



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 7/9/2021

Permit Number: BP-2021-00842

GPIN/Tax Map: 6719-60-2165/27-2-04-0

Issued: 7/14/2021

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>5063 River Rd West Goochland.</u>	
	Owner <u>E-G Homes / Enis Guillen Guillen</u>	Phone # <u>804-8690830</u>
	Address <u>11405 Avery Green CT Glen Allen</u>	Email <u>egsep15@hotmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>804 8690830 Enis Guillen</u>	Phone # <u>804-869-0830</u>
	Address <u>11405 AVERY Green CT. Glen Allen</u>	Email

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

CONTRACTOR INFORMATION	Contractor <u>Enis Guillen</u>	Phone <u>804-8690830</u>
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: <u>Demo an existing trailer</u> <u>Not electricity connected to it.</u> <u>Not water</u> <u>It's been demo or rotten before</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 including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>3000</u>
Value of Work	<u>400 dollars</u>	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.		Zoning Fee \$ _____
		RLD \$ _____
		SWP \$ _____
		Total \$ <u>3060</u>
Signature of Applicant <u>[Signature]</u>	Date <u>7-6-21</u>	



BUILDING PERMIT APPLICATION

Application Date: 07/12/21

Permit Number: *BP-2021-00860*

GPIN/Tax Map: 48-10-0-B-0

Issued: *7/20/2021*

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.

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Residential Commercial

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OWNER INFORMATION	Site Address 2200 Lanier Ln, Rockville	
	Owner Canteen Vending	Phone # 804-270-7446
	Address 2200 Lanier Ln, Rockville	Email 13@Fastsigns.com
APPLICANT INFORMATION	Applicant/Contact Cameron Browder	Phone # 804-270-7446
	Address 10817 W Broad St, Glen Allen	Email 13@Fastsigns.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Cam's Ind. Park</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <i>20' from P4 line</i>	Center Line Setback <i>45'</i>	Rear Setback <i>30'</i>	CUP/Variance/COA _____
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>Daniel Floyd</i> Date <i>7/19/21</i>			

CONTRACTOR INFORMATION	Contractor Trexlo Enterprises, LLC DBA FASTSIGNS		Phone 804-270-7446
	Address 10817 W Broad St, Glenn Allen, VA		Email 13@Fastsigns.com
	Contractor License Number 2705161657	Type Class A	Expiration 08/31/2021

DESCRIPTION OF WORK	Scope of Work: Fabrication and Installation of LED Channel Letter Signage				
	Proposed Use Signage	Current Use N/A	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 including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

<i>Building Only - Excludes All Trades Permits</i>		Application Fee \$ <i>3340</i>
Value of Work	4,453.66	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.		Zoning Fee \$ <i>50.00</i>
		RLD \$ _____
		SWP \$ _____
		Total \$ <i>84.07</i>
Signature of Applicant <i>[Signature]</i>	Date <i>7/12/21</i>	

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE u # STORIES 1 CONSTRUCTION TYPE SI OCCUPANT LOAD Ø CODE EDITION 15

FIRE SPRINKLER N FIRE ALARM N MODIFICATION N

APPROVAL [Signature] DATE 7-18-2021

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: 6/24/2021

Permit Number: BP-2021-00785

GPIN/Tax Map: 7116-57-0110 / 58-4-A-3-0

Issued: 7-1-21

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 1781 Manakin Road	
	Owner Debbie McCauley	Phone # 804-389-9253
	Address 1781 Manakin Road, Manakin Sabot, VA 23103	Email domswim55@gmail.com

APPLICANT INFORMATION	Applicant/Contact Catherine Gallagher		Phone # 804-761-6647
	Address 196 Selftown Road, Warsaw, VA 22572		Email catherine@riverpoolsandspas.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Homewood Park</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>10' from P/L/P/W</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 <u>X</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* Survey Locate Setbacks.</u> A-2			

Planning & Zoning Officer: Daniel Floyd Date: 6/25/21

CONTRACTOR INFORMATION	Contractor River Pools & Spas <i>CID 3627</i>		Phone 804-333-9192
	Address 196 Selftown Road, Warsaw, VA 22572		Email catherine@riverpoolsandspas.com
	Contractor License Number 2705099652	Type A	Expiration 10/31/21

DESCRIPTION OF WORK	Scope of Work: install inground 14'x30' fiberglass pool				
	Proposed Use residential	Current Use residential	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. 900	

Building Only - Excludes All Trades Permits

Value of Work	35000	Application Fee	\$ <u>169.50</u>
		State Levy Fee	\$ <u>3.39</u>
		Septic/Well Fee	\$ _____
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>197.89</u>

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

Signature of Applicant: Catherine Gallagher Date: 6-16-21



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: **5-28-2021**
5-19-21

Permit Number: **BP-2021-00669**

GPIN/Tax Map: **6768-08-1996 / 34-4-0-2-0**

Issued: **7-8-21**

Residential Commercial

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OWNER INFORMATION	Site Address	3070 poorhouse rd Goochland Va 23063		
	Owner	Christopher L Cann	Phone #	804-937-0749
APPLICANT INFORMATION	Address	3070 poorhouse rd		
	Applicant/Contact	Christopher L Cann	Phone #	804-937-0749
	Address	3070 poorhouse rd		
			Email	CCANNX@HOTMAIL.COM

FORM COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount	Date Paid
	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	75' front / Rev		5'	
Side Setback	Side Setback	Flood Zone		
	5'	5'		A2
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: No change to existing footprint	
	Planning & Zoning Officer: David Boyd		Date	6/2/21

CONTRACTOR INFORMATION	Contractor	Phone	
	Owner	804-937-0749	
	Address	Email	
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Install grid tie PV (SOLAR) on detached garage with IRONRIDGE RACKING SYSTEM			
	EXISTING BUILDING ONLY ADDING ATTACHMENTS TO ROOF.			
	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 including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ 66.68
Value of Work	12,150.00	State Levy Fee	\$ 133
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.		Zoning Fee	\$ 25.00
Signature of Applicant	[Signature]	RID	\$
	Date 5/27/21	SWP	\$
		Total	\$ 93.68



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6/11/2021

Permit Number: BP-2021-00725

GPIN/Tax Map: 6757-91-8221 / 42-40-0-16-0

Issued: 7-8-21

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.

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OWNER INFORMATION
 Site Address: 3000 Swann's Inn Crescent

Owner: Krickovic & Ziegler, LLC
 Phone #: (804) 569-9745

Address: PO Box 1510, Mechanicsville, VA 23116
 Email: lonnie@kandzbuilders.com

APPLICANT INFORMATION
 Applicant/Contact: Krickovic & Ziegler, LLC
 Phone #: (804) 569-9745

Address: PO Box 1510, Mechanicsville, VA 23116
 Email: lonnie@kandzbuilders.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: Swann's Inn Estates
 Proffer: Yes No
 Amount: _____
 Date Paid: _____

Front Setback: 40' from PL/ROW
 Center Line Setback: 65'
 Rear Setback: 5'
 Side Setback: 5'
 Side Setback: 5'
 Flood Zone: X
 CUP/Variance/COA: _____
 123

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: David Floyd
 Date: 6/22/21

CONTRACTOR INFORMATION
 Contractor: Krickovic & Ziegler, LLC
 Phone: (804) 569-9745

Address: PO Box 1510, Mechanicsville, VA 23116
 Email: lonnie@kandzbuilders.com

Contractor License Number: 2705100072
 Type: Class A
 Expiration: 11/30/2021

DESCRIPTION OF WORK
 Scope of Work: Two story ~~single family home~~
 Detached Garage

Proposed Use: Residential
 Current Use: N/A
 Environmental impacts (stream crossing, wetlands, amt land disturbed): 2710 ~~sqft~~ sqft

SEWER: Public/Private
 WATER: Public/Private
 # of Bathrooms: 0
 # of Bedrooms: 0
 # of floors: 2

Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes (No)
 Finished Sq. Ft.: 0
 Unfinished Sq. Ft.: 2710
 Total Sq. Ft.: 2710

Building Only - Excludes All Trades Permits
 Value of Work: \$50,000 88,075.00

Application Fee: \$ 408.33
 State Levy Fee: \$ 8.17
 Zoning Fee: \$ 25.00

RLD: \$
 SWP: \$
 Total: \$ 441.50

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: 6/11/2021

130.60



BUILDING PERMIT APPLICATION

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

Application Date: June 22/2021

Permit Number: BP-2021-00776

GPIN/Tax Map: 2716-98-5696/47-1-0.43-P

Issued: 7-9-21

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.

