE CHOPT ROAD MANAKIN SABOT, VA 23103		Email ABROWNING@YOUNGBLOOD-TYLER.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Reed Marsh</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>10 from PL/ROW</u>	Center Line Setback _____	Rear Setback _____	CUP/Variance/COA <u>GOA 2021-1 Issued R3</u>
	Side Setback _____	Side Setback _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Boyd</u> Date <u>3/4/21</u>			

CONTRACTOR INFORMATION	Contractor <u>Lawrence H Liesfeld owner</u>		Phone <u>690-2070</u>
	Address <u>540 Three Chopt Rd Manakin Sabot</u>		Email <u>LHLINC@comcast.net</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: ENTRANCE MONUMENT				
	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.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	\$5,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant Lawrence H Liesfeld Date 2-9-21
Member

Application Fee	\$ <u>37.50</u>
State Levy Fee	\$ <u>.75</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>88.25</u>

3-8-2021



BUILDING PERMIT APPLICATION

Application Date: 3/5/2021

Permit Number: BP-2021-00279

GPIN/Tax Map: 7724-91-8107 / 64-28-F-8-0

Issued: 3/19/2021

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

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

Residential Commercial

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OWNER INFORMATION	Site Address 166 Buttonbush Richmond, VA 23238	
	Owner LeJeanna Raymond	Phone # 804-731-7805
	Address 166 Buttonbush Richmond, VA 23238	
APPLICANT INFORMATION	Applicant/Contact Sigora Solar LLC	
	Address PO Box 7543 Charlottesville, VA 22906	
		Phone # 434.465.6788 ext.119
		Email permitting@sigorasolar.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>West Oak</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>30' from Pavement</u>	Center Line Setback _____	Rear Setback <u>50' B/S</u>	CUP/Variance/COA _____
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone _____	_____ <u>RPUD</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint</u>			
	Planning & Zoning Officer <u>Dana Logg</u>		Date <u>3/9/21</u>	

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

DESCRIPTION OF WORK	Scope of Work: Installation of a Flush Roof Mounted Solar Photovoltaic System System Size: 12.96 kWp DC				
	Proposed Use Residential Single Family	Current Use Residential Single Family	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	Building Only - Excludes All Trades Permits				

Value of Work	\$5,343.60	Application Fee	\$ <u>36.05</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant <u>Michael Graves</u> Date <u>3/5/2021</u>		State Levy Fee	\$ <u>1.72</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>61.77</u>



BUILDING PERMIT APPLICATION

Application Date: March 16, 2021

Permit Number:

BP-2021-00331

GPIN/Tax Map: 16-1-0-73-B

/5890-72-7246

Issued:

3-25-21

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
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TDD 711 VA Relay

Residential

Commercial

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

OWNER INFORMATION	Site Address 5850 Old Columbia Rd	
	Owner Delta Deck Company	Phone # 804-543-7241
	Address 3036 Davis Mill Rd.	Email deltadeckcompany@gmail.com

APPLICANT INFORMATION	Applicant/Contact Madison Queensberry		Phone #
	Address		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>75' from PL/ROW</i>	Center Line Setback <i>100'</i>	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 Floyd</i> Date <i>3/24/21</i>			

CONTRACTOR INFORMATION	Contractor Delta Deck Company		Phone 804-543-7241
	Address 3036 Davis Mill Rd.		Email deltadeckcompany@gmail.com
	Contractor License Number 2705161359	Type RBC	Expiration 1-31-22

DESCRIPTION OF WORK	Scope of Work: Build 24x24 detached garage				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) 8,000		
	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. 576	Total Sq. Ft. 576	

Building Only - Excludes All Trades Permits

Value of Work	20,000
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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 *3-16-21*

Application Fee	\$ 102.00
State Levy Fee	\$ 2.04
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 129.04



BUILDING PERMIT APPLICATION

Application Date: 3-17-21

Permit Number: BP-2021-00322

GPIN/Tax Map: 7118-01-2075 / 4614-0-2-0

Issued: 3-25-21

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

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

OWNER INFORMATION	Site Address <u>Ronald + Sally Thomasson</u>	
	Owner <u>563 Dawnington Dr Manakin Sabot 23103</u>	Phone # <u>804-477-5278</u>
	Address <u>Manakin Sabot, Va. 23103</u>	Email <u>ThomassonSally@gmail.com</u>

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

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

Planning & Zoning Officer: [Signature] Date: 3/22/21

CONTRACTOR INFORMATION	Contractor <u>Michael Carpets Inc Owner</u>	Phone <u>804-477-5278</u> 1-800-670-4262
	Address <u>P.O. Box 12631, Dobson, NC 27017</u>	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Metal Carport on Gravel Base, 24'w x 26'L</u>				
	Proposed Use <u>Storage</u>	Current Use <u>Grass</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? (Yes/ No)	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>624'</u>	Total Sq. Ft. <u>624'</u>	

Building Only - Excludes All Trades Permits	
Value of Work	<u>\$9379.94</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: _____

Application Fee	\$ <u>57.21</u>
State Levy Fee	\$ <u>1.08</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>80.29</u>



BUILDING PERMIT APPLICATION

Application Date: 3/1/2021

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 2021-00335
GPIN/Tax Map: 7705-61-8750 / wa-28-0-22-0
Issued: 3-25-21

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 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 718 BIG WOODS PLACE, MANAKIN SABOT, VA 23103	
	Owner MIKE & LAURA STEWART	Phone # 804-339-9477
APPLICANT INFORMATION	Address 718 BIG WOODS PLACE, MANAKIN SABOT, VA 23103	
	Applicant/Contact Travis Jowers	Phone # 804-749-4706
	Address 2175 Lanier Lane, Rockville, VA 23146	
		Email travis@ultimatepools.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <u>The Meadows</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: <u>80'</u>	Rear Setback: <u>5'</u>	CUP/Variance/COA
	Side Setback: <u>Right Side 35'</u>	Side Setback: <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: <u>RR</u>	

Planning & Zoning Officer: David Floyd Date: 3/24/21

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

DESCRIPTION OF WORK	Scope of Work: In-Ground Pool 18' x 36' Rectangle with Auto Cover			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
			648	

Building Only - Excludes All Trades Permits

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

Signature of Applicant: [Signature] Date: 3/1/2021

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



BUILDING PERMIT APPLICATION

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

Application Date: 3/1/2021

Permit Number: BP-2021-00336

GPIN/Tax Map: 7705-31-0098 / 62-31-C-14-0

Issued: 3-25-21

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 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: **730 WOODSON PLACE, MANAKIN SABOT, VA 23103**
 Owner: **CLIFF & KRISTEN WOOD** Phone #: **804-363-1863**
 Address: **730 WOODSON PLACE, MANAKIN SABOT, VA 23103** Email:

APPLICANT INFORMATION

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

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: Thorn Meadows at Manakin Proffer Yes No Amount: _____ Date Paid: _____
 Front Setback: 55' from PL/ROW Center Line Setback: 8' Rear Setback: 5' CUP/Variance/COA: _____
 Side Setback: Right Side 35' Side Setback: 5' Flood Zone: _____
 APPROVED REJECTED COMMENTS: RR
 Planning & Zoning Officer: David Floyd Date: 3/24/21

CONTRACTOR INFORMATION

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

DESCRIPTION OF WORK

Scope of Work: **In-Ground Pool 20' x 40' Rectangle with Auto Cover**

Proposed Use	Current Use	Existing Buildings on Property	# of Floors
SEWER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
		800	

Building Only - Excludes All Trades Permits

Value of Work: **30,000.00**

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

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: 3/1/2021



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: 3-17-21

Permit Number: BP-2021-00334

GPIN/Tax Map: 64-12-B-12-0 / 1772369-2985

Issued: 3-26-21

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 407 Briarwood	
	Owner Bales Matthew K	Phone # 804-357-1200
	Address 407 Briarwood Circle	

APPLICANT INFORMATION	Applicant/Contact JEANNIE SALVATORE		Phone # 804-621-7718
	Address 2410 SOUTHLAND DR CHESTER VA 23831		Email JSALVATORE@JESWORK.COM

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Page brook</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from PL/Row</u>	Center Line Setback <u>65'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint.</u>			

Planning & Zoning Officer: Daniel Floyd Date: 3/24/21

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

DESCRIPTION OF WORK	Scope of Work: 45 LF WATER MANAGEMENT DRAINAGE, SUMP PUMP, 538 CRAWL SEAL LINER, DEHUMIDIFER FOR ENCAPSULATION				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>161.45</u>
Value of Work	10,989.00	State Levy Fee	\$ <u>1.23</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>187.68</u>

Signature of Applicant: Jeannie Salvatore Date: _____



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-11-21 2-22-21

Permit Number: BP 2021-00219

GPIN/Tax Map: 7727-34-5828 / 47-4-0-1-0

Issued: 3-24-21

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>1916</u> 1938 Ashland Rd Rockville Va 23146	Phone #
	Owner Pruitt Family Property LLC	
	Address Rockville Va 23146	Email

APPLICANT INFORMATION	Applicant/Contact Willie Richardson	Phone #
	Address 10007 Enderly CT Chesterfield Va 23832	Email WARLLC@comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>100' from P/Road</u>	Center Line Setback <u>125'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Temp Use.</u>	Planning & Zoning Officer: <u>David Long</u> Date: <u>2/23/21</u>		

CONTRACTOR INFORMATION	Contractor William A Richardson Contracting LLC	Phone 804 690 1729
	Address 10007 Enderly CT Chesterfield Va 23832	Email WARLLC@comcast.net
	Contractor License Number <u>2705144567</u>	Type <u>class A / RDC</u>

DESCRIPTION OF WORK	Scope of Work: <u>CONSTRUCTION TRAILER FOR CONSTRUCTION.</u> <u>install Job site TRAILER (temp)</u>				
	Proposed Use <u>Job site TRAILER construction USE</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <u>no</u> Public/Private	WATER <u>no</u> Public/Private	# of Bathrooms <u>none</u>	# of Bedrooms <u>none</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <u>720</u>	Unfinished Sq. Ft. <u>-</u>	Total Sq. Ft. <u>720</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$15,000.00</u>	Application Fee	\$ <u>712.50</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		State Levy Fee	\$ <u>2.25</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant <u>William A Richardson</u>	Date <u>2-11-21</u>	Total	\$ <u>764.75</u>

Rec: 3-18-21 ^{by max}

 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: 3/2/21
	Permit Number: <u>BP-2021-0310</u>
	GPIN/Tax Map: 6795-96-8401 / <u>56-18-0-57-0</u>
	Issued: <u>3-23-21</u>
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial	
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 1249 TURKEY TROT RD, MANAKIN-SABOT, VA 23103	
	Owner LYNNE GEHR	Phone # 8043066659
	Address 1249 TURKEY TROT RD, MANAKIN-SABOT, VA 23103	

APPLICANT INFORMATION	Applicant/Contact LINDSAY LOSON		Phone # 3153358730
	Address 9000 VIRGINIA MANOR RD, STE 250, BELTSVILLE MD, 20705		Email LLOSON@TESLA.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 _____	Center Line Setback _____	Rear Setback _____	CUP/Variance/COA _____
	Side Setback _____	Side Setback _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>3/17/21</u>			

CONTRACTOR INFORMATION	Contractor TESLA ENERY OPS, INC		Phone 3153358730
	Address 9000 VIRGINIA MANOR RD, STE 250, BELTSVILLE MD, 20705		Email LLOSON@TESLA.COM
	Contractor License Number 2705153278	Type A	Expiration 3/31/22

