



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8/23/2022

Permit Number: BP-2022-01090

GPIN/Tax Map: 7725-11-5116

Issued: 9-26-22

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 | 9201 Cerulean Place - Lot 71F | |
| | Owner | HHHunt Homes, LLC | Phone # 8044976540 |
| | Address | 11237 Nuckols Road Glen Allen, VA 23059 | Email sbisaacs@hhhunthomes.com |

| | | | |
|-----------------------|-------------------|---|--------------------------------|
| APPLICANT INFORMATION | Applicant/Contact | Stephanie Isaacs | Phone # 8044976540 |
| | Address | 11237 Nuckols Road Glen Allen, VA 23059 | Email sbisaacs@hhhunthomes.com |

| | | | | |
|--------------------------------------|--|---|--|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount | Date Paid |
| | Mosaic | | \$ 4966.00 | Due |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | 25' from PY ROW | 50' | 25' | |
| | Side Setback | Side Setback | Flood Zone | |
| | | 10' | X | |
| | APPROVED <input checked="" type="checkbox"/> | REJECTED <input type="checkbox"/> | COMMENTS: Cash Proffer Due. Survey Locate. | |
| | Planning & Zoning Officer | David Lloyd | Date | 8/29/22 |

| | | | |
|------------------------|---------------------------|---|--------------------------------|
| CONTRACTOR INFORMATION | Contractor | HHHunt Homes, LLC | Phone 8044976540 |
| | Address | 11237 Nuckols Road Glen Allen, VA 23059 | Email sbisaacs@hhhunthomes.com |
| | Contractor License Number | 2705119751 A | Type Contractor |
| | | | Expiration 1/31/2024 |

| | | | | |
|---------------------|---|---|---|---------------|
| DESCRIPTION OF WORK | Scope of Work: 5 unit townhome with attached garages. | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | Townhomes | None | Land disturbance of 26,509 square feet | |
| | SEWER | WATER | # of Bathrooms | # of Bedrooms |
| | <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | 3 | 3 |
| | | # of floors | Total Sq. Ft. | |
| | | 2 | | |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | | |
| | 2239 | 592 | 2831 | |

| | | | |
|--|-------------------------|-----------------|------------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ 2165.72 |
| Value of Work | 288,762.00 | State Levy Fee | \$ 43.31 |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | Septic/Well Fee | \$ |
| | | Zoning Fee | \$ 100- |
| | | RLD | \$ 100- |
| | | SWP | \$ |
| | | Total | \$ 2409.03 |
| Signature of Applicant | <i>Stephanie Isaacs</i> | Date | 8/23/2022 |

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD 6 CODE EDITION 18

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL MICHAEL BROOKING DATE 0.23.22
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8/23/2022

Permit Number: BP-2022-D10810

GPIN/Tax Map: 7725-11-3177/S8-SA-3-67-0

Issued: 9-26-22

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 | 9209 Cerulean Place - Lot 67F | |
| | Owner | HHHunt Homes, LLC | Phone # 8044976540 |
| | Address | 11237 Nuckols Road Glen Allen, VA 23059 | Email sbisaacs@hhhunthomes.com |

| | | | |
|-----------------------|-------------------|---|--------------------------------|
| APPLICANT INFORMATION | Applicant/Contact | Stephanie Isaacs | Phone # 8044976540 |
| | Address | 11237 Nuckols Road Glen Allen, VA 23059 | Email sbisaacs@hhhunthomes.com |

| | | | | | | |
|--------------------------------------|--|---|--|------------------|-----------|-----|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount | \$4966.00 | Date Paid | Due |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA | | |
| | Side Setback | Side Setback | Flood Zone | RPU/D | | |
| | APPROVED <input checked="" type="checkbox"/> | REJECTED <input type="checkbox"/> | COMMENTS: * Cash Proffer Due. * Survey Locate. | | | |
| | Planning & Zoning Officer | Date | | 8/26/22 | | |