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Site Address: 50 Broad St Road Manakin-Sabot 23103

Owner: TKC Land Development Phone #: 704-319-8155

Address: 4500 Cameron Valley Parkway Suite 400, 26211 Email: bgodfrey@thekitchcorp.com

Applicant/Contact: Marco Contractors / Michael Bassett Phone #: 731-441-5906

Address: 100 Commonwealth Dr Warrendale P.A. 15086 Email: mbassett@marcocontractors.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <u>Brookview Shopping Center</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>Left Side 20'</u>	Side Setback: <u>5'</u>	Flood Zone: _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			

Planning & Zoning Officer: Daniel Lloyd Date: 6/24/21

Contractor: Marco Contractors inc Phone: 731-441-5906

Address: 100 Commonwealth Dr Warrendale P.A. 15086 Email: mbassett@marcocontractors.com

Contractor License Number: 2705026750 Type: Commercial Expiration: 11/31/2023

Scope of Work: office/storage container construction trailer for advance auto mail receipts

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms: <u>0</u>	# of Bedrooms: <u>0</u>	# of floors: <u>1</u>
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No	Finished Sq. Ft.: <u>400</u>	Unfinished Sq. Ft.	Total Sq. Ft.: <u>400</u>	

Building Only - Excludes All Trades Permits

Value of Work: \$3400.00

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: 6/27/2021

Application Fee	\$ <u>30.00</u>
State Levy Fee	\$ <u>60</u>
Zoning Fee	\$ <u>100.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>130.60</u>



BUILDING PERMIT APPLICATION

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

Application Date: 5-28-2021
Permit Number: BP-2021-00682
GPIN/Tax Map: 6832-50-5945/12-1-0-60-A
Issued: 7-9-21

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 4337 Three Chopt Rd., Gum Spring - Va 23065	
	Owner Julio Wilinski	Phone # 804 3993973
APPLICANT INFORMATION	Address 10304 Collinwood Dr Richmond, Va 23238	Email bom-dia@verizon.net
	Applicant/Contact Julio Wilinski	Phone # 804 3993973
	Address 10304 Colliunwood Dr Richmond, Va 23238	Email bom-diua@verizon.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>All interior work</u> Planning & Zoning Officer: <u>David Boyd</u> Date: <u>6/3/21</u>			

CONTRACTOR INFORMATION	Contractor Flooring Plus Home improvement, LLC	Phone 8004 3993973
	Address 10304 Collinwood Dr, Richmond, Va 23238	Email flooringplus1@aol.com
	Contractor License Number 002-00504384 Type 005501 Expiration 12/31/2021	

DESCRIPTION OF WORK	Scope of Work: Frame a wall to separate part of existing kitchen, to be use to buil a full bathroom				
	Proposed Use bathroom	Current Use partm of the kitchen	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 01	# of Bedrooms 03	# of floors 02
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 1400	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>30.00</u>
Value of Work	\$500.00	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>6/3/21</u>		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>55.60</u>



BUILDING PERMIT APPLICATION

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

Application Date: 6-30-21
 Permit Number: BP-2021-00802
 GPIN/Tax Map: 7715-78-4429 / 58-37-4-1-0
 Issued: 7-9-21
 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.

Residential Commercial

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OWNER INFORMATION	Site Address	<u>423 wellfield Rd. Manakin Sabot, VA 23103</u>		
	Owner	<u>David Buggs</u>		Phone # <u>(804) 708-2091</u>
	Address	<u>423 wellfield Rd. Manakin Sabot VA 23103</u>		

APPLICANT INFORMATION	Applicant/Contact	<u>Scott Enroughty</u>		
	Address	<u>4965 Cox Rd. Glen Allen VA. 23060</u>		Phone # <u>(804) 241-3186</u> Email <u>Scott@PRSUA.com</u>

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

APPROVED REJECTED COMMENTS: No change to footprint
 Planning & Zoning Officer: David Floyd Date: 7/8/21

CONTRACTOR INFORMATION	Contractor	<u>Professional Restoration Services Inc.</u>		Phone <u>(804) 527-2095</u>
	Address	<u>4965 Cox Rd. Glen Allen VA. 23060</u>		
	Contractor License Number	Type	Expiration	
	<u>2705114576</u>	<u>Class A</u>	<u>4/30/2023</u>	

DESCRIPTION OF WORK	Scope of Work: <u>Repair Rotten Framing Behind Stone Vencer on Rear of House. like for like. 2x6 Framing</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<u>SEWER</u> Public/Private	<u>WATER</u> Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$15,000</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: Scott Enroughty Date: 6/25/21

Application Fee	\$ <u>79.50</u>
State Levy Fee	\$ <u>1.59</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$
SWP	\$
Total	\$ <u>106.09</u>



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Department of Building Inspection
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Residential Commercial

Application Date: 6/29/2021
 Permit Number: BP-2021-00807

GPIN/Tax Map: 679B-62-2471

Issued: 7-12-21

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.

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>LL PLEASANT & SUSAN HEIMANN</u>	
	Owner <u>2706-SHALLOWELL RD. MANAKIN-SABOT VA</u>	Phone # <u>833-8865</u> <u>804-512-5114</u>
	Address <u>2310.3</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>OWNER</u>	Phone # <u>833-8865</u>
	Address	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Smokey Hollow</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from P4 Run</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>A2</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Floyd Date: 7/18/21

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

DESCRIPTION OF WORK	Scope of Work: <u>18X21 STORAGE EQUIP lawn mower, TRACTOR TOOLS</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 including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft. <u>378</u>	Total Sq. Ft. <u>378</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>A 5000</u>	Application Fee \$ <u>58.77</u>
	State Levy Fee \$ <u>1.18</u>
	Zoning Fee \$ <u>25.00</u>
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>84.95</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: Shelie Williams Date: 6-29-21



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: 6-30-21
 Permit Number: 21-2021-00803
 GPIN/Tax Map: 6726-95-7626 / 51-1-0-44-A
 Issued: 7-13-21

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 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>1371 Rock Castle Rd.</u>	
	Owner <u>Michael Clem</u>	Phone # <u>301-401-1331</u>
	Address <u>Same</u>	Email <u>Mike.clem@dhr.virginia.gov</u>
APPLICANT INFORMATION	Applicant/Contact <u>Same</u>	
	Address	

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>5' from P/R Row</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: <u>David Lloyd</u> Date: <u>7/8/21</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>24x24 Garage</u>				
	Proposed Use <u>Workshop/Storage</u>	Current Use <u>NA</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NA</u> <u>50x50</u>		
	SEWER Public/Private <u>NA</u>	WATER Public/Private <u>NA</u>	# of Bathrooms <u>NA</u>	# of Bedrooms <u>NA</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <u>576</u>	Unfinished Sq. Ft. <u>576</u>	Total Sq. Ft. <u>576</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$9000 \$15,840.</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: _____ Date: 5/10/21

Application Fee	\$ <u>83.28</u>
State Levy Fee	\$ <u>1.67</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>109.95</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: 6-30-21