DESCRIPTION OF WORK	Scope of Work: RE-ROOF WITH SOLAR TILES AND INSTALL ENERGY STORAGE SYSTEM				
	Proposed Use SFD	Current Use SFD	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. 4,857	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>139.33</u> State Levy Fee \$ <u>2.79</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>167.12</u>
Value of Work	\$28,296	
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>Lindsay Loson</u> Date <u>3/2/21</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: 2-11-21
 Permit Number: BP-2021-00221
 GPIN/Tax Map: 7727-03-9A12 / A7-3-D-A-0
 Issued: 3-22-21
 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>1938 Ashland Rd Rockville Va 23146</u>		
	Owner	<u>Pruitt Family Property LLC</u>		Phone #
	Address	<u>Rockville Va 23146</u>		Email
APPLICANT INFORMATION	Applicant/Contact	<u>Willie Richardson</u>		Phone #
	Address	<u>10007 Enderly Ct Chesterfield</u>		Email

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

Planning & Zoning Officer: David Ford Date: 2/23/21

CONTRACTOR INFORMATION	Contractor	<u>William A Richardson</u>		Phone
	Address			Email
	Contractor License Number	Type	Expiration	

WAR LLC of Comcast.net

2705144567 Class A 1-31-2022

DESCRIPTION OF WORK	Scope of Work:				
	<u>install modular office Building</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. 800 Unfinished Sq. Ft. 800 Total Sq. Ft. 800

Building Only - Excludes All Trades Permits

Value of Work	<u>\$115,000.00</u>	Application Fee	\$ <u>862.50</u>
	135,000.00	State Levy Fee	\$ <u>17.25</u>
		Septic/Well Fee	\$
		Zoning Fee	\$ <u>100.00</u>
		RLD	\$ <u>1</u>
		SWP	\$
		Total	\$ <u>979.75</u>

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

Signature of Applicant: William A Richardson Date: 2-11-21



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: 3-10-21

Permit Number: BP-2021-00290

GPIN/Tax Map: 6813-73-7145 / 5-1-0-15-A

Issued: 3-19-21

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 3656 County Line Rd	
	Owner MELYNIA POOLE	Phone #
	Address 3656 COUNTY LINE RD.	

APPLICANT INFORMATION	Applicant/Contact Bob Nixon		Phone # 804-798-9135
	Address 11160 Washington Hwy. Glen Allen, VA		Email HC702@claytonhomes.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid	
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA	
	Side Setback	Side Setback	Flood Zone		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Demol</u>				
	Planning & Zoning Officer: <u>[Signature]</u> Date <u>3/15/21</u>				

CONTRACTOR INFORMATION	Contractor CMH Home dba Oakwood Homes		Phone 804-798-9135
	Address 11160 Washington Hwy. Glen Allen, VA		Email HC702@claytonhomes.com
	Contractor License Number 2705048123	Type Class A	Expiration 4-30-2021

DESCRIPTION OF WORK	Scope of Work: Demolish and haul away current structure. Debris to be dumped at Ashcake Rd. Landfill.				
	Proposed Use single family dwelling	Current Use vacant house	Environmental Impacts (stream crossing, wetlands, smt land disturbed) less than .5 acres.		
	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 8,000	Application Fee \$ <u>48.00</u>
	State Levy Fee \$ <u>.96</u>
	Septic/Well Fee \$
	Zoning Fee \$ <u>25.00</u>
	RLD \$
	SWP \$
	Total \$ <u>73.96</u>

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

Signature of Applicant: [Signature] Date 3/4/21



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: 3-4-2021 March 02, 2021

Permit Number: BP-2021-00273

GPIN/Tax Map: 43-20-0-13-0 / 6768-42-7377

Issued: 3-19-2021

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 2518 Log Cabin Road, Maidens, Virginia 23102		Phone # (804) 839-7673
	Owner Michael E Russell		Email Gailwaters@aol.com
APPLICANT INFORMATION	Applicant/Contact Karen Vasquez		Phone # (804) 318-5997
	Address 2410 Southland Drive, Chester, Virginia 23831		Email Kvasquez@jeswork.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from PL/Draw</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>30'</u>	Side Setback <u>30'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: <u>*No change to existing footprint</u>	

Planning & Zoning Officer: David Papp Date: 3/8/21

CONTRACTOR INFORMATION	Contractor JES Construction, LLC		Phone (804) 495-4646
	Address 2410 Southland Drive, Chester, Virginia 23831		Email Kvasquez@jeswork.com
	Contractor License Number 2705068655	Type A	Expiration 4-30-2022

DESCRIPTION OF WORK	Scope of Work: Install six (6) Intellijack.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/>	# of Bathrooms 3.0	# of Bedrooms 2.0	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 1,344		

Building Only – Excludes All Trades Permits

Value of Work	6,291.00
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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: Karen Vasquez Date: March 02, 2021

Application Fee	\$ <u>40.31</u>
State Levy Fee	\$ <u>.81</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>66.12</u>



BUILDING PERMIT APPLICATION

Application Date: 1-28-21

Permit Number: BD-2021-00121

GPIN/Tax Map: 7726-24-0458 / 58-55-3-A-0

Issued: 3-17-21

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>12399 South Crossing Drive Manakin Salott va 23103</u>	
	Owner Readers Branch Partners, LLC	Phone # 804-382-4028
	Address <u>2250 Old Brick Road, Suite 200, Glen Allen, VA 23060</u>	Email <u>mrainey@eagleofva.com</u>
APPLICANT INFORMATION	Applicant/Contact Eagle Construction of VA., LLC	
	Address <u>2250 Old Brick Road, Suite 220, Glen Allen, VA 23060</u>	Phone # 804-382-4028 Email <u>mrainey@eagleofva.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Readers Branch</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>5'</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>RPLD</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer <u>[Signature]</u> Date <u>2/1/21</u>			

CONTRACTOR INFORMATION	Contractor Eagle Construction of VA., LLC		Phone 804-382-4028
	Address <u>2250 Old Brick Road, Suite 220, Glen Allen, VA 23060</u>		Email <u>mrainey@eagleofva.com</u>
	Contractor License Number <u>2705096467</u>	Type <u>Class A</u>	Expiration <u>06/30/2021</u>

Scope of Work:
Construction of mailbox kiosk shelter.

Proposed Use Residential	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
SEWER Public/Private <u>N/A</u>	WATER Public/Private <u>N/A</u>	# of Bathrooms N/A	# of Bedrooms N/A	# of floors N/A
Will a foundation be installed within 20 ft. of any septic system components? Yes <input checked="" type="checkbox"/> No	Finished Sq. Ft. N/A	Unfinished Sq. Ft. 168	Total Sq. Ft. 168	

Building Only - Excludes All Trades Permits

Value of Work	\$10,000.00	Application Fee	\$ <u>7500</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>Mark E Rainey</u> Date <u>1-25-21</u>		State Levy Fee	\$ <u>1.50</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>50.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>126.50</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 1-28-21

Permit Number: BP-2021-00119

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

Issued: 3-17-21

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 North Crossing Drive	
	Owner Readers Branch Partners, LLC	Phone # 804-382-4028
	Address 2250 Old Brick Road, Suite 200, Glen Allen, VA 23060	Email mrainey@eagleofva.com

APPLICANT INFORMATION	Applicant/Contact Eagle Construction of VA., LLC		Phone # 804-382-4028
	Address 2250 Old Brick Road, Suite 220, Glen Allen, VA 23060		Email mrainey@eagleofva.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Readers Branch</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>5'</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA <u>RPUD</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Boyd</u> Date: <u>2/1/21</u>			

CONTRACTOR INFORMATION	Contractor Eagle Construction of VA., LLC		Phone 804-382-4028
	Address 2250 Old Brick Road, Suite 220, Glen Allen, VA 23060		Email mrainey@eagleofva.com
	Contractor License Number 2705096467	Type Class A	Expiration 06/30/2021

DESCRIPTION OF WORK	Scope of Work: Construction of mailbox kiosk shelter.				
	Proposed Use Residential	Current Use N/A	Environmental impacts (stream crossing, wetlands, amt land disturbed) None		
	SEWER Public/Private N/A	WATER Public/Private N/A	# of Bathrooms N/A	# of Bedrooms N/A	# of floors N/A
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft. N/A	Unfinished Sq. Ft. 168	Total Sq. Ft. 168	

Building Only – Excludes All Trades Permits		Application Fee	\$ <u>75.00</u>
Value of Work	\$10,000.00	State Levy Fee	\$ <u>1.50</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>Mark E Rainey</u> Date: <u>1-25-21</u>		Septic/Well Fee	\$ _____
		Zoning Fee	\$ _____
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>126.50</u>



BUILDING PERMIT APPLICATION

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

Application Date: 3/3/2021
 Permit Number: BP-2021-00270
 GPIN/Tax Map: 6771-07-4836/43-39-0-28-0
 Issued: 3-12-21
 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>2332 Lanes End Place</u>	
	Owner <u>Melissa and Michael Dayton</u>	Phone #
	Address <u>2332 Lanes End Place</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Steve Thompson</u>	Phone # <u>539-2524</u>
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lanes End</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from PL/ROW</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Boyd</u> Date: <u>3/5/21</u>			

CONTRACTOR INFORMATION	Contractor <u>Steve Thompson Builder LLC</u>	Phone <u>(804) 539-2524</u>
	Address <u>1390 B Broad Street Road Oilville 23129</u>	Email <u>stevethompsonbuilder@gmail.com</u>
	Contractor License Number <u>2705054732</u>	Type <u>CBC 1236</u>

DESCRIPTION OF WORK	Scope of Work: <u>New Detached Garage, unfinished</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>less than 1500 SF</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No <u>No</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>576</u>	Total Sq. Ft. <u>576</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>147.00</u>
Value of Work	<u>\$ 30,000</u>	State Levy Fee	\$ <u>2.94</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>Steve Thompson</u> Date: <u>3/3/21</u>		Septic/Well Fee	\$
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>174.94</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 12/16/2020

Permit Number: BP-2020-01250

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

Issued: 3-10-2021

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>10 Partridge Hill Rd, Goochland, VA</u>		
	Owner	<u>Chris and Thu-Hang Groome</u>		Phone # <u>804-519-9251</u>
	Address	<u>6005 Stoneville Ct, Glen Allen, VA 23059</u>	Email <u>chrisgroome@me.com</u>	
APPLICANT INFORMATION	Applicant/Contact			
	Address	<u>Same as above</u>		

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Partridge Hill</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>40' from PL/Row</u>	<u>90'</u>	<u>5'</u>	
	Side Setback	Side Setback	Flood Zone	
	<u>Left Side 35'</u>	<u>5'</u>		<u>RI</u>
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Survey to case set backs.</u>				
Planning & Zoning Officer: <u>[Signature]</u> Date: <u>2/9/21</u>				

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

DESCRIPTION OF WORK	Scope of Work: <u>Detached Garage / Covered Patio</u> <u>With Finished Kitchenette, Power Break room, Room and finished fitness Room above</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
	<u>Private</u>	<u>Public</u>	<u>2</u>	<u>2</u>	<u>2</u>
Will a foundation be installed within 20 ft. of any septic system components? Yes/No		Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
<u>No</u>		<u>342 1196</u>	<u>168 315</u>	<u>3457 1511</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>200K</u> <u>175K</u>	Application Fee	\$ <u>799.50</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: 12/8/2020



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: 3-2-2021
 Permit Number: BP-2021-00264
 GPIN/Tax Map: 6824-43-9193/2-1-0-32-0
 Issued: 3-8-2021

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>4700 Fleming road</u>		Phone # <u>804-517-5310</u>
	Owner <u>371 songbird lane Rogel Venson</u>	Email <u>rogelvenson@gmail.com</u>	
	Address		