| | | | |
|------------------------|---------------------------|---|--------------------------------|
| CONTRACTOR INFORMATION | Contractor | HHHunt Homes, LLC | Phone 8044976540 |
| | Address | 11237 Nuckols Road Glen Allen, VA 23059 | Email sbisaacs@hhhunthomes.com |
| | Contractor License Number | 2705119751 A | Type Contractor |

| | | | | | | |
|---------------------|---|---|---|---------------|-------------|--|
| DESCRIPTION OF WORK | Scope of Work: 5 unit townhome with attached garages. | | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | | |
| | Townhomes | None | Land disturbance of 26,509 square feet | | | |
| | <input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors | |
| 2239 | 592 | 3 | 4 | 2 | | |
| Finished Sq. Ft. | | Unfinished Sq. Ft. | | Total Sq. Ft. | | |
| 2239 | | 592 | | 2831 | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|------------|
| Value of Work | 288,762.00 |
|---------------|------------|

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 Isaac Date 8/23/2022

| | |
|-----------------|------------|
| Application Fee | \$ 2105.12 |
| State Levy Fee | \$ 43.31 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ 100.00 |
| RLD | \$ 410.00 |
| SWP | \$ |
| Total | \$ 2409.03 |

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD 8 CODE EDITION 18

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL MICHAEL BROOKING DATE 9.22.22
Code Official



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8/23/2022

Permit Number: BP-2022-01081

GPIN/Tax Map: 7725-11-4116 / 58-54-3-68-0

Issued: 9-26-22

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 9207 Cerulean Place - Lot 68F | | Phone # 8044976540 | | | | | | | | | | | | | | | |
| | Owner HH Hunt Homes, LLC | | Email sbisaacs@hhhunthomes.com | | | | | | | | | | | | | | | |
| APPLICANT INFORMATION | Address 11237 Nuckols Road Glen Allen, VA 23059 | | Phone # 8044976540 | | | | | | | | | | | | | | | |
| | Applicant/Contact Stephanie Isaacs | | Email sbisaacs@hhhunthomes.com | | | | | | | | | | | | | | | |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <i>Mosaic</i> | Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$4966.00 | Date Paid <i>Due</i> | | | | | | | | | | | | | | |
| | Front Setback <i>25' from PL/KW</i> | Center Line Setback <i>50'</i> | Rear Setback <i>25'</i> | CUP/Variance/COA | | | | | | | | | | | | | | |
| | Side Setback | Side Setback | Flood Zone <i>X</i> | | | | | | | | | | | | | | | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: <i>* Cash Proffer Due. Survey Location.</i> | | | | | | | | | | | | | | | | |
| Planning & Zoning Officer | <i>David Floyd</i> | | Date | <i>8/29/22</i> | | | | | | | | | | | | | | |
| CONTRACTOR INFORMATION | Contractor HH Hunt Homes, LLC | | Phone 8044976540 | | | | | | | | | | | | | | | |
| | Address 11237 Nuckols Road Glen Allen, VA 23059 | | Email sbisaacs@hhhunthomes.com | | | | | | | | | | | | | | | |
| | Contractor License Number 2705119751 A | Type Contractor | Expiration 1/31/2024 | | | | | | | | | | | | | | | |
| DESCRIPTION OF WORK | Scope of Work: 5 unit townhome with attached garages. | | | | | | | | | | | | | | | | | |
| | Proposed Use Townhomes | Current Use None | Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 26,509 square feet | | | | | | | | | | | | | | | |
| | SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms 3 | # of Bedrooms 2 | # of floors 2 | | | | | | | | | | | | | |
| | Finished Sq. Ft. 1916 | Unfinished Sq. Ft. 607 | Total Sq. Ft. 2523 | | | | | | | | | | | | | | | |
| Building Only - Excludes All Trades Permits | | <table border="1"> <tr> <td>Application Fee</td> <td>\$1930.10</td> </tr> <tr> <td>State Levy Fee</td> <td>\$38.60</td> </tr> <tr> <td>Septic/Well Fee</td> <td>\$</td> </tr> <tr> <td>Zoning Fee</td> <td>\$100-</td> </tr> <tr> <td>RLD</td> <td>\$100-</td> </tr> <tr> <td>SWP</td> <td>\$</td> </tr> <tr> <td>Total</td> <td>\$2168.70</td> </tr> </table> | | | Application Fee | \$1930.10 | State Levy Fee | \$38.60 | Septic/Well Fee | \$ | Zoning Fee | \$100- | RLD | \$100- | SWP | \$ | Total | \$2168.70 |
| Application Fee | \$1930.10 | | | | | | | | | | | | | | | | | |
| State Levy Fee | \$38.60 | | | | | | | | | | | | | | | | | |
| Septic/Well Fee | \$ | | | | | | | | | | | | | | | | | |
| Zoning Fee | \$100- | | | | | | | | | | | | | | | | | |
| RLD | \$100- | | | | | | | | | | | | | | | | | |
| SWP | \$ | | | | | | | | | | | | | | | | | |
| Total | \$2168.70 | | | | | | | | | | | | | | | | | |
| Value of Work | 257,346.00 | | | | | | | | | | | | | | | | | |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | | | | | | | | | | | | | | | | | |
| Signature of Applicant | <i>sbisaacs</i> | | Date | 8/23/2022 | | | | | | | | | | | | | | |