Permit Number: BP-2021-00804

GPIN/Tax Map: 6759-70-4715 / 30-8-0-18-0

Issued: 7-14-21

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>2419 Cheney Creek Rd, Goochland VA 23063</u>	
	Owner <u>Donald Miller</u>	Phone # <u>804-397-5271</u>
	Address <u>2419 Cheney Creek Rd, Goochland, VA 23063</u>	Email <u>millerde444@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Donald Miller</u>	
	Address <u>2419 Cheney Creek Rd, Goochland, VA 23063</u>	Phone # <u>804-397-5271</u>
		Email <u>millerde444@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Cheney's Creek</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 _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: <u>* Survey Locate Setbacks</u>	
Planning & Zoning Officer <u>[Signature]</u>		Date <u>7/8/21</u>		

CONTRACTOR INFORMATION	Contractor <u>Carolina Carports Inc. Owner</u>		Phone <u>+800-670-4262</u>
	Address <u>P.O. Box 1263, Dobson, NC 27017</u>		Email <u>millerde444@gmail.com</u>
	Contractor License Number <u>N/A</u>	Type <u>N/A</u>	Expiration <u>N/A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Metal Carport Installation on 21A stone.</u> <u>Size = 7 22' x 31'</u>				
	Proposed Use <u>Store Boat</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# 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)	Finished Sq. Ft.	Unfinished Sq. Ft. <u>682</u>	Total Sq. Ft. <u>682</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>6354.70</u> \$ <u>10,230.00</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 6/25/21

Application Fee	\$ <u>58.04</u>
State Levy Fee	\$ <u>1.10</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>84.20</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6/29/2021

Permit Number: BP-2021-00828

GPIN/Tax Map: 6840-81-8255 / 20-6-0-6-B

Issued: 7-14-21

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 3668 Whitehall Rd. Sandy Hook VA 23153	
	Owner Nicholas Parker	Phone # 804-556-1025
APPLICANT INFORMATION	Address 4965 Cox Rd. Richmond VA 23060	
	Applicant/Contact Amber Fritts	Phone # 804-662-0056
		Email nick.b.parker@gmail.com
		Email Amber@prsva.com

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: No change to existing footprint AI Planning & Zoning Officer: [Signature] Date: 7/19/21			

CONTRACTOR INFORMATION	Contractor Professional Restoration Services		Phone 804-527-2095
	Address 4965 Cox Rd. Richmond VA 23060		Email Amber@prsva.com
	Contractor License Number 2705114576A	Type A	Expiration 4/30/2023

DESCRIPTION OF WORK	Scope of Work: add wall in basement to separate spaces				
	Proposed Use office	Current Use office	Environmental Impacts (stream crossing, wetlands, amt land disturbed) none		
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms 4	# of Bedrooms 5	# of floors 3
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Finished Sq. Ft. 4452	Unfinished Sq. Ft. 0	Total Sq. Ft. 4452	

Building Only - Excludes All Trades Permits

Value of Work	3000
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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: 6/29/2021

Application Fee	\$ 30.00
State Levy Fee	\$.60
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 55.60



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 7/13/2021
Permit Number: BP-2021-00861
GPIN/Tax Map: 7716-85-8327
Issued: 7-20-21
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 350 Pond View Lane Manakin Sabot VA 23103	
	Owner Carol and Frank Straus	Phone # (804) 306-1049
	Address 350 Pond View Lane Manakin Sabot VA 23103	Email carolehlt@aol.com
APPLICANT INFORMATION	Applicant/Contact Dominick Barlow	
	Address 10000 Chester Rd Chester, VA 23831	Phone # 804-452-7699 Email service@sunlightsolarvirginia.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>
	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>* Roof Mounted</u> Planning & Zoning Officer: <u>David Floyd</u> Date: <u>7/19/21</u>			

CONTRACTOR INFORMATION	Contractor Sunlight Solar		Phone 804-452-7699
	Address 10000 Chester Rd Chester VA 23831		Email service@sunlightsolarvirginia.com
	Contractor License Number 2705174641	Type AES ELE	Expiration 9/30/22

DESCRIPTION OF WORK	Scope of Work: Roof-Mounted, Grid-Tied 16.92 kW solar PV system on existing single family residence				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms	# of Bedrooms	# of floors 2
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No <u>No</u>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>107.87</u> State Levy Fee \$ <u>2.16</u> Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>135.03</u>
Value of Work	21,304	
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>Dominick Barlow</u>	
Date	<u>7/19/22</u>	



BUILDING PERMIT APPLICATION

Application Date: March 24, 2021

Permit Number: *BP-2021-00375*

GPIN/Tax Map: 63-1-0-174

Issued: *7-21-21*

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 <i>128 74 Patterson Ave, Richmond, VA 23238</i>	
	Owner <i>Creekmore LLC</i>	Phone # <i>8043146008</i>
	Address <i>350 Pembroke Lane</i>	Email <i>scametas@gmail.com</i>

APPLICANT INFORMATION	Applicant/Contact <i>Stefan Cametas</i>		Phone # <i>8043146008</i>
	Address <i>350 Pembroke Lane</i>		Email <i>scametas@gmail.com</i>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>N/A</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback <i>125' from P4/ROW</i>	Center Line Setback	Rear Setback <i>25'</i>	CUP/Variance/COA <i>COA-2021-4-Approved</i> <i>POD-2020-30-Approved</i> <i>RO</i>
	Side Setback <i>35'</i>	Side Setback <i>Lt. Setb 15'</i>	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer *David Ford* Date *7/20/21*

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

DESCRIPTION OF WORK	Scope of Work: <i>New Construction/Shell Space Building Model A CREEKMORE OFFICE PARK.</i>				
	Proposed Use <i>Office</i>	Current Use <i>n/a</i>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms <i>undetermined</i>	# of Bedrooms <i>n/a</i>	# of floors <i>1</i>
	Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft. <i>7491</i>	Unfinished Sq. Ft.	Total Sq. Ft. <i>7491</i>	

Building Only – Excludes All Trades Permits		Application Fee \$ <i>2994.00</i>
Value of Work	<i>\$300,000.00</i>	State Levy Fee \$ <i>98.88</i>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee \$
		Zoning Fee \$ <i>100.00</i>
		RLD \$
		SWP \$
		Total \$ <i>5142.94</i>
Signature of Applicant <i>[Signature]</i>	Date <i>3/25/21</i>	

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317
LOT 35-3 READERS BRANCH

Application Date:
04/22/2021
Permit Number:
BP-2021-00477
Old Map Number:
58-55-3-35-0
GPIN:
7726-23-3895 *Issued 5-26-2021*

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 12317 Beech Hall Circle		District	
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663	
	Address 10618 PATTERSON AVE. HENRICO VA 23238			
	Proposed Use		Current Use	
	Proposed Occupant Load (Commercial)		Lot Size	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Readers Branch</i>		Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount: \$ <i>12,592.00</i>		Date Paid: <i>Done</i>			
	New Street Address				Zoning District <i>RPUD</i>					
	Front Setback <i>30' from PL/ROW</i>		Center Line Setback <i>55'</i>		Rear Setback <i>25'</i>		C.U. Permit		Variance	
	Side Setback <i>Right Side 15'</i>		Side Setback <i>10'</i>		Census Tract <i>51075400100</i>			Flood Zone		
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: <i>*Cash Proffer due before issuing C.O. *Survey locate setbacks.</i>					

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 Lloyd* Date *4/26/21*

Applicant/Contact:
BERTON JAMES **Phone**
(804)217-6910

Email: bjames@eagleofva.com

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC			Phone (804)741-4663		
	Address 10618 PATTERSON AVE. HENRICO VA 23238					
	Contractor License Number 2705096467A			Type CLASS A		Expiration 6-30-2021

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE, <i>Permit revised 7/21/2021 to change model of house to a Linden III craftsman.</i>					
	SEWER Public/Private		WATER Public/Private		# of Bathrooms	
	# of Floors		Total Sq. Ft.		Finished Sq. Ft.	
	Unfinished Sq. Ft.		# of Bedrooms			

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

VALUE OF WORK	
Building	\$ <i>166,367.50</i> <i>255,862.50</i>
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <i>760.66</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>15.21</i>
Zoning Fee	\$ <i>50.00</i>
Total	\$ <i>825.87</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 *Berton James*
Revision Fee 402.12
State Levy 806
Total 41078



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 7/16/21
 Permit Number: BP-2021-00876
 GPIN/Tax Map: 6768-09-4062/30-4-0-40
 Issued: 7-22-21

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.