APPLICANT INFORMATION	Applicant/Contact <u>Rogel Venson</u>		Phone # <u>804-517-5310</u>
	Address <u>371 songbird lane</u>	Email <u>rogelvenson@gmail.com</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</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>5'</u>	CUP/Variance/COA <u>A1</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>3/4/21</u>			

CONTRACTOR INFORMATION	Contractor <u>owner</u>		Phone <u>517-5310</u>
	Address <u>2012 Southside landscaping, LLC</u>		Email <u>804-386-2264</u>
Contractor License Number		Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Fence barrier</u>				
	<u>install a swimming pool in ground / vinyl / 22x38 feet</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Will a foundation be installed within 20 ft. of any septic system components? Yes <input checked="" type="checkbox"/> No	Finished Sq. Ft.	Unfinished Sq. Ft. <u>836</u>	Total Sq. Ft. <u>836</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$7,000.00</u> \$22,990.00
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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 Rogel Venson Date 3-01-2021

Application Fee	\$ <u>115.45</u>
State Levy Fee	\$ <u>2.31</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>142.76</u>



BUILDING PERMIT APPLICATION

Application Date: March 2, 2021

Permit Number: BP-2021-00268

GPIN/Tax Map: 6777-00-5123/43-1-0-88-6

Issued: 3-8-21

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>23 23 Sheppard Town Rd, Maidens, VA 23102</u>	
	Owner <u>Brandon & Dawn Dodge</u>	Phone # <u>804-305-1605</u>
	Address <u>same</u>	Email <u>dawndodge1@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Dawn Dodge</u>	
	Address <u>same</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from PL/RW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>C</u>	<u>A2</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>3/4/21</u>			

CONTRACTOR INFORMATION	Contractor <u>Owner</u>		Phone <u>804-305-1605</u>
	Address <u>same</u>		Email <u>dawndodge1@gmail.com</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>32x14 roof over existing deck</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. <u>416</u>	Total Sq. Ft. <u>416</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>57.00</u>
Value of Work	<u>\$10,000</u>	State Levy Fee	\$ <u>1.14</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>83.14</u>
Signature of Applicant <u>[Signature]</u>		Date	<u>3/2/2021</u>



BUILDING PERMIT APPLICATION

Application Date: 1-22-2021
 Permit Number: BP-2021-00225
 GPIN/Tax Map: 6759-06-1590/29-1-0-94-0
 Issued: 3-9-21
 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: 2827 Dogtown Rd. Goochland VA. 23063
 Owner: MacArthur Woodson Phone #: 804-556-2153
 Address: 3140 Three Chopt Rd. Gum Springs VA. 23065 Email: N/A

APPLICANT INFORMATION
 Applicant/Contact: MacArthur Woodson Phone #: 540-223-2113
 Address: 3140 Three Chopt Rd. Gum Springs VA. 23065 Email: N/A

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>N/A</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>75' from PL/Row</u>	Center Line Setback: <u>700'</u>	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>20'</u>	Side Setback: <u>20'</u>	Flood Zone: _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 3/13/21

CONTRACTOR INFORMATION
 Contractor: MacArthur Woodson Phone: 434-607-1446
 Address: 2827 Dogtown Rd. Goochland VA. 23153 Email: C.burruss70@gmail.com
 Contractor License number: 2705136384 Type: C Expiration: 09-30-2022

DESCRIPTION OF WORK
 Scope of Work: 24x10 covered front porch

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	WATER: <input type="checkbox"/> Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	<u>240</u>	<u>240</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$6,000.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: MacArthur L. Woodson Date: 1-22-2021

Application Fee	\$ <u>39.00</u>
State Levy Fee	\$ <u>.78</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>64.78</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: 12/9/20
 Permit Number: BP-2020-01219
 GPIN/Tax Map: 7706-97-2820/46-22-010-0
 Issued: 3-9-2021
 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: 1681 Old Orchard Lane Manakin 23103
 Owner: Leslie and Todd Willett
 Phone #: (804) 640-1801
 Address: 1681 Old Orchard Lane Manakin
 Email: todd.willett@colliers.com

APPLICANT INFORMATION
 Applicant/Contact: Steve Thompson Builder
 Phone #: (804) 539-2524
 Address: 1390 B Broad Street Rd Oilville 23129
 Email: stevethompsonbuilder@comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: None	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: 55' from P2/Pow	Center Line Setback: _____	Rear Setback: 35'	CUP/Variance/COA: _____
Side Setback: 20'	Side Setback: 20'	Flood Zone: _____	

APPROVED REJECTED COMMENTS: Need Affidavit
 Planning & Zoning Officer: David Boyd Date: 1/19/21

CONTRACTOR INFORMATION
 Contractor: Steve Thompson Builder LLC
 Phone: (804) 539-2524
 Address: 1390 B Broad Street Road
 Email: stevethompsonbuilder@comcast.net
 Contractor License Number: 2705054732
 Type: CBC RBC
 Expiration: 3-31-2022

DESCRIPTION OF WORK
 Scope of Work: New Attached Pool House

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed): None		
SEWER: Public/Private	WATER: Public/Private	# of Bathrooms: 2	# of Bedrooms: 1	# of floors: 2
Will a foundation be installed within 20 ft. of any septic system components? Yes/No	Finished Sq. Ft.: 1200	Unfinished Sq. Ft.: 350	Total Sq. Ft.: 1550	

Building Only - Excludes All Trades Permits

Value of Work: 150,000	Application Fee: \$ 687.00
	State Levy Fee: \$ 13.74
	Septic/Well Fee: \$
	Zoning Fee: \$ 25.00
	RLD: \$
	SWP: \$
	Total: \$ 725.74

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

Signature of Applicant: Steve Thompson Date: 12/8/20

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Darwin E Satterwhite Telephone: (804) 556-4012

Mailing Address: 3013 River Road West Goochland, VA 23063

OWNER'S STATEMENT

I of (address) N/A 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 N/A

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE R5 # STORIES 2 CONSTRUCTION TYPE VB. OCCUPANT LOAD 2 CODE EDITION 15

FIRE SPRINKLER - FIRE ALARM - MODIFICATION -

APPROVAL MICHAEL BROOKING DATE 3.8.21.

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: 2-22-2021
 Permit Number: BP-2021-00238
 GPIN/Tax Map: 42-1-0-25-0 / 6766-07-8786
 Issued: 3-9-2021
 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 2730 Maidens Loop Maidens, VA 23102	
	Owner Maidens Loop on the James LLC	Phone # 804-240-0123
APPLICANT INFORMATION	Address PO Box 29515 Henrico, VA 23242	Email freddie@freddieedwards.com
	Applicant/Contact Freddie Edwards	Phone # 804-240-0123
	Address PO Box 29515 Henrico, VA 23242	Email freddie@freddieedwards.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No setback info. Required. B1</u> Planning & Zoning Officer: <u>David Lloyd</u> Date: <u>3/4/21</u>			

CONTRACTOR INFORMATION	Contractor Browning Construction Co <i>anon</i>	Phone 804-356-2817
	Address 1030 Hardtimes Ln Goochland, VA 23063	Email browning0513@gmail.com
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Ashcake Road Lantini 11-10022 Ashcake Rd Ashland 23005</u>		
	Demo existing structure, clear trees and brush, grade and seed		
	Proposed Use B-1 Uses Allowed	Current Use	Environmental impacts (stream crossing, wetlands, amt land disturbed)
	SEWER Public/Private	WATER Public/Private	# of Bathrooms # of Bedrooms # of floors
Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.

Building Only - Excludes All Trades Permits		Application Fee \$ <u>30.00</u>
Value of Work	\$4,000.00	State Levy Fee \$ <u>.60</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: <u>[Signature]</u> Date: <u>2/22/21</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>55.60</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2/2/21
 Permit Number: BP-2021-00252
 GPIN/Tax Map: 6777-04-4202/43-33-0-14-0
 Issued: 3-9-2021
 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.

2-26-2021

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>1836 Blackwood Dr Richmond, Va 23102</u>				
	Owner <u>Robbie Bridges</u>	Phone # <u>804-240-7113</u>			
	Address <u>1836 Blackwood Dr Richmond, Va 23102</u>	Email <u>web7113@comcast.net</u>			
APPLICANT INFORMATION	Applicant/Contact <u>Grant Ascar!</u>		Phone # <u>804-662-0871</u>		
	Address <u>1309 Stone Ridge Pale Terrace Henrico, Va 23228</u>		Email <u>gascar14@gmail.com</u>		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Longwood</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <u>55' from PC/ROW</u>	Center Line Setback <u>80'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____	
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David [Signature]</u> Date <u>3/2/21</u>				
CONTRACTOR INFORMATION	Contractor <u>Jim Farnholt - Custom Pools and Landscapes of Richmond</u>		Phone <u>804-502-1733</u>		
	Address <u>3400 Taylor Dr Richmond, Va 22235</u>		Email <u>jbf3@cplrva.com</u>		
	Contractor License Number <u>2705138294</u>	Type <u>Class A VA Contractor</u>	Expiration <u>1/31/22</u>		
DESCRIPTION OF WORK	Scope of Work: <u>Install 16' x 35' 'Olympic' Fiberglass pool with 'Coverstar' automatic Inground</u>				
	Proposed Use <u>Pool</u>	Current Use <u>Yard</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>1120</u>		
	SEWER Public/Private	WATER Public/Private <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>5600</u>	Unfinished Sq. Ft. <u>1120</u>	Total Sq. Ft. <u>5600</u>	

Building Only - Excludes All Trades Permits

Value of Work ~~\$10,000~~ \$15,400.00

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

Signature of Applicant [Signature] Date 2/2/21

Application Fee	\$ <u>81.30</u>
State Levy Fee	\$ <u>1.63</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>107.93</u>



BUILDING PERMIT APPLICATION

Application Date: 1/19/2021

Permit Number: *BP-2021-0094*

GPIN/Tax Map: *1726-71-9334/59-5-0-1-0*

Issued: *3-8-21*

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 7000 Avery Point Way, Richmond, VA 23233				
	Owner Avery Point LLC, attn David Berrien	Phone # 410-402-2484			
	Address 701 Maiden Choice Lane, Baltimore, MD 21228	Email david.berrien@erickson.com			
APPLICANT INFORMATION	Applicant/Contact Michael Stumpfoll, Moseley Architects		Phone # 443-889-2239		
	Address 1414 Key Highway, Baltimore, MD 21230		Email mstumpfoll@moseleyarchitects.com		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Avery Point</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <i>100' include / 120'</i>	Center Line Setback	Rear Setback <i>50'</i>	CUP/Variance/COA <i>M1</i>	
	Side Setback <i>30'</i>	Side Setback <i>30'</i>	Flood Zone		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <i>David Floyd</i> Date: <i>1/28/21</i>				
CONTRACTOR INFORMATION	Contractor Brinkmann Constructors / Attn. Cadence Kirchner		Phone 636-537-9700		
	Address 16650 Chesterfield Grove Rd, Chesterfield, MO 63005		Email ckirchner@brinkmannconstructors.com		
	Contractor License Number 2705172414	Type VA DPOR	Expiration 7/31/2021		
DESCRIPTION OF WORK	Scope of Work: New construction for senior multifamily apartment building #3 including associated site work.				
	Proposed Use R2 multifamily housing	Current Use none	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms	# of Bedrooms	# of floors 4, + Basement
	Will a foundation be installed within 20 ft. of any septic system components? Yes / <u>(NO)</u>	Finished Sq. Ft. 158,140	Unfinished Sq. Ft. 0	Total Sq. Ft. 158,140	

Building Only - Excludes All Trades Permits

Value of Work	\$16,130,280.00
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Application Fee	\$ <i>120,977.10</i>
State Levy Fee	\$ <i>2,419.54</i>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <i>100.00</i>
RLD	\$ _____
SWP	\$ _____
Total	\$ <i>123,496.64</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: *Michael Stumpfoll* Date: 1/19/2021