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD 4 CODE EDITION 1B

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL MICHAEL BROOKING DATE 9.22.22
Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 8/23/2022

Permit Number: BP-2022-D1082

GPIN/Tax Map: 7725-11-4145/58-5A-3-69-0

Issued: 9-26-22

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 9205 Cerulean Place - Lot 69F | Phone # 8044976540 |
| | Owner HHHunt Homes, LLC | Email sbisaacs@hhhunthomes.com |
| APPLICANT INFORMATION | Address 11237 Nuckols Road Glen Allen, VA 23059 | Phone # 8044976540 |
| | Applicant/Contact Stephanie Isaacs | Email sbisaacs@hhhunthomes.com |

| | | | | |
|--------------------------------------|--|--|---------------------|-----------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision Mosaic | Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$4966.02 | Date Paid Done |
| | Front Setback 25' from PLYLOW | Center Line Setback 50' | Rear Setback 25' | CUP/Variance/COA — |
| | Side Setback | Side Setback | Flood Zone X | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: * Cash Proffer Done. * Survey Located | | |

Planning & Zoning Officer: *[Signature]* Date: 8/29/22

| | | |
|------------------------|--|-----------------------------------|
| CONTRACTOR INFORMATION | Contractor HHHunt Homes, LLC | Phone 8044976540 |
| | Address 11237 Nuckols Road Glen Allen, VA 23059 | Email sbisaacs@hhhunthomes.com |
| | Contractor License Number 2705119751 A | Type Contractor |

Expiration 1/31/2024

Scope of Work: 5 unit townhome with attached garages.

| | | |
|--|--|---|
| Proposed Use Townhomes | Current Use None | Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 26,509 square feet |
| SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms 3 |
| Finished Sq. Ft. 2335 | Unfinished Sq. Ft. 416 | # of Bedrooms 3 |
| | | # of floors 2 |
| | | Total Sq. Ft. 2751 |

Building Only - Excludes All Trades Permits

Value of Work: 280,602.00

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: 8/23/2022

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

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

Owner's Signature

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OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD 6 CODE EDITION 18

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL MICHAEL BECKING DATE 9.23.22
Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 8/23/2022

Permit Number: BP-2022-01083

GPIN/Tax Map: 7725-11-4175

Issued: 9-26-22

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.