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>3050 POORHOUSE ROAD</u>				
	Owner <u>TAMARA MAY DOUCETTE</u>	Phone # <u>(434) 960 7735</u>			
	Address <u>3050 POORHOUSE ROAD</u>	Email <u>tmd2t@virginia.edu</u>			
APPLICANT INFORMATION	Applicant/Contact <u>JOHN DOUCETTE (FATHER)</u>		Phone # <u>(540) 256 7275</u>		
	Address <u>38 TIDBALL ROAD, FORT MONROE, VA, 23651</u>		Email <u>jdoucette767@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' from PL/ROW</u>	Center Line Setback <u>100'</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>7/20/21</u>		
CONTRACTOR INFORMATION	Contractor <u>OAK CREST CONSTRUCTION</u>		Phone <u>804 380 1692</u>		
	Address <u>4038 CEDAR PLAINS RD, SANDY HOOK, VA 23153</u>		Email <u>oakcrestconstructionllc.com</u>		
	Contractor License Number <u>2705159508</u>	Type <u>CONTRACTOR</u>	Expiration <u>3-31-2023</u>		
DESCRIPTION OF WORK	Scope of Work: <u>BUILD (POUR) A CONCRETE PAD, AND ERECT A STEEL, PRE-FAB SHED ON THE PAD. THE SHED IS 18' X 21'.</u>				
	Proposed Use <u>STORAGE</u>	Current Use <u>NONE</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>NONE</u>		
	SEWER Public/Private <u>N/A</u>	WATER <u>N/A</u> Public/Private <u>N/A</u>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No <u>No</u>	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>378</u>	Total Sq. Ft. <u>378</u>	
	Building Only - Excludes All Trades Permits				

Value of Work # ~~8,000~~ BLDG 10,395.00

Application Fee	\$ <u>5877</u>
State Levy Fee	\$ <u>118</u>
Zoning Fee	\$ <u>2500</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>8495</u>

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



BUILDING PERMIT APPLICATION

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

Application Date: 7-12-21
Permit Number: BP-2021-00849
GPIN/Tax Map: 7116-84-7837 / 58-1-0-86-C
Issued: 7-22-21
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: 351 Pond View Lane
Owner: Mike & Cris Waller Phone #: 804-641-3876
Address: 351 Pond View Lane Martinsburg, VA 23103 Email: Mike@PrestigeCabinets.com

APPLICANT INFORMATION
Applicant/Contact: Mike Waller Phone #: 804-641-3876
Address: 351 Pond View Lane Martinsburg, VA 23103 Email: Mike@PrestigeCabinets.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: N/A Proffer: Yes No Amount: _____ Date Paid: _____
Front Setback: _____ Center Line Setback: _____ Rear Setback: _____ CUP/Variance/COA: _____
Side Setback: _____ Side Setback: _____ Flood Zone: _____
APPROVED REJECTED COMMENTS: No change to footprint
Planning & Zoning Officer: Dennis Floyd Date: 7/13/21

CONTRACTOR INFORMATION
Contractor: NASC Phone: _____
Address: _____ Email: _____
Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK
Scope of Work: Remodel Master Bath - Enlarge Master Bedroom & Closet - Remodel Kitchen - Add 1/2 Bath in Laundry Space - Reverse Staircase - Build (1) False Doorway; Build (1) Doorway for Living Space - Finish Existing Unfinished 2nd Floor Space
Proposed Use: Dwelling Current Use: Dwelling Environmental Impacts (stream crossing, wetlands, amt land disturbed): No
SEWER: Public/Private WATER: Public/Private # of Bathrooms: ADD 1/2 Total # of Bedrooms: Total 3 tot # 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.: 0 House Total Sq. Ft.: 1200

Building Only - Excludes All Trades Permits
Value of Work: \$100,000.00
Application Fee: \$ 462.00
State Levy Fee: \$ 9.24
Septic/Well Fee: \$ _____
Zoning Fee: \$ 25.00
RLD: \$ _____
SWP: \$ _____
Total: \$ 496.24
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: [Signature] Date: 7/17/21



BUILDING PERMIT APPLICATION

Application Date: 7-1-21Permit Number: BP-2021-00835GPIN/Tax Map: 6769-42-6720 / 31-1-0-14-0Issued: 7-22-21

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.

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>2626 Turner Road</u>	
	Owner <u>Mark & Katherine Bowles</u>	Phone # <u>(804) 201-0275</u>
	Address <u>2626 Turner Rd., Goochland, VA 23063</u>	Email <u>kathy.bowles2@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Clyde Toms / Dominion Preservation Co., LLC</u>		Phone # <u>(804) 564-4323</u>
	Address <u>2150 Westmoreland St., Richmond, VA 23230</u>		Email <u>clyde.toms@dominionpreservation.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 P4/low</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>A2</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: Daniel Floyd Date: 7/12/21

CONTRACTOR INFORMATION	Contractor <u>Dominion Preservation Co., LLC</u>		Phone <u>(804) 282-2394</u>
	Address <u>2150 Westmoreland St., Richmond, VA 23230</u>		Email <u>clyde.toms@dominionpreservation.com</u>
	Contractor License Number <u>2705077267</u>	Type <u>Class A</u>	Expiration <u>6/30/23</u>

Scope of Work: Add Covered Patio with Fireplace & Seat Walls *Masonry - all on grade*

Proposed Use <u>Single Family Resid.</u>	Current Use <u>Single Family</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>0</u>
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes <u>(No)</u>	Finished Sq. Ft. _____	Unfinished Sq. Ft. _____	Total Sq. Ft. <u>728 SF Covered Patio</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>\$ 100,000.00</u>	Application Fee <u>\$ 462.00</u>
	State Levy Fee <u>\$ 9.24</u>
	Zoning Fee <u>\$ 25.00</u>
	RLD \$ _____
	SWP \$ _____
	Total <u>\$ 496.24</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: Clyde H. Toms Date: 7/2/21



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: 7/12/2021

Permit Number: BP-2021-00858

GPIN/Tax Map: 6736-06-3942

Issued: 7-22-21

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: 1461 Rockcastle Road Goochland VA 23063

Owner: Matt and Carrie Toney Phone #: _____

Address: 1461 Rockcastle Rd Email: _____

APPLICANT INFORMATION

Applicant/Contact: Triple T Pools & Masonry LLC Phone #: 804-337-3868

Address: 18493 Hollowing Creek Rd Beaverdam VA 23015 Email: Tripletpools@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: N/A Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 55' from PC/ROW Center Line Setback: _____ Rear Setback: 5' CUP/Variance/COA: _____

Side Setback: 5' Side Setback: 5' Flood Zone: X _____ AI

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: David Floyd Date: 7/19/21

CONTRACTOR INFORMATION

Contractor: Triple T Pools & Masonry LLC Phone: 804-337-3868

Address: 18493 Hollowing Creek Rd Beaverdam VA 23015 Email: Tripletpools@gmail.com

Contractor License Number: 2705159715 Type: class B Expiration: 3/31/2022

DESCRIPTION OF WORK

Scope of Work: 18x36- Inground concrete swimming pool.

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
		<u>648</u>	<u>648</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 40,000.00</u>	Application Fee	\$ <u>192.00</u>
		State Levy Fee	\$ <u>3.84</u>
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>220.84</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.