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: 2-26-21

Permit Number: BP-2021-00253

GPIN/Tax Map: 7726-17-1021/58-3-B-4-0

Issued: 3-8-21

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>12902 HOLLY LANE, MANAKIN-SABOT, VA</u>	
	Owner <u>JUSTIN WEINMANN</u>	Phone # <u>201-602-9825</u> 804-839-7141
	Address <u>12902 HOLLY LANE, MANAKIN-SABOT, VA. 23103</u>	Email <u>JBWEINMANN@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>MRT CONST. CO, INC. MELVIN R. TAYLOR</u>	
	Address <u>7101 IRON BRIDGE ROAD NORTH CHESTERFIELD, VA. 23234</u>	Phone # <u>804-839-7141</u>
		Email <u>mrtconstructionco@comcast.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>HICKORY HAVEN</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>4' from P&H Row</u>	Center Line Setback <u>65'</u>	Rear Setback <u>25'</u>	CUP/Variance/COA
	Side Setback <u>10'</u>	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Zoning Approval for add room only</u>			
	Planning & Zoning Officer: <u>[Signature]</u> Date: <u>3/2/21</u>			

CONTRACTOR INFORMATION	Contractor <u>MRT CONSTRUCTION CO., INC.</u>		Phone <u>804-839-7141</u>
	Address <u>7101 IRON BRIDGE ROAD NORTH CHESTERFIELD, VA. 23234</u>		Email <u>mrtconstructionco@comcast.net</u>
	Contractor License Number <u>2701036657</u>	Type <u>CBC RBL</u>	Expiration <u>5-31-22</u>

DESCRIPTION OF WORK	Scope of Work: <u>BEDROOM ADDITION OFF BACK OF HOUSE</u>				
	<u>THIS 3 BEDROOM HOUSE WAS RENOVATED IN 2012 TO 2 BEDROOMS PERMIT #BP-2012-00583</u>				
	Proposed Use <u>RESIDENTIAL</u>	Current Use <u>RESIDENTIAL</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	WATER Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	# of Bathrooms <u>0</u>	# of Bedrooms <u>1</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Finished Sq. Ft. <u>376</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>376</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 60,000.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 1-26-2021
 President

Application Fee	\$
State Law Fee	\$
Septic/Wall Fee	\$
Zoning Fee	\$
RLO	\$
SWP	\$
Total	\$ <u>312.64</u>

Ball 15 Mar 2021 25 VR 2015



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: 3-1-21

Permit Number: BP-2021-00256

GPIN/Tax Map: 6785-46-1726/55-17-0-5-0

Issued: 3-8-21

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>1020 Hunters Woods, Crozier, VA 23039</u>	
	Owner <u>Michael Fortune</u>	Phone #
	Address <u>3884 Big Hickory Dr, Goochland, VA 23063</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Kevin Joyner</u>	
	Address <u>806 Broad Street Rd. Manakin Sabot VA 23103</u>	Phone # <u>804 400 3489</u> Email <u>kevinjoyner@comcast.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Hunters Woods</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from P/U Row</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA <u>A2</u>
	Side Setback <u>20'</u>	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint</u>			

Planning & Zoning Officer: David Floyd Date: 3/2/21

CONTRACTOR INFORMATION	Contractor <u>Joyner Contracting LLC</u>		Phone <u>804 400 3489</u>
	Address <u>806 Broad Street Rd Manakin Sabot VA 23103</u>		Email <u>kevinjoyner@comcast.net</u>
	Contractor License Number <u>2705159577</u>	Type <u>CLASS A</u>	Expiration <u>11/30/22</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install kneewalls, frame in closet, insulate, sheetrock and trim in existing room over garage at existing residence & for Hek Room</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>360</u>	Unfinished Sq. Ft. Total Sq. Ft.

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 14,000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: Kevin Joyner Date: _____

Application Fee	\$ <u>75.00</u>
State Levy Fee	\$ <u>1.50</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>76.50</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-24-2021
 Permit Number: BP-2021-00250
 GPIN/Tax Map: 7705-31-0098/62-31-C-14-0
 Issued: 3-8-2021

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>730 Woodson Pl. Manakin-Sabot, Va. 23103</u>	
	Owner <u>Wood Residence</u>	Phone #
	Address	Email
APPLICANT INFORMATION	Applicant/Contact <u>Stonee Masonry Inc.</u>	
	Address <u>P.O. Box 17273, Richmond, Va. 23226</u>	Phone # <u>804-282-5071</u> Email <u>Stonee Masonry@Gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Meadows at Manakin</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/GOA
	Side Setback <u>No Setbacks</u>	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No setbacks for retaining wall. RR</u>	Planning & Zoning Officer: <u>Daniel Ford</u> Date: <u>3/2/21</u>		

CONTRACTOR INFORMATION	Contractor <u>Stonee Masonry Inc.</u>		Phone <u>804-282-5071</u>
	Address <u>P.O. Box 17273, Richmond, Va. 23226</u>		Email <u>Stonee Masonry@Gmail.com</u>
	Contractor License Number <u>2705008058</u>	Type <u>Class A</u>	Expiration <u>7/31/22</u>

DESCRIPTION OF WORK	Scope of Work: <u>150' x 20' retaining wall</u>				
	Proposed Use <u>Retaining Wall</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes / <u>No</u>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$50,000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 02-24-21

Application Fee	\$ <u>262.00</u>
State Levy Fee	\$ <u>474</u>
Septic/Wall Fee	\$
Zoning Fee	\$ <u>25.00</u>
R/LD	\$
SVP	\$
Total	\$ <u>2166.74</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: 2-26-2021
2/2/21
 Permit Number: BP-2021-00251
 GPIN/Tax Map: 6767-55-1998/43-28-0-19-0
 Issued: 3-9-2021
 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>1856 Greenbrier Branch Dr. Maidens, Va 23102</u>	
	Owner <u>Jim Frago</u>	Phone # <u>804-512-8808</u>
	Address <u>1856 Greenbrier Branch Dr. Maidens, VA 23102</u>	Email <u>Jim.Frago@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Grant Ascard</u>	Phone # <u>804-662-0871</u>
	Address <u>1309 Stone Ridge Park Terrace Henrico, VA 23228</u>	Email <u>gascar14@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Green Brier Estates</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from PL / MOW</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>3/2/21</u>			

CONTRACTOR INFORMATION	Contractor <u>Jim Farinholt - Custom Pools and Landscapes</u>		Phone <u>804-502-1733</u>
	Address <u>3400 Traylor Dr Richmond, Va 23235</u>		Email <u>jbf3@cplva.com</u>
	Contractor License Number <u>2705138294</u>	Type <u>Class A VA Contractor</u>	Expiration <u>1/31/22</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install 14' x 30' 'Fortitude' Fiberglass pool Inground with 'Coverstar' autocover</u>			
	Proposed Use <u>Pool</u>	Current Use <u>Yard</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>840</u>	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Finished Sq. Ft. <u>470</u>	Unfinished Sq. Ft. <u>840</u>	Total Sq. Ft. <u>470</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>91.00</u>
Value of Work <u>\$12,000</u>		State Levy Fee \$ <u>1.32</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$ _____
Signature of Applicant <u>JF</u>	Date <u>2/2/21</u>	Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>20.25 92.32</u>



BUILDING PERMIT APPLICATION

Application Date: 2-4-20

Permit Number: BP-2021-00160

GPIN/Tax Map: 7714-07-9689/162-36-C-184

Issued: 2-1-21

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>530 Hickory Drive</u>	
	Owner <u>ROGER VAN WART</u>	Phone # <u>804-982-6341</u>
	Address <u>530 Hickory Drive Mountain Sabot VA 23103</u>	Email <u>ROGER.VANWART@COMCAST.NET</u>

APPLICANT INFORMATION	Applicant/Contact <u>Roger Van Wart</u>		Phone # <u>804-982-6341</u>
	Address <u>530 Hickory Drive, Mountain Sabot, VA 23103</u>		Email <u>Roger.VanWart@Comcast.net</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Hillside Estates</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from PL/ROW</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>X</u>	<u>R1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Boyd</u> Date <u>2/8/21</u>			

CONTRACTOR INFORMATION	Contractor <u>SELF ROGER VAN WART</u>		Phone <u>804-982-6341</u>
	Address <u>530 Hickory Drive, Mountain Sabot, VA. 23103</u>		Email <u>Roger.VanWart@Comcast.net</u>
	Contractor License Number <u>n/a (owner)</u>	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>24' x 32' detached garage, single story, hip truss roof w/4/12 pitch</u>				
	Proposed Use <u>STORAGE</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes <input checked="" type="checkbox"/> No	Finished Sq. Ft.	Unfinished Sq. Ft. <u>768</u>	Total Sq. Ft. <u>768</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>21,950.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 2/3/21

Application Fee	\$ <u>110.77</u>
State Levy Fee	\$ <u>2.22</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>137.99</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-11-21
 Permit Number: BP2021-00185
 GPIN/Tax Map: 7724-13-17201 63-38-0-25-0
 Issued: 3-1-21

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>420 Regina Ln, Richmond, VA, 23238</u>	
	Owner <u>Karen Canody</u>	Phone # <u>(804) 627-3292</u>
	Address <u>420 Regina Ln, Richmond, VA, 23238</u>	Email
APPLICANT INFORMATION	Applicant/Contact <u>Mark Timok</u>	
	Address <u>2821 Haleys Hollow Rd, Glen Allen, VA, 23060</u>	Email <u>mtimok@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS <u>No change to existing footprint</u> Planning & Zoning Officer <u>[Signature]</u> Date <u>2/12/21</u>			

CONTRACTOR INFORMATION	Contractor <u>Timok Construction</u>		Phone <u>(804) 402-2204</u>
	Address <u>2821 Haleys Hollow Rd, Glen Allen, VA, 23060</u>		Email <u>mtimok@gmail.com</u>
	Contractor License Number <u>2705012448</u>	Type <u>Class B Contractor</u>	Expiration <u>6/30/22</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build elevator shaft</u> <u>Build new floor system at landing on second floor</u>				
	Proposed Use <u>Sitting room / elevator</u>	Current Use <u>open area</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <u>360</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>360</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>8025</u>	Application Fee \$ <u>48.11</u>
	State Levy Fee \$ <u>.96</u>
	Septic/Well Fee \$
	Zoning Fee \$ <u>25.00</u>
	RLD \$
	SWP \$
	Total \$ <u>74.07</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 Mark Timok Date 2/5/21



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-17-21

Permit Number: BP-2021-0205

GPIN/Tax Map: 7704-57-7506 / 62-31-B-30

Issued: 3-1-21

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 645 Meadow Ridge Lane, Manakin-Sabot, VA 23103	
	Owner William Massey III	Phone #
	Address (same as above)	Email
APPLICANT INFORMATION	Applicant/Contact Brandon Kemp	Phone # 703-895-9805
	Address 8747 Whitepine Rd, Richmond, VA 23237	Email bkemp@northeastusa.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <u>The Meadows at Manakin</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback: <u>55' from PC/Per</u>	Center Line Setback: <u>80'</u>	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>No changes to existing foundation RR</u>	Planning & Zoning Officer: <u>David Long</u>	Date: <u>2/15/21</u>	

CONTRACTOR INFORMATION	Contractor Northeast Construction, Inc.	Phone 804-771-7711
	Address 8747 Whitepine Rd, Richmond, VA 23237	Email bkemp@northeastusa.com
	Contractor License Number: <u>2705045120</u>	Type: <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: Install 11.5kW Roof Mounted solar array				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>152.47</u>
Value of Work	\$31,216	State Levy Fee	\$ <u>3.05</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>180.52</u>
Signature of Applicant	<u>Brandon Kemp</u>	Date	<u>2/15/21</u>