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| OWNER INFORMATION | Site Address 9203 Cerulean Place - Lot 70F | Phone # 8044976540 |
| | Owner HHHunt Homes, LLC | Email sbisaacs@hhhunthomes.com |
| | Address 11237 Nuckols Road Glen Allen, VA 23059 | Phone # 8044976540 |
| APPLICANT INFORMATION | Applicant/Contact Stephanie Isaacs | Email sbisaacs@hhhunthomes.com |
| | Address 11237 Nuckols Road Glen Allen, VA 23059 | |

| | | | | |
|--------------------------------------|--|--|--|-------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <i>Mosaic</i> | Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Amount <i>\$4966.00</i> | Date Paid <i>Due</i> |
| | Front Setback <i>25' from PL/Row</i> | Center Line Setback <i>5'</i> | Rear Setback <i>25'</i> | CUP/Variance/COA |
| | Side Setback | Side Setback | Flood Zone <i>X</i> | |
| | APPROVED <input checked="" type="checkbox"/> | REJECTED <input type="checkbox"/> | COMMENTS: <i>*Cash Proffer Due - * Survey Location</i> | |

Planning & Zoning Officer: *David Boyd* Date: *8/29/22*

| | | |
|------------------------|--|---|
| CONTRACTOR INFORMATION | Contractor HHHunt Homes, LLC | Phone 8044976540 |
| | Address 11237 Nuckols Road Glen Allen, VA 23059 | Email sbisaacs@hhhunthomes.com |
| | Contractor License Number 2705119751 A | Type Contractor Expiration 1/31/2024 |

| | | | | | |
|---------------------|--|--|---|--------------------|------------------|
| DESCRIPTION OF WORK | Scope of Work: 5 unit townhome with attached garages. | | | | |
| | Proposed Use Townhomes | Current Use None | Environmental Impacts (stream crossing, wetlands, amt land disturbed) Land disturbance of 26,509 square feet | | |
| | SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms 3 | # of Bedrooms 3 | # of floors 2 |
| | Finished Sq. Ft. 1916 | Unfinished Sq. Ft. 607 | Total Sq. Ft. 2523 | | |

Building Only - Excludes All Trades Permits

Value of Work: 257,346.00

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: *sbisaacs* Date: 8/23/2022

| | |
|-----------------|-----------|
| Application Fee | \$1930.10 |
| State Levy Fee | \$38.60 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$100- |
| RLD | \$100- |
| SWP | \$ |
| Total | \$2168.70 |

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: MeyerGoergen PC Telephone: 804-288-3600

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

OWNER'S STATEMENT

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

Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE VB OCCUPANY LOAD 6 CODE EDITION 18

FIRE SPRINKLER _____

FIRE ALARM _____

MODIFICATION _____

APPROVAL MICHAEL BROOKING DATE 9.23.22

Code Official



BUILDING PERMIT APPLICATION

Application Date: September 14, 2022

Permit Number: BP-2022-01199

GPIN/Tax Map: 6850-NO-6231/21-9-0-61-D

Issued: 9-30-22

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.

Site Address **2763 Checketts Drive Sandy Hook, VA 23153**

OWNER INFORMATION

Owner **Kara and Bryan Tasker**

Phone #

Address **2763 Checketts Drive Sandy Hook, VA 23153**

Email

APPLICANT INFORMATION

Applicant/Contact **Christopher T Robbins Sr**

Phone #

804-314-0206

Address **8570 Meadowsweet Drive Mechanicsville, VA 23116**

Email

CTRobbins68@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

| | | | |
|--|--|----------------------------|-------------------------------|
| Subdivision <u>High Grove</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| Front Setback <u>55' from P/R/W</u> | Center Line Setback <u>30'</u> | Rear Setback <u>35'</u> | CUP/Variance/COA <u>RR</u> |
| Side Setback <u>15' / 35'</u> | Side Setback <u>15' / 35'</u> | Flood Zone | |

APPROVED REJECTED COMMENTS: _____
Date 9/21/22
Planning & Zoning Officer David Floyd