Signature of Applicant: Angel Thurston Date: 7/12/2021



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: 7/19/2021

Permit Number: AP-2021-00874

GPIN/Tax Map: 6736-00-3942

Issued: 7-22-21

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 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>1461 Rockcastle Rd Goochland VA 23063</u>	
	Owner <u>Matt Toney</u>	Phone # <u>804-878-5028</u>
	Address <u>3898 Old Stage Rd Goochland VA 23036</u>	Email <u>mtoney@eternalstoneworks.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Same</u>	Phone # <u>804-878-5028</u>
	Address	Email

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

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: Dawn Floyd Date: 7/19/21

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

DESCRIPTION OF WORK	Scope of Work: <u>Fence for pool -</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 including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work \$15,000.00

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: [Signature] Date: 7/19/2021

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

Zoning fee taken in under pool permit 804-2021-00858



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 7/9/2021

Permit Number: BP-2021-00848

GPIN/Tax Map: 7704-69-5202 / 62-31-D-8-0

Issued: 7-22-21

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.

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 608 Joe Brook Ln Manakin VA 23103	
	Owner Parrish, Ray	Phone #
	Address 608 Joe Brook Ln Manakin VA	Email

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>The Meadows at Manakin</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>55' from P/R/W</i>	Center Line Setback <i>80'</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: <i>David Floyd</i> Date <i>7/13/21</i>			

CONTRACTOR INFORMATION	Contractor WestView Companies, Inc		Phone 8046909605
	Address PO Box 21 Oilville VA 23129		Email mathelms@westviewcompanies.com
	Contractor License Number 2705117309	Type A	Expiration 9-30-2021

DESCRIPTION OF WORK	Scope of Work: Construct free standing pavilion and remove (2) columns on main house porch to replace with steel beam and columns at each end				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <i>none</i>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <i>0</i>	# of Bedrooms <i>0</i>	# of floors <i>1</i>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes (No) <i>(No)</i>	Finished Sq. Ft. <i>288</i>	Unfinished Sq. Ft. <i>360</i>	Total Sq. Ft. <i>360</i>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>93.00</u> State Levy Fee \$ <u>1.86</u> Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>119.86</u>
Value of Work	18,000	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant <i>[Signature]</i>	Date 7/9/2021	



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: 6/29/2021

Permit Number: BP-2021-00230

GPIN/Tax Map: 21-1-0-32-0

Issued: 7-22-21

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.

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: 2883 Sandy Hook Rd Sandy Hook VA

Owner: Noor 7 LLC Phone #: N/A

Address: 11733 Olde Covington Way Glenn Allen VA Email: N/A

APPLICANT INFORMATION
 Applicant/Contact: Total Image Solutions: Mckenzie Smith- Permit Tech Phone #: 4345849716

Address: 196 Theater Rd South Hill VA 23970 Email: mckenzie-tis@outlook.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: N/A Proffer: Yes No Amount: _____ Date Paid: _____

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

Side Setback: _____ Side-Setback: _____ Flood Zone: _____

APPROVED REJECTED COMMENTS: No change/addition to footprint. B1/A2

Planning & Zoning Officer: [Signature] Date: 7/9/21

CONTRACTOR INFORMATION
 Contractor: Total Image Solutions Phone: 4345849716

Address: 196 Theater Rd South Hill VA 23970 Email: mckenzie-tis@outlook.com

Contractor License Number: 2705141592 Type: Sign Expiration: 6/30/2023

DESCRIPTION OF WORK
 Scope of Work: at woods store Marathon
Reface Existing signage with new brand

Proposed Use: Gas Station Current Use: Gas Station 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 including reserve drain fields? Yes / No: _____ Finished Sq. Ft.: _____ Unfinished Sq. Ft.: _____ Total Sq. Ft.: _____

Building Only - Excludes All Trades Permits

Value of Work: \$8,600

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: 6/29/2021

Application Fee	\$ <u>64.50</u>
State Levy Fee	\$ <u>1.29</u>
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>215.79</u>



BUILDING PERMIT APPLICATION

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

Application Date: 6/28/2021

Permit Number: BP-2021-00826

GPIN/Tax Map: 7726-08-2167 / 47-1-0-80-E

Issued: 7-23-21

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 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 27 Broad Street	
	Owner Pontus Vault Portfolio LLC c/o Suntrust Lease Adm	Phone #
	Address P O Box 26665, Richmond, VA 23261	Email

APPLICANT INFORMATION	Applicant/Contact Keith Wagner	Phone # 8046490325
	Address 1908 Chamberlayne Ave, Richmond, VA 23222	Email permits@talleyesign.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 COA-2021-5
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: COA approved, no change to footprint. BI			
	Planning & Zoning Officer <u><i>David Boyd</i></u>		Date <u><i>7/2/21</i></u>	

CONTRACTOR INFORMATION	Contractor Talley Sign Company	Phone 8046490325
	Address 1908 Chamberlayne Ave	Email permits@talleyesign.com
	Contractor License Number 2701025262	Type Class A Contractor

DESCRIPTION OF WORK	Scope of Work: Remove and replace DF pylon sign cabinet, remove and replace channel letters on existing raceway, remove and replace two directional signs				
	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>30.00</u>
Value of Work	<u>3500</u>	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>Keith Wagner</u> Digitally signed by Keith Wagner Date: 2021.05.05 11:38:22 -0400 Date <u>6/18</u>		Septic/Well Fee	\$ <u>-</u>
		Zoning Fee	\$ <u>-0-</u>
		RLD	\$ <u>-</u>
		SWP	\$ <u>-30.60</u>
		Total	\$ <u>30.60</u>



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6-15-21
 Permit Number: BP-2021-00731
 GPIN/Tax Map: 7725-22-4215 / 58-32-3-B-D
 Issued: 7-23-21

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.

Site Address MOSAIC @ WEST CREEK SECTION 5 LOT 4 / SEC 2 LOT 10
 INTERSECTION OF TUCKAHOE CREEK PKWY AND HOCKETT ROAD* - - - GPIN #7725-05-8916

OWNER INFORMATION
Owner HHHUNT MOSAIC, LLC **Phone #** 804.762.4800

Address 11237 NUCKOLS ROAD, GLEN ALLEN, VA 23059 **Email** JONATHAN RIDOUT

APPLICANT INFORMATION
Applicant/Contact BRACKT RETAINING WALLS AND EXCAVATING, LLC - - - VICKI BARNETT **Phone #** 804.798.5097

Address 10423 DOW GIL ROAD, ASHLAND, VA 23005 **Email** ADMIN@BRACKTWALLS.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: _____			

Planning & Zoning Officer David Floyd Date 6/16/21

CONTRACTOR INFORMATION
Contractor BRACKT RETAINING WALLS AND EXCAVATING, LLC **Phone** 804.798.5097

Address 10423 DOW GIL ROAD, ASHLAND, VA 23005

Contractor License Number 2705131869 **Type** A **Expiration** 11.30.2021

DESCRIPTION OF WORK
Scope of Work:
 INSTALL SEGMENTAL RETAINING TO EXTEND WALL FROM LOT 10 / SEC 2 INTO LOT 4 / SEC 5

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
<input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
Finished Sq. Ft. 660	Unfinished Sq. Ft.	Total Sq. Ft. 660		

Building Only - Excludes All Trades Permits

Value of Work \$13,650.00

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 Vicki Barnett Date May 25, 2021

Application Fee	\$ <u>102.31</u>
State Levy Fee	\$ <u>2.05</u>
Septic/Well Fee	\$ _____
Zoning Fee	\$ <u>50.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>154.42</u>



BUILDING PERMIT APPLICATION

Application Date: 11/12/20

Permit Number: AP-2020-01117

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

Issued: 7-26-21

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.

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

Residential Commercial

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

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

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

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

Planning & Zoning Officer _____ Date _____

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

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

Building Only - Excludes All Trades Permits

Value of Work	\$2,800.00
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: *[Signature]* Date: 11/12/20

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



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 6/21/21

Permit Number: BP-2021-00784

GPIN/Tax Map: 7733-36-6405

Issued: 7-26-21

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.