B Hall 2/22/2021 RS, VB, Code year 2015



BUILDING PERMIT APPLICATION

Application Date: 1/6/2021 1-8-2021

Permit Number: BP-2021-00027

GPIN/Tax Map: 7728-51-2025/48-10-0-B-D

Issued: 3-1-2021

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	2200 Lanier Lane, Rockville, VA 23146	
	Owner	<u>ROCSTONE WAREHOUSE 17 LLC</u>	Phone # <u>804 664-4117</u>
	Address	2200 Lanier Lane, Rockville, VA 23146	Email

APPLICANT INFORMATION	Applicant/Contact	<u>Mike Bell</u>	Phone # <u>804-752-6032</u>
	Address	<u>11029 Richardson Road, Ashland, VA 23005</u>	Email <u>mibell@mibell.com</u> <u>jjewell@mibell.com</u>

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

Planning & Zoning Officer: David Ford Date: 2/11/21

CONTRACTOR INFORMATION	Contractor	<u>M.L. Bell Construction, LLC</u>	Phone <u>804-752-6032</u>
	Address	<u>11029 Richardson Road, Ashland, VA 23005</u>	Email <u>mibell@mibell.com</u> <u>jjewell@mibell.com</u>
	Contractor License Number	<u>2705-125423</u>	Type <u>A</u> Expiration <u>10/31/2022</u>

DESCRIPTION OF WORK	Scope of Work: <u>Canteen</u>				
	Install a canopy off an existing building. <u>93' x 16'</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, arnt land disturbed) <u>N/A</u>		
	<u>Canopy</u>	<u>Warehouse w/ no canopy</u>	# of Bathrooms	# of Bedrooms	# of floors

SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	<u>N/A</u>	<u>N/A</u>	<u>1</u>
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.	
		<u>1488</u>	<u>1488</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$140,248</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: 1/6/2021

Application Fee	\$ <u>1051.86</u>
State Levy Fee	\$ <u>21.04</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>50.00</u>
RLD	\$
SWP	\$
Total	\$ <u>1122.90</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: M.L. Bell Construction, LLC Telephone: 804-752-6032

Mailing Address: 11029 Richardson Road, Ashland, VA 23005

OWNER'S STATEMENT

I _____ of (address) _____ affirm that I am the owner of a certain tract of parcel of land located at 2200 Lanier Lane, Rockville, VA 23146 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 *M.L. Bell*
AGENT

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 5-1 # STORIES 1 CONSTRUCTION TYPE IRB OCCUPANT LOAD NA CODE EDITION 15

FIRE SPRINKLER Yes FIRE ALARM No MODIFICATION No

APPROVAL *[Signature]* DATE 2-23-2021
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: 2-8-2021
 Permit Number: BP-2021-00166
 GPIN/Tax Map: 6779-60-3193 / 32-10-2-15-0
 Issued: 3-1-2021
 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>2475 Three Oaks Ln. Madison VA 23102</u>	
	Owner	<u>Scott Moffa</u>	Phone # <u>360-485-3017</u>
	Address	<u>2475 Three Oaks Ln Madison VA 23102</u>	Email
APPLICANT INFORMATION	Applicant/Contact	<u>Clinton T. Branch</u>	Phone # <u>434-390-4390</u>
	Address	<u>31 Country Rd Dillwyn VA 23936</u>	Email <u>clintsguns@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	<u>Three Oaks</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	<u>55' from PL/ROW</u>	_____	<u>35'</u>	
Side Setback	Side Setback	Flood Zone	_____	
<u>20'</u>	<u>20'</u>	_____		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____				
Planning & Zoning Officer: <u>[Signature]</u> Date: <u>2/10/21</u>				

CONTRACTOR INFORMATION	Contractor	<u>Milbrook Construction LLC</u>		Phone <u>434-390-4390</u>
	Address	<u>31 Country Rd Dillwyn VA 23936</u>		Email <u>clintsguns@gmail.com</u>
	Contractor License Number	Type	Class	Expiration
<u>2705104378</u>		<u>Class A</u>	<u>CB0 ABC</u>	<u>8/31/2022</u>

DESCRIPTION OF WORK	Scope of Work: <u>To add addition to left side of existing house for library/den</u>			
	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.
	<u>480</u>	<u>0</u>	<u>1</u>	<u>480</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>\$46,000</u>	Application Fee	\$ <u>219.00</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.		State Levy Fee	\$ <u>438</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
Signature of Applicant	<u>[Signature]</u>	Date	<u>2/1/21</u>
		Total	\$ <u>249.38</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 11-9-20

Permit Number: BP-2020-01106

GPIN/Tax Map: 7728-51-2025 / 48-10-0-13-D

Issued: 2-3-2021

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 2200 Lanier Lane Rockville VA 23146	
	Owner Rocstone Warehouse 17 LLC	Phone # 804-664-4117
	Address	Email cirby@manakinco.com

APPLICANT INFORMATION	Applicant/Contact Chris Irby		Phone # 804-664-4117
	Address 123 Libbie Ave Richmond VA 23226		Email cirby@manakinco.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Lanier Ind. Park	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 20' from PL/ROW	Center Line Setback	Rear Setback 30'	CUP/Variance/COA m2
	Side Setback 10'	Side Setback 10'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David [Signature]</u> Date: <u>2/16/21</u>			

CONTRACTOR INFORMATION	Contractor The Manakin Companies Construction LLC		Phone 804-664-4117
	Address 123 Libbie Ave Richmond VA 23226		Email cirby@manakinco.com
	Contractor License Number 2705112972	Type BLD A	Expiration 2-28-21

DESCRIPTION OF WORK	Scope of Work: enclose front of 3 sided storage building				
	Proposed Use Flex warehouse	Current Use storage	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE		
	SEWER <u>Public</u> /Private	WATER <u>Public</u> /Private	# of Bathrooms N/A	# of Bedrooms N/A	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft. 9600	Total Sq. Ft. 9600	

Building Only - Excludes All Trades Permits		Application Fee \$ 54.74
Value of Work 7,300		State Levy Fee \$ 1.10
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>11-11-20</u>		Septic/Well Fee \$
		Zoning Fee \$
		RLD \$
		SWP \$
		Total \$ 55.84



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: ~~1/7/2021~~ 1/19/2021

Permit Number: BP-2021-00146

GPIN/Tax Map: 6814-43-7304-9999/1-3-0-3-T

Issued: 3-1-2021

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 5145 Shannon Hill Road, Kents Store, VA 23084	
	Owner American Towers Inc.	Phone # 781-428-7236
	Address 10 Presidential Way, Woburn, MA 01801	Email haley.nolan@americantower.com
APPLICANT INFORMATION	Applicant/Contact Shenandoah Cable Television, LLC - Brandon Blake	
	Address 20 McJunkin Road, Unit #B, Nitro, WV 25143	Phone # 304-651-8174 Email brandon.blake@emp.shentel.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 PC/Road</i>	Center Line Setback _____	Rear Setback <i>30'</i>	CUP/Variance/GOA <i>B1</i>
	Side Setback <i>30'</i>	Side Setback <i>30'</i>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer <i>David Boyd</i> Date <i>2/4/2021</i>			

CONTRACTOR INFORMATION	Contractor Bossie Inc.		Phone 304-346-1750
	Address 503 Slack St, Charleston, WV 25301		Email anthony@bossieelectric.com
	Contractor License Number 2705174493	Type Class B	Expiration 6-30-2022

DESCRIPTION OF WORK	Scope of Work: Collocation on existing 154' self-support tower and installation of new equipment. This is for Fixed Wireless Broadband Internet for the community in the area.				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <i>n/a</i>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <i>n/a</i>	# of Bedrooms <i>n/a</i>	# of floors <i>n/a</i>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <i>n/a</i>	Unfinished Sq. Ft. <i>n/a</i>	Total Sq. Ft. <i>n/a</i>	

Building Only - Excludes All Trades Permits

Value of Work	\$34,000.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant *[Signature]* Date ~~1-7-2021~~ 1-19-2021

Application Fee	\$ 255.00
State Levy Fee	\$ 5.10
Septic/Well Fee	\$
Zoning Fee	\$ 200.00
RLD	\$
SWP	\$
Total	\$ 460.10

Drawing Attached.

2/22/21

 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: <u>2-22-21</u>
	Permit Number: <u>BP-2021-00235</u>
	GPIN/Tax Map: <u>7734-22-3103</u>
	Issued: <u>3-1-21</u>
	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 <u>13250 BARWICK lane 23238</u>	Phone # <u>5613054209</u>
	Owner <u>Ileana Shulman</u>	Email <u>ileanashulman@jama.com</u>
APPLICANT INFORMATION	Address <u>13250 BARWICK lane 23238</u>	Phone # <u>same as owner</u>
	Applicant/Contact <u>same as owner</u>	Email <u>same as owner</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Rivergate</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from rd/row</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing Footprint</u>	Planning & Zoning Officer <u>David Ford</u>	Date <u>2/25/21</u>	RI

CONTRACTOR INFORMATION	Contractor <u>Ileana Shulman</u>	Phone <u>5613054209</u>
	Address <u>(owner)</u>	Email _____
	Contractor License Number _____	Type _____

DESCRIPTION OF WORK	Scope of Work: <u>add closet to bedroom - convert existing walk-in closet in bedroom to full bath (sink, toilet + tub/shower). NO square feet added; existing space.</u>				
	Proposed Use <u>full bath in bedroom closet</u>	Current Use <u>walk-in closet</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) _____		
	SEWER Public/Private _____	WATER Public/Private _____	# of Bathrooms <u>add 1 on full bath</u>	# 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. <u>NO additional square footage.</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.00</u>
Value of Work	<u>3,000.00</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	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>55.00</u>
Signature of Applicant <u>Ileana Shulman</u>		Date	<u>2/22/21</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

217716

Permit Number: DP-2021-0226

GPIN/Tax Map: 58-45-0-13-0/7716-95-575

Issued: 3-1-21

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>1652 CENTERVILLE PARKE LANE</u>	Phone # <u>804-920-7541</u>
	Owner <u>LEON & PATRICIA CLAPPERTY</u>	Email <u>CLAPPTWICE@ADL.COM</u>
	Address <u>1652 CENTERVILLE PARKE LANE</u>	Phone # <u>804-833-6499</u>
APPLICANT INFORMATION	Applicant/Contact <u>LES LONG, PROJECT MANAGER</u>	Email <u>LES@PARAGONRVA.COM</u>
	Address <u>12747 OAK LAKE COURT, MIDLOTHIAN VA 23112</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parke at Centerville</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>30' from pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	CUP/Variance/COA
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <u>David Long</u> Date <u>2/23/21</u>		
Planning & Zoning Officer				

CONTRACTOR INFORMATION	Contractor <u>PARAGON CONSTRUCTION COMPANY LLC</u>	Phone <u>804-744-8480</u>
	Address <u>12747 OAK LAKE COURT MIDLOTHIAN VA 23112</u>	Email <u>SHELLEY@PARAGONRVA.COM</u>
	Contractor License Number <u>2705079880</u>	Type <u>CLASS A</u>

Scope of Work:
REMOVE EXISTING DECK, ADD A FREESTANDING 184 SF SCREENED PORCH AND A 185 SF FREESTANDING DECK.