CONTRACTOR INFORMATION

Contractor **Ford and Robbins Construction**

Phone

804-314-0206

Address **8570 Meadowsweet Drive Mechanicsville, VA 23116**

Email

CTRobbins68@gmail.com

Contractor License Number **2705095604**

Type **A**

Expiration **05/2023**

DESCRIPTION OF WORK

Scope of Work:
Add 24x10 + 13x6 Deck Freestanding

| | | | | |
|---|--------------------------------|---|-----------------------------|-------------|
| Proposed Use Deck | Current Use N/A | 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 including reserve drain fields? Yes / No | Finished Sq. Ft. 320 | Unfinished Sq. Ft. 320 | Total Sq. Ft. 320 | |

Building Only - Excludes All Trades Permits

Value of Work **15,000**

| | |
|-----------------|------------------|
| Application Fee | \$ <u>19.50</u> |
| State Levy Fee | \$ <u>1.59</u> |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>106.09</u> |

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

Signature of Applicant [Signature] Date 9/13/2022

Date Issued: 9/27/22

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 3-4 READERS BRANCH

Application Date: 09/12/2022
 Permit Number: 60-0000-01217
 Old Map Number: 58-55-4-3-0
 GPIN: 7726-16-3066

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 12407 North Crossing Dr | | District |
| | Owner EAGLE CONSTRUCTION OF VA., LLC | | Phone # 804-741-4663 |
| | Address 10618 PATTERSON AVE. HENRICO VA 23238 | | |
| | Proposed Use | Current Use | Existing Buildings on Property |

| | | | | |
|---|--------------------------------------|---|---|-------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Proposed Occupant Load (Commercial) | Lot Size | Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Subdivision <u>Readers Branch</u> | Proffer <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount: | Date Paid: |
| | New Street Address | | Zoning District <u>RPUD</u> | |
| | Front Setback | Center Line Setback | Rear Setback | C.U. Permit |

| | | | |
|--|--------------|--------------|---------------------|
| Side Setback | Side Setback | Census Tract | Flood Zone <u>X</u> |
| APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: | | | |

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

Planning & Zoning Officer David Floyd Date 9/26/22

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 6-30-2023 |

| | | | | |
|----------------------------|--|-------------------------|------------------|--------------------|
| Description of Work | Scope of Work: BUILD RETAINING WALL | | | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | # of Bedrooms |
| | # of Floors | Total Sq. Ft. | Finished Sq. Ft. | Unfinished Sq. Ft. |

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

| VALUE OF WORK | |
|-----------------------------|------------|
| Building | \$15000.00 |
| Excludes All Trades Permits | |

| | |
|-----------------|----------|
| Application Fee | \$ 21.50 |
| Septic/Well Fee | \$ |
| State Levy Fee | \$ 1.59 |
| Zoning Fee | \$ 0.00 |
| Total | \$ 23.09 |

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

Signature of Applicant Berton James



BUILDING PERMIT APPLICATION

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

Application Date: 8-18-22

Permit Number: BJ 2022-01071

GPIN/Tax Map: 7707-93-5658 / 46-23-014-0

Issued: 9-28-22

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>601 FED LANE</u> | | Phone # <u>804.338.0633</u> |
| | Owner <u>William & Kendall Hoffler</u> | | Email <u>BHOFFLER@COMCAST.NET</u> |
| | Address <u>601 FED LANE MANAKIN SARBOT VA 23103</u> | | Phone # <u>804.347.1502</u> |
| APPLICANT INFORMATION | Applicant/Contact <u>REYNOLDS COWARDIN</u> | | Email <u>reynolds.cowardin@aol.com</u> |
| | Address <u>14480 WINDING CEDAR LANE</u> | | |

| | | | | |
|--------------------------------------|--|--|---------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Fords</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback <u>75' from P/U Row</u> | Center Line Setback <u>100'</u> | Rear Setback <u>5'</u> | CUP/Variance/GOA |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | Flood Zone <u>X</u> | <u>A2</u> |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>8/24/22</u> | | | |