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 22 BUCK Branch Dr. Richmond VA 23238	
	Owner William Taylor	Phone # 804-399-8589
	Address	Email

APPLICANT INFORMATION	Applicant/Contact Amber Fritts	Phone # 804-662-0086
	Address 4965 Cox Rd. Glen Allen VA 23060	Email amber@prsva.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Lower Tudorhose	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA RI
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: All interior work. Planning & Zoning Officer: David Floyd Date: 6/25/21	

CONTRACTOR INFORMATION	Contractor CID 3229	Phone 804-527-2095
	Address Professional Restoration Services 4965 Cox Rd. Glen Allen VA 23060	Email amber@prsva.com
	Contractor License Number 2705114576	Type A

DESCRIPTION OF WORK	Scope of Work: Sister 5 joists. + replace sub floor joist repairs under wet bar area from slow long-term water leak				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 3	# of Bedrooms 4	# of floors 2
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No	Finished Sq. Ft. 3350	Unfinished Sq. Ft. 0	Total Sq. Ft. 3350	

Building Only - Excludes All Trades Permits

Value of Work	\$ 2000
---------------	---------

Application Fee	\$ 30.00
State Levy Fee	\$ 60
Septic/Well Fee	\$
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 50.00

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: 6/21/21

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

Residential Commercial

Permit Number: BP-2021-00792

GPIN/Tax Map: 7726.85.1136

Issued: 7-26-21

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.

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>1630 Wilkes Ridge Parkway Richmond Va 23233</u>	
	Owner <u>MMAC 150 Goochland Va LLC (Tracy Allen)</u>	Phone # <u>804.228.4935</u>
APPLICANT INFORMATION	Address <u>4198 Cox Rd Suite 200 Glen Allen VA 23060</u>	Email <u>TAllen@CommonwealthCommercial.com</u>
	Applicant/Contact <u>Rich Robertson</u>	Phone # <u>804.400.4367</u>
	Address <u>4300 Fitzhugh Ave Richmond VA 23230</u>	Email <u>R.Robertson@dallanconstruction.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 type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer _____ Date _____			

CONTRACTOR INFORMATION	Contractor <u>Dallan Construction INC.</u>	Phone <u>804.421.9326</u>
	Address <u>4900 Fitzhugh Ave Richmond VA 23230</u>	Email <u>R.Robertson@dallanconstruction.com</u>
	Contractor License Number <u>2705046705</u>	Type <u>Class A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Interior tenant up-fit, non-structural metal stud framing finishes, mechanical, electrical (firesprinkler, fire alarm, and plumbing) work for executive health group</u>				
	Proposed Use <u>B</u>	Current Use <u>B</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms	# of Bedrooms	# of floors <u>1 (3rd floor)</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Finished Sq. Ft. <u>4758</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>4758</u>	

Building Only - Excludes All Trades Permits		Application Fee	<u>\$2,159.00</u>
Value of Work	<u>\$287,870.00</u>	State Levy Fee	<u>\$43.18</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.		Zoning Fee	<u>\$100.00-</u>
Signature of Applicant	<u>Hannah Parrel</u>	RLD	<u>\$</u>
Date	<u>6.24.21</u>	SWP	<u>\$</u>
		Total	<u>\$2,302.21</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: 7/15/2021

Permit Number: BP-2021-00882

GPIN/Tax Map: 6767-44-8845

Issued: 7-27-21

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 2524 Bucknell Lane, Maidens, VA 23102	
	Owner William Stevens	Phone.# (804) 647-9185
	Address 2524 Bucknell Lane, Maidens, VA 23102	Email oneswan@mail.org

APPLICANT INFORMATION	Applicant/Contact Sigora Solar LLC		Phone # (434) 996-6141
	Address 490 Westfield Road Suite A, Charlottesville, VA 22901		Email permitting@sigorasolar.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>North Cliff</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <i>55' from PL Row</i>	Center Line Setback _____	Rear Setback <i>35'</i>	CUP/Variance/COA _____
	Side Setback <i>20'</i>	Side Setback <i>30'</i>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>No change to existing footprint</i> A2			

Planning & Zoning Officer: *David [Signature]* Date: *7/21/21*

CONTRACTOR INFORMATION	Contractor Sigora Solar LLC		Phone (434) 996-6141
	Address 490 Westfield Road Suite A, Charlottesville, VA 22901		Email permitting@sigorasolar.com
	Contractor License Number 2705141338	Type A	Expiration 7/31/2022

DESCRIPTION OF WORK	Scope of Work: Installation of a flush roof mounted solar photo-voltaic system. System Size: 7.560 kWp DC				
	Proposed Use Single Family (solar install)	Current Use Single Family	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE		
	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>30⁰⁰</u> State Levy Fee \$ <u>60</u> Septic/Well Fee \$ _____ Zoning Fee \$ <u>25⁰⁰</u> RLD \$ _____ SWP \$ _____ Total \$ <u>55⁰⁰</u>
Value of Work	2,986.20	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant <i>Henry Keith</i>		Date 7/15/2021



BUILDING PERMIT APPLICATION

Application Date: 4-8-2021
 Permit Number: BP-2021-00415
 GPIN/Tax Map: 6749-89-3995 20-28-A-3-0
 Issued: 5-13-2021
 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 <u>3656 West Rocketts Ridge, Sandy Hook, VA 23153</u>	
	Owner Rocketts Ridge LLC	Phone # 804-517-6671
	Address 11123 Cawthorn Road, Glen Allen, VA 23059	Email gary@richmondhomes.net

APPLICANT INFORMATION	Applicant/Contact Gary Duda		Phone # 804-938-5777
	Address 11551-D Nuckols Road, Glen Allen, VA 23059		Email gary@richmondhomes.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Rocketts Ridge</u>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount <u>\$21,302.00</u>	Date Paid <u>Done</u>
	Front Setback <u>40' from P.U./RAW</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	<u>RI</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>*Cash Proffer due before issuing C.O.</u>			
	Planning & Zoning Officer <u>David Ford</u>		Date <u>4/5/21</u>	

CONTRACTOR INFORMATION	Contractor GVA Home Builders, LLC		Phone 804-938-5777
	Address 11551-D Nuckols Road, Glen Allen, VA 23059		Email gary@richmondhomes.net
	Contractor License Number 2705176938	Type Class A RBC	Expiration 10-31-2022

DESCRIPTION OF WORK	Scope of Work: <u>revised 7-22-21 finish out 3rd level into rec. room</u> New SFH with attached garage <u>971 sq. ft.</u>				
	Proposed Use SFH	Current Use Vacant Lot	Environmental Impacts (stream crossing, wetlands, amt land disturbed) None		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms 3	# of Bedrooms 4	# of floors 3
	Will a foundation be installed within 20 ft. of any septic system components? Yes/No <u>No</u>	Finished Sq. Ft. <u>2964</u>	Unfinished Sq. Ft. <u>1828</u>	Total Sq. Ft. <u>4792</u>	
	Building Only - Excludes All Trades Permits <u>3735</u>				

Value of Work <u>340,000</u>	<u>1057</u>	Application Fee \$ <u>1542.00</u>
		State Levy Fee \$ <u>30.84</u>
		Septic/Well Fee \$ <u>56.00</u>
		Zoning Fee \$ <u>100.00</u>
		RLD \$ <u>200.00</u>
		SWP \$ <u>1922.84</u>
		Total \$ <u>1922.84</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.

Signature of Applicant [Signature] Date 4/5/21



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: 6-14-21
 Permit Number: BP-2021-00728
 GPIN/Tax Map: 7705-58-7664 / 57-10-017-0
 Issued: 7-29-21
 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>MICHAEL & MELIA FLANIGAN</u>	
	Owner <u>1467 WINSOR WAY</u>	Phone # <u>804 288 4999</u>
APPLICANT INFORMATION	Applicant/Contact <u>TOM PAUL</u>	Phone # <u>804 837 8998</u>
	Address <u>15 E. GLENBROOKE CIR.</u>	Email <u>TOM@PDCVA.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Auburn Chase</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from PL/ALK</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/GOA <u>Approved received 7/20/21</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone _____	<u>AA</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>[Signature]</u> Date: <u>7/20/21</u>			

CONTRACTOR INFORMATION	Contractor <u>PREMIERE DESIGN & CON., INC</u>	Phone <u>804 288 4999</u>
	Address <u>15 E. GLENBROOKE CIR. RICHMOND VA 23229</u>	Email <u>TOM@PDCVA.COM</u>
	Contractor License Number <u>2705-043273</u>	Type <u>A G.C.</u>

Scope of Work: INSTALL NEW WALLS IN FINISHED BASEMENT, ADD CABINETS, REMODEL BATH AND ADD LAUNDRY.