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
<u>SEWER</u> Public/Private	<u>WATER</u> Public/Private	# of Bathrooms <u>N/A</u>	# of Bedrooms <u>N/A</u>	# of floors <u>1</u>
Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>369</u>	Total Sq. Ft. <u>369</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$33,395.00</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant Les De Project Mgr. Date 2/17/21

Application Fee	\$ <u>162.27</u>
State Levy Fee	\$ <u>325</u>
Septic/Well Fee	\$
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>190.52</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: 2-22-21

Permit Number: SP-2021-00228

GPIN/Tax Map: 0786-85-0130/55-10-61-A

Issued: 3-2-21

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>1449 SARGENT Rd</u>		Phone # <u>(804) 887-9510</u>	
	Owner <u>MICHAEL ALLEN</u>		Email	
	Address <u>1449 SARGENT Rd</u>			
APPLICANT INFORMATION	Applicant/Contact <u>Kevin Price (AUTHORIZED AGENT)</u>		Phone # <u>(804) 386-4770</u>	
	Address <u>6924 LAKESIDE AVE RICHMOND, VA 23228</u>		Email <u>URBANGROUNDS CONSULTING@gmail.com</u>	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' on Pl. Run</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>A2</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	Planning & Zoning Officer <u>[Signature]</u>		Date <u>2/24/21</u>	

CONTRACTOR INFORMATION	Contractor <u>LEGACY BUILDERS + CONSTRUCTION LLC</u>		Phone <u>(804) 386-4770</u>
	Address <u>10613 SHERWIN PL GLEN ALLEN 23059</u>		Email <u>URBANGROUNDS CONSULTING@gmail.com</u>
	Contractor License Number <u>2705167037</u>	Type <u>CLASS A</u>	Expiration <u>03/31/2022</u>

DESCRIPTION OF WORK	Scope of Work: <u>2 CAR GARAGE attached, MASTER BR, BATH ADDITION. ALSO Remaining 3 Bedrooms. Adding new front porch addition. Had 3 Bedrooms - 1 Bedroom.</u>				
	Proposed Use <u>RESIDENTIAL S/F</u>	Current Use <u>RESIDENTIAL S/F</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NO</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>1</u>	# of Bedrooms <u>1</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft. <u>882</u>	Unfinished Sq. Ft. <u>602</u>	Total Sq. Ft. <u>1484</u>	
	Building Only - Excludes All Trades Permits				

Value of Work <u>\$40,000.00 \$65,065.00</u>	Application Fee \$ <u>304.79</u>
	State Levy Fee \$ <u>6.10</u>
	Septic/Well Fee \$ _____
	Zoning Fee \$ <u>2500</u>
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>335.89</u>

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

Signature of Applicant [Signature] Date 2/18/2021
(AUTHORIZED AGENT)

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: 2-16-2021
 Application Accepted: BP-2021-00196
 Old Map Number: 7715-47-7523/58-48-8-48-0
 GPIN: Issued 3-2-2021

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 880 Kempston Lane Manakin Sabot 23103		District Dover	
	Owner Boone Homes, Inc.		Phone # 804-784-6192	
	Address 62 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None	
	Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Kinloch Sec. 8</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District <u>RPUD</u>	
	Front Setback <u>30' from Paved</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	C.U. Permit
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	C O A	Flood Zone
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Survey locate setbacks.</u>			

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

Planning & Zoning Officer: David Floyd Date: 2/22/21

Applicant/Contact: David Owen Phone: 804-708-5120

Email: dowen@boonehomes.net

Contractor: Boone Homes, Inc. Phone: 804-784-6192
 Address: 62 Broad Street Road, Manakin Sabot, VA 23103
 Contractor License Number: 2705 022198A Type: BLD Expiration: 3/31/2022

Description of Work:
New Single family home with attached Garage

SEWER Public/Private <u>XXXX</u>	WATER Public/Private <u>XXXX</u>	3.5		# of Bathrooms
# of Floors <u>2</u>	Total Sq. Ft. <u>536</u>	Finished Sq. Ft. <u>414</u>	Unfinished Sq. Ft. <u>1222</u>	# of Bedrooms <u>3</u>

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

VALUE OF WORK		Application Fee	\$ <u>1830.00</u>
Building	\$404,000.00	Zoning Fee	\$ <u>50.00</u>
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$ <u>36.60</u>
		R.L.D.	\$ <u>1916.60</u>

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

Signature of Applicant: [Signature]

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 Co Telephone: 804-281-7484

Mailing Address: 1800 Bayberry Court, Suite 104, Richmond, VA 23226

OWNER'S AFFIDAVIT

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

Signed and acknowledged by _____ in the city or county of _____ Virginia on the _____ Day of _____, 20____ in the presence of the undersigned notary. My Commission expires _____.

(Notary)

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 \$ 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 + \$ 9.50 per \$ 1000 above \$ 4000 Add 2% State Levy to fee
	RLD \$ 100.00
	Septic & well \$ 40.80 For Commercial & Residential
	Septic only \$ 25.44 for Commercial & Residential
	Zoning Commercial \$ 100.00
	Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD 6 CODE EDITION 15
FIRE SPRINKLER FIRE ALARM

APPROVAL MICHAEL BROOKING DATE 2-25-21
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: 2-11-2021
 Permit Number: BP-2021-00230
 GPIN/Tax Map: 717-90-8588/47-25-0-5-C
 Issued: 3-2-2021

Residential Commercial

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

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

OWNER INFORMATION	Site Address <u>39 Little Falls lane, Rockville, Va 23146</u>
	Owner <u>Gary F. & Marilyn KRAPF</u> Phone # <u>804-512-6558</u>
	Address <u>1526 Camberley Dr. Manakin Sabot, Va</u> Email <u>gfkrapf@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact _____ Phone # _____
	Address _____ Email _____

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Wingmead</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA <u>A2</u>
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprints.</u> Planning & Zoning Officer: <u>David Lloyd</u> Date: <u>2/24/21</u>			

CONTRACTOR INFORMATION	Contractor <u>SELF</u>	Phone <u>804-512-6558</u>
	Address <u>39 Little Falls lane, Rockville, Va 23146</u>	Email <u>gfkrapf@gmail.com</u>
	Contractor License Number <u>None</u>	Type Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Alterations to Residence - Construction New Kitchen</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>3</u>	# of Bedrooms <u>3</u>	# of floors <u>2</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. <u>2300sqft.</u>	

Building Only - Excludes All Trades Permits		
Value of Work <u>\$5,700.00</u>		Application Fee \$ <u>37.65</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		State Levy Fee \$ <u>.75</u>
Signature of Applicant: <u>Gary F. Krapf</u> Date: <u>2/11/21</u>		Septic/Well Fee \$ _____
		Zoning Fee \$ <u>25.00</u>
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>63.40</u>



BUILDING PERMIT APPLICATION

Application Date: 2-23-21
 Permit Number: BP-2021-00284
 GPIN/Tax Map: 7704-95-5762/62-26-0-2-0
 Issued: 3-3-21
 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: 704 Sawdust DR. Manakin Sabot 23103
 Owner: Nathan & Sally Tate Phone #: 804-543-7403
 Address: Same Email:

APPLICANT INFORMATION
 Applicant/Contact: Donald Johnson Phone #: 804-221-5203
 Address: 2124 Whistle Lane Maddens 23102 Email: Donald68777at@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Manakin Farms</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>30' from Parcelment</u>	Center Line Setback: _____	Rear Setback: <u>50' B/S</u>	CUP/Variance/COA: _____
Side Setback: <u>20' B/S</u>	Side Setback: <u>20' B/S</u>	Flood Zone: _____	RPUD

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 2/24/21

CONTRACTOR INFORMATION
 Contractor: Jarvet Johnson DBA First Call Construction Services Phone: 804 221-5203
 Address: 2124 Whistle Lane Maddens 23102 Email: Donald68777at@gmail.com
 Contractor License Number: 2705138801 Type: _____ Expiration: 7-30-22

DESCRIPTION OF WORK
 Scope of Work: Build two story Addition Kitchen and Bedroom and Bath + Relocating

Proposed Use: <u>Kitchen and extended BR</u>	Current Use: _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____		
SEWER: Public/Private	WATER: Public/Private	# of Bathrooms: <u>1</u>	# of Bedrooms: <u>0</u>	# of floors: <u>2</u>
Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.: <u>384</u>	Unfinished Sq. Ft.: <u>0</u>	Total Sq. Ft.: <u>384</u>	

Building Only - Excludes All Trades Permits

Value of Work: <u>660,000.00</u>	Application Fee: \$ <u>282.00</u>
	State Levy Fee: \$ <u>5.64</u>
	Septic/Well Fee: \$ _____
	Zoning Fee: \$ <u>25.00</u>
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ <u>312.64</u>

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: [Signature] Date: 2-19-2021



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: 11-23-2020

Permit Number: BP-2021-00143

GPIN/Tax Map: 6749-63-5579/29-3-018-0

Issued: 3-2-2021

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>3750 Riddles Bridge Rd Goochland va. 23063</u>	
	Owner <u>Flip pm Acres LLC</u>	Phone # <u>804-929-3856</u>
	Address <u>P.O. 562 Goochland va. 23063</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Thomas W. Leabough</u>		Phone # <u>804-929-3856</u>
	Address <u>3750 Leabough Rd. Goochland va. 23063</u>		Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Fingwood Gardens</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <u>100' CL</u>	Center Line Setback <u>ROW</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>A1</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date: <u>2-19-21</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>Move a Doublewide Mobile Home</u>			
	Proposed Use <u>Single Family home</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>1150</u>	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>2</u>	# of Bedrooms <u>2</u>
	Will a foundation be installed within 20 ft. of any septic system components? (Yes/No)	Finished Sq. Ft. <u>1148</u>	Unfinished Sq. Ft. <u>80</u>	Total Sq. Ft. <u>1228'</u>

Building Only - Excludes All Trades Permits		Application Fee \$ <u>48.00</u>
Value of Work <u>0.000</u>		State Levy Fee \$ <u>1.96</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
Signature of Applicant: <u>Thomas W. Leabough</u> Date: <u>12-10-2020</u>		Zoning Fee \$ <u>50.00</u>
		RLD \$
		SWP \$
		Total <u>98.96</u> \$ <u>302.15</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: 02/23/2021
Permit Number: BP-2021-00236
GPIN/Tax Map: 7726-05-7484
Issued: 3-3-2021
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>HUY TRAN</u>				
	Owner <u>12247 Brenner Ridge Cir</u>	Phone # <u>(804) 714 7118</u>			
	Address <u>MANAKIN SABOT VA 23103</u>	Email <u>henry542@aol.com</u>			
APPLICANT INFORMATION	Applicant/Contact <u>(Same above)</u>				
	Address <u>12247 Brenner Ridge Cir Manakin Sabot VA 23103.</u>	Phone # <u>(804) 714 7118</u> Email <u>henry542@aol.com</u>			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Readers Branch</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____	
	Front Setback <u>30' from PL / Road</u>	Center Line Setback <u>55'</u>	Rear Setback <u>25'</u>	CUP/Variance/COA <u>RPUD</u>	
	Side Setback <u>10'</u>	Side Setback <u>10'</u>	Flood Zone _____		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to existing footprint.</u>				
	Planning & Zoning Officer <u>David Floyd</u>		Date <u>2/25/21</u>		
CONTRACTOR INFORMATION	Contractor <u>Owner</u>		Phone <u>(804) 714-7118</u>		
	Address		Email		
	Contractor License Number	Type	Expiration		
DESCRIPTION OF WORK	Scope of Work: <u>Solid wood pergola with roof covering on back yard deck.</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 \$1500.00

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>60</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>50.00</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 [Signature] Date 02/23/2021