| | | | |
|------------------------|---|------------------------|---|
| CONTRACTOR INFORMATION | Contractor <u>COASTLINE BUILDERS OF VA LLC</u> | | Phone <u>804.347.1502</u> |
| | Address <u>14480 WINDING CEDAR LANE MONTPELIER, VA 23192</u> | | Email <u>reynolds.cowardin@aol.com</u> |
| | Contractor License Number <u>2705091868</u> | Type <u>CBC ABC</u> | Expiration <u>2-28-2023</u> |

| | | | | | |
|---------------------|--|--------------------------------|---|------------------------------|-------------------------|
| DESCRIPTION OF WORK | Scope of Work: <u>DETACHED GARAGE W 600 sqft for Bonus / POC Room</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | # of Bedrooms | # of floors <u>2</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>600</u> | Unfinished Sq. Ft. <u>720</u> | Total Sq. Ft. <u>1320</u> | |

Building Only - Excludes All Trades Permits

| | |
|---------------|------------------|
| Value of Work | <u>65,000.00</u> |
|---------------|------------------|

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

Signature of Applicant: Reynolds Cowardin Date: 8.17.22

| | |
|-----------------|------------------|
| Application Fee | \$ <u>304.50</u> |
| State Levy Fee | \$ <u>6.09</u> |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>335.59</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: 8-18-22

Permit Number: BP-2022-01079

GPIN/Tax Map: 7707-93-5658/46-23-0-14-0

Issued: 9-27-22

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>601 FED LANE</u> | |
| | Owner | <u>William & Kendall Hoffler</u> | |
| APPLICANT INFORMATION | Address | <u>601 FED LANE MANAKIN SARBOT VA 23103</u> | Phone # <u>804.338.0633</u> |
| | Applicant/Contact | <u>REYNOLDS COWARDIN</u> | Email <u>BHOFFLER@COMCAST.NET</u> |
| | Address | <u>14480 WINDING CEDAR LANE</u> | Phone # <u>804.347.1502</u> |
| | | | Email <u>reynolds.cowardin@aol.com</u> |

| | | | | |
|--------------------------------------|--|--|----------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | <u>Fords</u> | | | |
| | Front Setback <u>75' from P/R/W</u> | Center Line Setback <u>100'</u> | Rear Setback <u>35'</u> | CUP/Variance/COA |
| | Side Setback <u>20'</u> | Side Setback <u>20'</u> | Flood Zone <u>X</u> | <u>A2</u> |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: | | |
| Planning & Zoning Officer | <u>David Floyd</u> | Date | <u>8/26/22</u> | |

| | | | | |
|------------------------|--|--|--------------------------------|---|
| CONTRACTOR INFORMATION | Contractor | <u>COASTLINE BUILDERS OF VA LLC</u> | | Phone <u>804.347.1502</u> |
| | Address | <u>14480 WINDING CEDAR LANE MONTPELIER, VA 23102</u> | | Email <u>reynolds.cowardin@aol.com</u> |
| | Contractor License Number <u>2705091868</u> | Type <u>CRC ABC</u> | Expiration <u>2-28-2023</u> | |

| | | | | | |
|---------------------|---|--------------------------------|---|-----------------------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>KITCHEN EXTENSION</u> <u>Back Porch</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 <input checked="" type="checkbox"/> No | Finished Sq. Ft. <u>224</u> | Unfinished Sq. Ft. <u>256</u> | Total Sq. Ft. <u>480</u> | |

Building Only - Excludes All Trades Permits

| | |
|---------------|---------------|
| Value of Work | <u>45,000</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 Rene Curran Date 8-17-22

| | |
|-----------------|------------------|
| Application Fee | \$ <u>217.50</u> |
| State Levy Fee | \$ <u>4.29</u> |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>246.79</u> |

Received 1-5-22



BUILDING PERMIT APPLICATION

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

Application Date: 12/30/2021 ~~1-7-2022~~

Permit Number: ~~BP-2022-00025~~

GPIN/Tax Map: 6740-52-1377/20-26-0-10-0

Issued: 9-28-22

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.