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

Building Only - Excludes All Trades Permits

Value of Work <u>\$40,000</u>	Application Fee <u>\$ 192.00</u>
	State Levy Fee <u>\$ 3.84</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>6/10/21</u>	Total <u>\$ 220.84</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.



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

144.43

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: 7-15-21
 Permit #: 2112021-00866
 GPIN:
 Tax Map:

LOCATION

Street Address: 1275 Turkey Trot Road

PROPERTY OWNERSHIP

Name: Andrew Michael Phone: 804.677.3863
 Mailing Address: 1275 Turkey Trot Road, Manakin-Sabot 23103 Email: AJMceca@gmail

APPLICANT

Name: Gavin Clark Phone: 540.270.9232
 Address: 14018 Sullyfield Cir Ste E, Charlottesville VA 22901 Email: GCLARK@GeneratorCenter.com

CONTRACTOR

Name: Clark Home Solutions LLC Phone: 540.270.9232
 Mailing Address: 14018 Sullyfield Cir Ste E Email: GCLARK@GeneratorCenter.com
 Gas Certification: YES NO
 State License Number: 2705176647 Expiration: 08.31.22 License Type: MASTERS Class: A

DESCRIPTION OF WORK

80 ft Buried electrical run from 48 Kw generator to 2 200 Amp transfer switches

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

Value of Work (required): 26,800

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: 7/13/21

Approval: [Signature] Office Use Only
 Permit Fee: \$144.43
 Approval date: 7-15-21
 Issued date:

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

RECEIVED
7/29/21 \$67.09

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	7/23/21
Permit #	EM-2021-00926
GPIN	
Tax Map	

LOCATION

Street Address
 2134 Withers lane, maidens VA, 23102

PROPERTY OWNERSHIP

Name	Flanigan, Kelly	Phone	760.920.5340
Mailing Address	2134 Withers lane, maidens VA 23102	Email	Fromaway97@aol.com

APPLICANT

Name	Scarlett Honshell/Clark Home Solutions LLC	Phone	804.302.4200
Address	9830 West Broad St. Richmond VA 23060	Email	Honshell@GeneratorSupercenter.com

CONTRACTOR

Name	Clark Home Solutions LLC			Phone	540 270 9232		
Mailing Address	14018 Sullyfield Cir Ste E			Email			
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2705176647	Expiration	8/31/22	License Type	Masters
						Class	A

DESCRIPTION OF WORK

5ft above ground electrical run from existing 200 Amp transfer switch to 24 Kw Generator

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required) \$9950

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: J. Honshell Date: 7/23/21

Approval: <u>Gary Fisher</u>	Office Use Only	Approval date: <u>7/29/21</u>
Permit Fee: <u>67.09</u>		Issued date: _____

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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 7-21-21
Permit # 112021-00885
GPIN
Tax Map

LOCATION

Street Address 3124 Rock Cress Ln

PROPERTY OWNERSHIP

Name Gord Kobal	Phone 556-5208
Mailing Address 3124 Rock Cress Ln	Email

APPLICANT

Name Mike Loving	Phone 804-400-9224
Address 1735 Arlington Rd Richmond, VA 23230	Email mloving@master-electrical.com

CONTRACTOR

Name Master Electrical Services		Phone 804-231-1973	
Mailing Address 1735 Arlington Rd Richmond, VA 23230		Email mloving@master-electrical.com	
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705067673	Expiration 3-31-2022	License Type A

DESCRIPTION OF WORK

Install 15kw generator and 200amp AIS			
# of Bathrooms	Service Size 200amp	Power Company	Inquiry #
Value of Work (required) \$3,000.00			

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: [Signature] Date: 7-19-2021

Approval: [Signature]	Office Use Only Approval date: 7-21-21
Permit Fee: \$35.19	Issued date: 7-21-21

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date 07/15/21
Permit # <i>011-2021-00517</i>
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
2707 Parkhouse Ct

PROPERTY OWNERSHIP

Name Steve and Nancy Hinson	Phone 804.556.0284
Mailing Address 2707 Parkhouse Ct, Sandy Hook, VA 23153	Email nshinson@gmail.com

APPLICANT

Name Ric Seaborn	Phone 804.389.4242
Address PO Box 147, Rockville, VA 23146	Email richard@manakinelectrical.net

CONTRACTOR

Name Manakin Electrical Contractors		Phone same	
Mailing Address same		Email same	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2705018630	Expiration 12/31/22	License Type ele
			Class B

DESCRIPTION OF WORK

Install 20kW generator and 200 amp service rated automatic transfer switch

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$9300			

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: *Ric Seaborn* Date: 07/15/21

Approval: <u><i>Fisher</i></u>	Office Use Only	Approval date: <u><i>7-15-21</i></u>
Permit Fee: <u><i>\$64.11</i></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 7/12/21

Permit# 008/2021-720

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 1299 AUTUMN BREEZE DRIVE

PROPERTY OWNERSHIP

Name LARRY HENSHAW, JR Phone 804 731-8626

Mailing Address 1299 AUTUMN BREEZE, OUBVILLE VA 23129 Email HENSHAWLZ@YAHOO.COM

APPLICANT

Name RIC SEABORN Phone 804 389-4242

Address P.O. Box 147, ROCKVILLE VA 23146 Email RILHAW@MANAKINELECTRICAL.NET

CONTRACTOR

Name MANAKIN ELECTRICAL CONTRACTORS Phone SA ME

Mailing Address SA ME Email SA ME

Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type	Class
		<u>2705018630</u>	<u>12/31/22</u>	<u>ELE</u>	<u>B</u>

DESCRIPTION OF WORK

INSTALL 20 KW GENERATOR + 200 AMP AUTOMATIC

TRANSFER SWITCH

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required) 9500

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: Ric Seaborn Date: 7/12/21

Approval: Fisher Office Use Only Approval date: 7-12-21

Permit Fee: \$65.03 Issued date: _____



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

7-15 RECEIVED 7/7/21

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	6.04.2021
Permit #	EK1-2021 00832
GPIN	
Tax Map	

LOCATION

Street Address	2246 CAMELBACK RD	District	
----------------	-------------------	----------	--

PROPERTY OWNERSHIP

Name	JESSICA HAWK	Phone	804-402-8463
Mailing Address	2246 CAMELBACK RD		

APPLICANT

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

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-730-5000
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230		HTRIPLETT@ASKWOODFIN.COM
E-mail address:			
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2022	License Type:	Class: A
			CONTRACTOR

DESCRIPTION OF WORK

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

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

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

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 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 BH

Approval Gary Fisher Date 6-9-21
7/7/21

Issue date: 7/7/21



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

7.15 RECEIVED

7/7/21

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	6.04.2021
Permit #	EW-2021-00833
GPIN	
Tax Map	

LOCATION

Street Address	3771 HADENSVILLE-FIFE RD	District	
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PROPERTY OWNERSHIP

Name	WILLIAM TALIAFERRO	Phone	804-240-8048
Mailing Address	3771 HADENSVILLE-FIFE RD		

APPLICANT

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

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-730-5000
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	HTRIPLETT@ASKWOODFIN.COM	E-mail address:
Gas Certification	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number	2701037820
Expiration	11/2022	License Type:	Class: A
		CONTRACTOR	