BUILDING PERMIT APPLICATION

Application Date: **2/24/2021**

Permit Number: **BP-2021-00257**

GPIN/Tax Map: **6757-69-1777/42-30-A-200**

Issued: **3-4-21**

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 2303 horseshoe bend, goochland, Virginia, 23063		Phone # (804) 556-0220
	Owner Lester Austin		Email lesbette@aol.com
	Address 2303 horseshoe bend, goochland, Virginia, 23063		
APPLICANT INFORMATION	Applicant/Contact Baylee Dunn		Phone # 888-781-7074
	Address 4801 N University Ave Ste 900 Provo, UT 84604		Email permits@ionsolar.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Holland H-115	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 40' from PL/ROW	Center Line Setback 65'	Rear Setback 35'	CUP/Variance/COA
	Side Setback 15'	Side Setback 15'	Flood Zone	R1
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: No change to existing footprint			
Planning & Zoning Officer David Boyd		Date 3/2/21		

CONTRACTOR INFORMATION	Contractor Ion Developer LLC		Phone 888-781-7074
	Address 4801 N University Ave Ste 900 Provo, UT 84604		Email permits@ionsolar.com
	Contractor License Number 2705169798	Type	Expiration 8/31/2021

DESCRIPTION OF WORK	Scope of Work: Installation of solar panels on existing residential roof - 8.16kW				
	Proposed Use rooftop solar	Current Use residential	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. 432		

Building Only - Excludes All Trades Permits		Application Fee	\$ 56.07
Value of Work	\$9,792.00	State Levy Fee	\$ 1.12
<p>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.</p> <p>Signature of Applicant <u>Baylee Dunn</u> Date <u>2/24/2021</u></p>		Septic/Well Fee	\$ -
		Zoning Fee	\$ 25.00
		RLD	\$ -
		SWP	\$ -
		Total	\$ 82.19



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: January 7th, 2021

Permit Number: BP-2021-00045

GPIN/Tax Map: 6776-64-6038 / 55-16-0-3-0

Issued: 3-4-2021

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 2051 Strawberry Run Crozier, VA 23039		Phone #
	Owner Andrew and Heather Jowdy		
	Address 2051 Strawberry Run Crozier, VA 23039		Email andrewjowdy@gmail.com
APPLICANT INFORMATION	Applicant/Contact Steven Morris		Phone # 434-294-4906
	Address 433 Park St Charlottesville, Va 22902		Email smorris@ilexconstruction.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Strawberry Run</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 <u>80'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>RT. Side 35'</u>	Side Setback <u>20'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENT: _____			
Planning & Zoning Officer: <u>David J. Boyd</u> Date: <u>1/15/21</u>				

CONTRACTOR INFORMATION	Contractor Ilex Construction		Phone 434-244-0802
	Address 433 Park St Charlottesville, Va 22902		Email smorris@ilexconstruction.com
	Contractor License Number 2705157065	Type Class A	Expiration 4/30/2022

DESCRIPTION OF WORK	Scope of Work: <u>1,168 sq ft addition 2 story - 1st FLOOR: GREAT RM & BREAKFAST AREA AND FLOOR: MASTER BEDROOM & BATH, CLOSET & STORAGE SPACE, DEMO & RECONSTRUCT (ONLY)</u>				
	Proposed Use Residential	Current Use Residential	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 1	# of Bedrooms 0 additional	# of floors 2
	Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft. 1168	Unfinished Sq. Ft. 0 <u>432</u>	Total Sq. Ft. <u>1600</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>1876.27</u>
Value of Work	\$414,283.00	State Levy Fee \$ <u>37.53</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>1938.80</u>
Signature of Applicant: <u>[Signature]</u> Date: <u>1/7/2021</u>		



BUILDING PERMIT APPLICATION

Application Date: 2/9/21
 Permit Number: BP-2021-00193
 GPIN/Tax Map: 6276-32-899 / 50-5-0-27-0
 Issued: 3-5-2021

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 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>1194 Lickinghole Goochland, VA 23063</u>	
	Owner <u>Blue Ridge Custom Homes</u>	Phone # <u>804-614-4556</u>
	Address <u>2958 River Rd West Goochland VA 23063</u>	Email <u>blueridgecustomhomes@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Blue Ridge Custom Homes / Nathan Janocka</u>	Phone # <u>540-478-3110</u>
	Address <u>2958 River Rd West Goochland VA 23063</u>	Email <u>Nathanbren@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>James River Landing</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u> </u>	Date Paid <u> </u>
	Front Setback <u>55' from PL/ROW</u>	Center Line Setback <u> </u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u> </u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u> </u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Lloyd</u> Date <u>3/2/21</u>			

CONTRACTOR INFORMATION	Contractor <u>Blue Ridge Custom Homes</u>	Phone <u>804-614-4556</u>
	Address <u>2958 River Rd West Goochland VA 23063</u>	
	Contractor License Number <u>2705086712</u>	Type <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Install inground swimming pool 16x36 Vinyl Fence 4ft Aluminum</u>			
	Proposed Use	Current Use	Existing Buildings on Property	# of Floors
	<input type="checkbox"/> SEWER Public/Private <input checked="" type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input checked="" type="checkbox"/>	# of Bathrooms	# of Bedrooms
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. <u>576</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$15000⁰⁰</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 2/9/2021

Application Fee	\$ <u>83.28</u>
State Levy Fee	\$ <u>1.67</u>
Septic/Well Fee	\$ <u> </u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ <u> </u>
SWP	\$ <u> </u>
Total	\$ <u>109.95</u>



RESIDENTIAL TRADES PERMIT APPLICATION

Received 3/8/21

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	3/4/2021
Permit #	2021-00233
GPIN	ELI-2021-00233
Tax Map	

LOCATION

Street Address 366 Swinburne Road

PROPERTY OWNERSHIP

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

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

Wiring of a single family dwelling, Installation of a customer supplied whole house generator. 22K

# of Bathrooms	Service Size	Power Company	Inquiry #
	200	Dominion Energy	10441807
Value of Work (required)	\$11,695.00		

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: 3/4/2021

Approval:	<u>Gary Fisher</u>	Office Use Only	Approval date:	<u>3/8/21</u>
Permit Fee:	<u>75.00</u>		Issued date:	

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

(owner's affidavit on back)

875.00



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 3-3-21
Permit # 112021-00245
GPIN
Tax Map

LOCATION

Street Address
285 Creekmore Pl

PROPERTY OWNERSHIP

Name Kick Bowers	Phone 804-840-8638
Mailing Address 285 Creekmore Pl Richmond, VA 23238	Email rbowers1977@gmail.com

APPLICANT

Name Liberty Electrical Co. Inc	Phone
Address	Email

CONTRACTOR

Name Liberty Electrical Co. Inc		Phone 804-400-0788	
Mailing Address P.O. Box 6203 Richmond, VA 23230		Email libertyelectricalco@msn.com	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705104902	Expiration 03-31-2022	License Type ELE
		Class A	

DESCRIPTION OF WORK

Wire for 22KW Stand-by generator and 200amp transfer switch			
# of Bathrooms #6500	Service Size	Power Company	Inquiry #
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: Date: 3-3-21

Approval: <u></u>	Office Use Only
Permit Fee: <u>51.26</u>	Approval date: <u>3-3-21</u>
	Issued date: <u>3-3-21</u>



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

158.36
Received 3/1/21

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 2/23/21
Permit # ELI- 2020-01205
GPIN
Tax Map

LOCATION

Street Address
12 LOWER TUCKAHOE ROAD

PROPERTY OWNERSHIP

Name FERRARA	Phone
Mailing Address	Email

APPLICANT

Name CHRIS HUMPHREY	Phone 794-4877
Address 724 GROVE RD MIDLOTHIAN, VA. 23114	Email CHRIS@HUMPHREYELECTRIC.COM

CONTRACTOR

Name HUMPHREY ELECTRIC CO		Phone 794-4877	
Mailing Address 724 GROVE RD MIDLOTHIAN, VA. 23114		Email CHRIS@HUMPHREYELECTRIC.COM	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701017076A	Expiration 5/21	License Type ELE
		Class A	

DESCRIPTION OF WORK

WIRE NEW RESIDENCE, WITH 20KW GENERATOR AND 200 AMP AUTOMATIC TRANSFER SWITCH			
# of Bathrooms	Service Size 400	Power Company DOMINION	Inquiry # 10434496
Value of Work (required) 29,835.00			

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: Chris Humphrey Date: 2/23/21

Approval: <u>Gary Fisher</u>	Approval date: <u>3/1/21</u>
Permit Fee: <u>158.36</u>	Issued date: _____



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

3-9-2021

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	3/8/2021
Permit #	ELI-2021-00302
GPIN	
Tax Map	

LOCATION

Street Address: 2421 River Road West Maidens VA 23102

PROPERTY OWNERSHIP

Name	Andrew Moody River Run Manor	Phone	434-294-0785
Mailing Address	2421 River Road West	Email	

APPLICANT

Name	MW Butler Electrical	Phone	804-746-2240
Address	8420 Meadowbridge Rd Suite I	Email	dwellse@mwbutelectrical.com

CONTRACTOR

Name	MW Butler Electrical	Phone	804-746-2240
Mailing Address	8420 Meadowbridge Rd Suite I	Email	dwellse@mwbutelectrical.com
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705110673A
		Expiration	1/31/2022
		License Type	Elec
		Class	A

DESCRIPTION OF WORK

Install 10 kW generator → Legally Required (East side of Build.)

1200 Service Size VIA Power

# of Bathrooms		Power Company		Inquiry #	
Value of Work (required)	30,000				

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: 3/8/2021

Office Use Only

Approval:	<u>[Signature]</u>	Approval date:	<u>3-15-2021</u>
Permit Fee:	<u>244.80</u>	Issued date:	<u>3-15-2021</u>



Received 3/9/21

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: 3/3/21

Permit #: ELI-2021-00281

GPIN:

Tax Map:

LOCATION

Street Address: 1300 HAWKWELL COURT 23102

PROPERTY OWNERSHIP

Name: SLADE ROBERSON Phone: 804-683-5623

Mailing Address: 1300 HAWKWELL COURT 23102 Email: SLADE.ROBERSON@gmail.com

APPLICANT

Name: Virginia Power Solutions Phone: 804-365-0263

Address: 10102 Whitesel Road, B, Ashland, VA 23005 Email: service@viriniapowersolutions.com

CONTRACTOR

Name: Virginia Power Solutions Phone: 804-365-0263

Mailing Address: 10102 Whitesel Road, B, Ashland, VA 23005 Email: service@viriniapowersolutions.com

Gas Certification: YES NO

State License Number: 2705123991 Expiration: 8/31/22 License Type: ELE, GFC Class: B

DESCRIPTION OF WORK

INSTALL 24kw GENERATOR AND Z-ZODA SWITCHES

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

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

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

Signature of Applicant: Date: 3/3/21

Office Use Only

Approval date:

Issued date:

~~Signature~~ Gary Fisher (owner's statement on back)
\$67.32

Approved - 3/9/21
Issued - 3/9/21



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

3.19
Received 3/12/21

Date	3.01.2021
Permit #	ELF 2021-00296
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address	4962 THREE CHOP RD	District	
----------------	--------------------	----------	--

PROPERTY OWNERSHIP

Name	SHARON VALENCIA	Phone	804-690-9468
Mailing Address	4962 THREE CHOP RD		

APPLICANT

Name	WOODFIN HEATING	Phone	8047644534
E-Mail Address	HTRIPLATT@ASKWOODFIN.COM		

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-764-4533
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	E-mail address:	htriplett@askwoodfin.com htriplett@askwoodfin.com
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2022	License Type:	CONTRACTOR
		Class:	A

DESCRIPTION OF WORK

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

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

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

_____(Signature)

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

_____(Notary)

My commission expires _____

Value of Work: 10,227.00

Permit fee: 68.36

Signature of Applicant [Signature]

Approval Gary Fisher Date 3/12/21

Issue date: 3/12/21



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

\$ 76.50
Received 3/23/21

P. O. Box 119 Goochland, VA 23063

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

Type:
 Commercial
 Residential

Trade:
 Fire
 Electrical
 Mechanical
 Plumbing
 Gas

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

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

Date
Permit # ELI-2021-00341
GPIN
Tax Map

LOCATION

Street Address: 1020 The Preserve dr

PROPERTY OWNERSHIP

Name <u>Teresa Wittler</u>	Phone <u>717 773 3941</u>
Mailing Address <u>1020 The Preserve dr</u>	Email <u>Wittler922@gmail.com</u>

APPLICANT

Name <u>Gavin Clark</u>	Phone <u>5402709232</u>
Address <u>14018-e Sullyfield cir , chantilly , va , 20151</u>	Email <u>Gclark@generatorsupercenter.com</u>

CONTRACTOR

Name <u>Clark home solutions</u>		Phone <u>540 270 9232</u>	
Mailing Address <u>14018-e Sullyfield cir , chantilly , va , 20151</u>		Email <u>gclark@generatorsupercenter.com</u>	
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number <u>2705176647</u>	Expiration <u>8/31/2022</u>	License Type ELE, GFC, HIC, CIC
			Class A

DESCRIPTION OF WORK

<u>New 24kw generac w/ 2-200 200amp transfer switches</u>			
# of Bathrooms	Service Size <u>400</u>	Power Company <u>Dom</u>	Inquiry #
Value of Work (required) <u>12,000</u>			

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

Signature of Applicant: Date: 3/22/21

Approval: <u>Gary Fisher</u>	Office Use Only Approval date: <u>3/23/21</u>
Permit Fee: <u>76.50</u>	Issued date: _____



TRADE PERMIT APPLICATION
 Goochland County Building Inspection Department
 P. O. Box 119 Goochland, VA 23063

70.53
 Received 3/23/21

Type:
 Commercial
 Residential

Trade:
 Fire
 Electrical
 Mechanical
 Plumbing
 Gas

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

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

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

Date
Permit # ELI-2021-00338
GPIN 6832-88-9517
Tax Map

LOCATION

Street Address
 4285 Hadensville Farm Rd.

PROPERTY OWNERSHIP

Name Richard Griffith	Phone 804-389-2053
--------------------------	-----------------------

Mailing Address 4285 Hadensville Farm Rd. Hadensville VA 23065	Email mtnbums3@gmail.com
-------------------------------------------------------------------	-----------------------------

APPLICANT

Name Gavin Clark	Phone 540-270-9232
---------------------	-----------------------

Address 14018-E Solly Field Cir. Charlottesville VA 20144	Email gclark@generatorsupercenter.com
--------------------------------------------------------------	------------------------------------------

CONTRACTOR

Name Clark Home Solutions	Phone
------------------------------	-------

Mailing Address 14018-E Solly Field Cir. Charlottesville VA 20144	Email gclark@generatorsupercenter.com
----------------------------------------------------------------------	------------------------------------------

Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705176647	Expiration 8/31/22	License Type E/E/REG	Class A
-------------------------------------------------------------------------------	------------------------------------	-----------------------	-------------------------	------------

DESCRIPTION OF WORK

24 kW Generator 200 Amp Transfer Switch
 20' electrical

# of Bathrooms	Service Size 200	Power Company Rapahannock	Inquiry #
Value of Work (required) 10,700			

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: 3/22/21

Approval: <u>Gary Fisher</u>	Office Use Only	Approval date: <u>3/23/21</u>
Permit Fee: <u>70.53</u>		Issued date: _____



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

\$ 76.50
Received 3/25/21

P. O. Box 119 Goochland, VA 23063

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

Date
Permit # ELI-2021-00353
GPIN
Tax Map

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

LOCATION

Street Address: 2047 Shade Hunter Ln

PROPERTY OWNERSHIP

Name: Jeffrey Brooks	Phone: 804 339 5453
Mailing Address: 2047 Shade Hunter Ln	Email: jdbrooks16@aol.com

APPLICANT

Name: Clark Home Solutions Gavin Clark	Phone: 540 270 9232
Address:	Email: GClark@generatorsupercenter.com

CONTRACTOR

Name: Clark Home solutions	Phone: 540 270 9232			
Mailing Address: 14018-E Sullyfield cir, Chantilly VA	Email: GClark@generatorsupercenter.com			
Gas Certification: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number: 2705170647	Expiration: 8/31/22	License Type: ELE GFC	Class: A

DESCRIPTION OF WORK

Remove old generator + Install New, New 200amp ATS 24KW

of Bathrooms: Service Size: 200 Power Company: DOM Inquiry #:

Value of Work (required): 12,000

MAX RIC

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

Signature of Applicant: Date: 8/31/21

Approval: Gary Fisher	Office Use Only	Approval date: 3/25/21
Permit Fee: 76.50		Issued date:



TRADE PERMIT APPLICATION

Received 3/12/21

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: 3/4/21

Permit #: ELI-2021-00299

GPIN

Tax Map

LOCATION

Street Address: 3951 Hadensville - Fife RD

PROPERTY OWNERSHIP

Name: Kenneth Herndon Phone: 804-229-4904

Mailing Address: 3951 Hadensville-Fife RD Email:

APPLICANT

Name: Crystal Ferrell Phone: 804-355-7018

Address: 1407 Cummings Drive Email: crystal.ferrell@michaelandson.com

CONTRACTOR

Name: Michael and Son Phone: 804-355-7018

Mailing Address: 1407 Cummings Drive Email:

Gas Certification: YES NO State License Number: 2701038423 Expiration: License Type: A Class: A

DESCRIPTION OF WORK

installing 22kw generator

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

Value of Work (required): 6000.00

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: C Ferrell Date: 3/4/21

Approval: Gary Fisher Office Use Only Approval date: 3/12/21

Permit Fee: \$48.96 Issued date:



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

61047
Received 3/16/21

P. O. Box 119 Goochland, VA 23063

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

Date
3/11/21

Permit #
ELI--2021-00150

GPIN

Tax Map

Type:
 Commercial
 Residential

Trade:
 Fire
 Electrical
 Mechanical
 Plumbing
 Gas

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

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

LOCATION

Street Address
1295 Turkey Trot Rd; Manakin-Sabot 23103

PROPERTY OWNERSHIP

Name Chralotte Cockerell	Phone (804) 683-3284
Mailing Address 1295 Turket Trot Rd; Manakin-Sabot VA 23103	Email

APPLICANT

Name Laura Stanley	Phone (804) 231.9684
Address PO Box 35418; RVA 23235	Email laura@dgelectrical.com

CONTRACTOR

Name Davis & Green		Phone (804) 231.9684	
Mailing Address PO Box 35418; RVA 23235		Email laura@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 and install 16kW generator

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$7,858.00			

Fee \$57.49

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: 3/11/21

Approval: <u>Gary Fisher</u>	Office Use Only	Approval date: <u>3/16/21</u>
Permit Fee: <u>57.49</u>		Issued date: _____

Received 3/16/21



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date
Permit # EL-2021-00312
GPIN
Tax Map

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

LOCATION

Street Address
2026 Shade Hunter Lane

PROPERTY OWNERSHIP

Name Arthur + Kim Jennings	Phone 804-690-7319
Mailing Address 2026 Shade Hunter Lane Maidens, VA 23102	Email

APPLICANT

Name Edmund Medeiros	Phone 434-975-3275
Address 2293 Seminole Lane Charlottesville, VA 22901	Email eddieneverdark@gmail.com

CONTRACTOR

Name Never Dark Whole House Generators	Phone 434-975-3275			
Mailing Address 2293 Seminole Lane Charlottesville VA 22901	Email eddieneverdark@gmail.com			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705141802	Expiration 7-31-2021	License Type Contractors	Class A

DESCRIPTION OF WORK

wiring 22kw automatic generator with automatic Transfer Switch
for powering Essential circuits only

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

Value of Work (required)
\$1,500

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: 3-1-21

Approval: <u>Gary Fisher</u>	Office Use Only	Approval date: <u>3/16/21</u>
Permit Fee: <u>46.67</u>		Issued date: _____

(owner's statement on back)

Received 3/16/21



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date

Permit #
E.L.D. 2020-00983

GPIN

Tax Map

LOCATION

Street Address: 2400 Chapel Hill Rd Goochland Va 23063

PROPERTY OWNERSHIP

Name: Ann + Ian Anderson Phone: 434-466-1555

Mailing Address: 2400 Chapel Hill Rd. Goochland 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 Generators Phone: 434-975-3275

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

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		2705141802	7/31/21	Contractors	A

DESCRIPTION OF WORK

wiring 22kw automatic generator with automatic transfer
for Powering essential circuits only

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

Value of Work (required): 51500

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: 2/25/21

Approval: <u>Cary Fisher</u>	Office Use Only	Approval date: <u>3/16/21</u>
Permit Fee: <u>46.67</u>		Issued date: _____



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

DATE:

\$76.37
3/30/21

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date

Permit #
EW-2021-00277

GPIN

Tax Map

LOCATION

Street Address: 3825 Riddles Bridge rd Goochland, VA 23063

PROPERTY OWNERSHIP

Name: Mary Beth Geiger Phone: 804-840-6668

Mailing Address: same ↑ Email: Mgeiger14@gmail.com

APPLICANT

Name: Gavin Clark Phone: 5402709232

Address: 14018-e Sullyfield cir, chantilly, va, 20151 Email: Gclark@generatorsupercenter.com

CONTRACTOR

Name: Clark home solutions Phone: 540 270 9232

Mailing Address: 14018-e Sullyfield cir, chantilly, va, 20151 Email: gclark@generatorsupercenter.com

Gas Certification: YES NO

State License Number: 2705176647 Expiration: 8/31/2022

License Type: ELE, GFC, HIC, CIC Class: A

DESCRIPTION OF WORK

Gas By Others (massy wood + west) New 22kw
Generac w / 200 amp transfer

of Bathrooms: _____ Service Size: 200 Power Company: Dominion Inquiry #: _____

Value of Work (required): 11,972.00

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: *GJC*

Date: 3/26

Approval: Gary Fisher

Office Use Only

Approval date: 3/30/21

Permit Fee: 76.37

Issued date: _____

(owner's statement on back)

Paul Hymer Feb 3/19 9535



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

RECEIVED

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

Type:	<input type="checkbox"/> Commercial
	<input 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 3/23/2021	3/30/21
Permit #	EM-2021-00373
GPIN	
Tax Map	

LOCATION

Street Address 854 ELMSLIE LANE MANAKIN-SABOT VA 23103

PROPERTY OWNERSHIP

Name THOMAS & LISA WATSON	Phone 610-247-7311
Mailing Address 854 ELMSLIE LANE MANAKIN-SABOT VA 23103	Email LISAMERTZ778@GMAIL.COM

APPLICANT

Name RACHAEL MORSE	Phone 804-748-6728
Address 7830 COURTHOUSE THREE LANE RICHMOND VA 23237	Email RACHAEL@BRADLEYHVAC.COM

CONTRACTOR

Name BRADLEY MECHANICAL CO., LLC		Phone 804-748-6728	
Mailing Address 7830 COURTHOUSE THREE LANE RICHMOND VA 23237		Email RACHAEL@BRADLEYHVAC.COM	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705114970	Expiration 04/30/2021	License Type CONTRACTOR
		Class A	

DESCRIPTION OF WORK

INSTALL 22KW WHOLE HOME GENERATOR WITH 200 AMP AUTOMATIC TRANSFER SWITCH			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) 10,000.00			

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

Signature of Applicant: Date: 3/23/2021

Approval: <u>Gary Fisher</u>	Office Use Only	Approval date: <u>3/30/21</u>
Permit Fee: <u>67.32</u>		Issued date: _____