DESCRIPTION OF WORK

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

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

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

_____ (Signature)

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

Signature of Applicant *BT*

Approval *Gary Fisher* Date *7/8/21*

Value of Work: 10,500.00

Permit fee: 69.62

Issue date: *7/8/21*



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

RECEIVED

7/9/21

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 7.9.21
Permit # ELI 2021-00841
GPIN 6841-57-473A
Tax Map

LOCATION

Street Address 4555 Leakes Mill Rd

PROPERTY OWNERSHIP

Name Buddy Bishop	Phone
Mailing Address 4555 Leakes Mill Rd Gum Springs 23065	Email

APPLICANT

Name Joseph S. Schiess	Phone
Address P.O. Box 231 Manakin Sabot 23103	Email

CONTRACTOR

Name JS Schiess Electrical	Phone 784 6774
Mailing Address P.O. Box 231 Manakin Sabot 23103	Email selec21@aol
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705046710
	Expiration 10/31/22
	License Type EIEC
	Class B

DESCRIPTION OF WORK

Install Automatic Standby Generator & Transfer Switch 20KW			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$10,000			

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: Date: 7.9.21

Approval: <u></u> Permit Fee: <u>67.32</u>	Office Use Only Approval date: <u>7/9/21</u> Issued date: _____
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TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

74.21
7/20/21

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

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

Date
Permit # ELI-2021-00879
GPIN
Tax Map

LOCATION

Street Address
2913 Fieldcourt Lane

PROPERTY OWNERSHIP

Name Rick Galaster	Phone 215-432-5229
Mailing Address 2913 Fieldcourt La. Goochland, VA 23063	Email

APPLICANT

Name GAVIN CLARK	Phone 804 302 4200
Address 14018 Sullyfield Cir Ste E, Chantilly VA 20151	Email RMDexter@GeneratorSupercenter.com

CONTRACTOR

Name Clark Home Solutions LLC	Phone 804-302-4200			
Mailing Address 14018 Sullyfield Cir Ste E; Chantilly VA 20151	Email RMDexter@GeneratorSupercenter.com			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705176647	Expiration 08-31-22	License Type Master	Class A

DESCRIPTION OF WORK

Installation of a 24KW Generac Generator - electrical run is set above ground wiring to 400amp service provided by Dominion Power
Gas run is set run to meter with a 500 gallon Buried propane tank

# of Bathrooms	Service Size	Power Company	Inquiry #

Value of Work (required)
\$ 11500.00

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: Paul Maw Darter Date: 7/14/21

Approval: <u>Darry Fisher</u>	Office Use Only	Approval date: <u>7/20/21</u>
Permit Fee: <u>74.21</u>		Issued date: _____

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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 <i>7-26-21</i>
Permit # <i>21-2021-00901</i>
GPIN
Tax Map

LOCATION

Street Address *3017 Red Eye ct*

PROPERTY OWNERSHIP

Name <i>Ryan Baker</i>	Phone <i>860-805-3972</i>
Mailing Address <i>3017 Red Eye ct</i>	Email

APPLICANT

Name <i>Mike Loving</i>	Phone <i>804-400-9224</i>
Address <i>1735 Arlington Rd Richmond, VA 23230</i>	Email <i>mloving@master-electrical.com</i>

CONTRACTOR

Name <i>Master Electrical Services</i>	Phone <i>804-231-1973</i>
Mailing Address <i>1735 Arlington Rd Richmond, VA 23230</i>	Email <i>mloving@master-electrical.com</i>
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number <i>2705067673</i>
	Expiration <i>3-31-2022</i>
	License Type
	Class <i>A</i>

DESCRIPTION OF WORK

<i>Remove old generator Snap out old generator for new 18kw generator</i>			
# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) XXXXXX <i>\$3,000.00</i>			

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

Signature of Applicant: *adm [Signature]* Date: *7-23-2021*

Approval: <i>Fisher</i>	Office Use Only
Permit Fee: <i>\$35.19</i>	Approval date: <i>7-26-21</i>
	Issued date: <i>7-26-21</i>

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

RECEIVED 8.10
75.43
7/29/21

Date	7.06.2021
Permit #	ELI-2021-00923
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	581 LEE RD	District	
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PROPERTY OWNERSHIP

Name	MIKE ALLEN	Phone	804-814-2050
Mailing Address	581 LEE RD		

APPLICANT

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

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-730-5000
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	HTRIPLETT@ASKWOODFIN.COM	E-mail address:
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, (2) 200 AMP ATS			
# of Baths	Service Size	Power Company	Inquiry #

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

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 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: 11,767.00

Signature of Applicant Bj my

Permit fee: 75.43

Approval Dary Fisher Date 7/29/21

Issue date: 7/29/21

File

RECEIVED
7/29/21 \$ 92.84



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: 7/23/21

Permit #: ELI-2021-00921

GPIN

Tax Map

LOCATION

Street Address: 4567 Peters Creek Road, Columbia VA, 23038

PROPERTY OWNERSHIP

Name: Robison, William	Phone: 804.457.9797
Mailing Address: 4567 Peters Creek Road, Columbia VA 23038	Email: matmatx1949@gmail.com

APPLICANT

Name: Scarlett Honshell/Clark Home Solutions LLC	Phone: 804.302.4200
Address: 9830 West Broad St. Richmond VA 23060	Email: Honshell@Generatorsupercenter.com

CONTRACTOR

Name: Clark Home Solutions LLC	Phone: 540 270 9232
Mailing Address: 14018 Sullyfield Cir Ste E	Email: GClark@Generatorsupercenter.com
Gas Certification: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number: 2705176647
Expiration: 8/31/22	License Type: Masters
	Class: A

DESCRIPTION OF WORK

20 ft electrical run above ground through deck from two 200 Amp side x side switches to 24 Kw Generator

Value of Work (required): \$ 15,559

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: S. Honshell Date: 7/23/21

Approval: Gary Fisher	Office Use Only	Approval date: 7/29/21
Permit Fee: 92.84		Issued date:

(owner's statement on back)



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

8.5
REIVE
7/28

Date	7.06.2021
Permit #	ELI-2021-00915
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	1805 HAWK TOWN RD	District	
----------------	-------------------	----------	--

PROPERTY OWNERSHIP

Name	TREY AND CARA HADDON	Phone	804-400-8954
Mailing Address	1805 HAWK TOWN RD		

APPLICANT

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

CONTRACTOR

Name	WOODFIN HEATING	Phone	804-730-5000
Mailing Address	1823 N. HAMILTON STREET RICHMOND, VA 23230	HTRIPLETT@ASKWOODFIN.COM	E-mail address:
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 #

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: 10,275.00

Permit fee: 68.50

Issue date: 7/28/21

Signature of Applicant BX [Signature]

Approval Gary Fisher Date 7/28/21



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

80.68
7/26/21

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 # EH-2021-00888
GPIN
Tax Map

LOCATION

Street Address: 1605 Sabot Creek Drive, Manakin-Sabot, VA 23103

PROPERTY OWNERSHIP

Name: Jack Shady	Phone: 804-784-4321
Mailing Address: 1605 Sabot Creek Dr, Manakin-Sabot 23103	Email: jshady@freemanmorgan.com

APPLICANT

Name: Rose-Marie Dexter	Phone: 804-302-4200
Address: 9830 W. Broad St. Glen Allen, VA 23060	Email: RMDexter@Generatorsupercenter.com

CONTRACTOR

Name: Clark Home Solutions LLC	Phone: 540-270-9232			
Mailing Address: 14018 Sullyfield Cir, (Stc E) Charlottesville, VA 20151	Email:			
Gas Certification: YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number: 2705176647	Expiration: 08.31.22	License Type: Master	Class: A

DESCRIPTION OF WORK

Installation of 24KW - 10ft electrical run through/under fence to meter with 2 Disconnects on other side of wall for both 20amp panels.

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$ 12909.22			

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: Rose-Marie Dexter Date: 7/20/21

Approval: <u>Gary Fisher</u>	Office Use Only	Approval date: <u>7/26/21</u>
Permit Fee: <u>80.68</u>		Issued date: _____

(owner's statement on back)