Site Address: 3851 Sage Road, Sandy Hook, VA 23153

Owner: Will & Jennifer Hicks Phone #: 804-909-2521

Address: 3851 Sage Road, Sandy Hook, VA 23153 Email: willhicks19@gmail.com

Applicant/Contact: Deana Oseguera c/o JDO Enterprises LLC Phone #: 804-664-0175

Address: PO Box 309, Oilville, VA 23129 Email: deana@jdoenterprisesllc.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: <u>Band Plan</u> Date: <u>1/19/22</u> | | | |

Planning & Zoning Officer: [Signature]

Contractor: JDO Enterprises LLC Phone: 804-664-0175

Address: PO Box 309, Oilville, VA 23129 Email: deana@jdoenterprisesllc.com

Contractor License Number: 2705154213 Type: Class A Expiration: 12-22-2022

Scope of Work: Install a 756 sq ft free form pool from 42"-8' depth including a water feature and 9 ft raised spa. Revised to include fence barrier

| | | | | | |
|---------------------|---|----------------------|--|--------------------|---------------|
| DESCRIPTION OF WORK | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) NA | | |
| | Recreational swimming | 9-14 | # of Bathrooms | # of Bedrooms | # of floors |
| | SEWER Public/Private | WATER Public/Private | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. |
| | Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No | | | | 870 |

Building Only - Excludes All Trades Permits

Value of Work: \$54,638.75 ~~\$57,138.75~~

| | |
|-----------------|-----------|
| Application Fee | \$ 257.87 |
| State Levy Fee | \$ 5.16 |
| Zoning Fee | \$ 25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 288.03 |

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

Signature of Applicant: [Signature] Date: 12/30/2021



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: 8/10/22
Permit Number: BP-2022-01065
GPIN/Tax Map: 6798-25-9229 / 33-7-0-15-0
Issued: 9-29-22

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 | 2513 Turkey Creek Rd., Oilville, VA 23129 | |
| | Owner | Merit Hill Holdings REIT IV LLC | |
| APPLICANT INFORMATION | Address | 375 Park Ave., 11th Fl., New York, NY 10152 | |
| | Applicant/Contact | Marc DiBenedetto | |
| APPLICANT INFORMATION | Address | 41 Flatbush Ave., Brooklyn, NY 11217 | |
| | Phone # | (856) 874-6940 | |
| APPLICANT INFORMATION | Email | marc@merithillcapital.com | |
| | Phone # | (856) 874-6940 | |

| | | | | | | | | |
|--|---------------|-----------------------------------|---------------------|---|--------------|----------------------|------------------|----|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Oilville Business Park | Proffer | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | | Date Paid | |
| | Front Setback | 20' from P/R/W | Center Line Setback | 45' | Rear Setback | 5' | CUP/Variance/COA | |
| | Side Setback | 5' | Side Setback | | Flood Zone | | | MI |
| APPROVED <input checked="" type="checkbox"/> | | REJECTED <input type="checkbox"/> | | COMMENTS: | | Date: <u>8/30/22</u> | | |
| Planning & Zoning Officer: | | <u>Daniel Boyd</u> | | | | | | |

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

| | | | | | | |
|---|--|--|---|---------------|-------------|--|
| DESCRIPTION OF WORK | Scope of Work: Placement of temporary office trailer to conduct day to day operations for self storage. | | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | | |
| | Temp. office trailer | | # of Bathrooms | # of Bedrooms | # of floors | |
| | SEWER Public/Private | WATER Public/Private | Total Sq. Ft. | | | |
| 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. | | |
| | | Goochland County Dept. of Building Inspections | | | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|----------|
| Value of Work | \$20,000 |
|---------------|----------|

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

Signature of Applicant: [Signature] Date: 8/8/2022

SEP 06 2022
Casey Littlefield
APPROVED

| | |
|-----------------|-----------|
| Application Fee | \$ 150.00 |
| State Levy Fee | \$ 3.00 |
| Zoning Fee | \$ 19.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 253.00 |



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: **Dec: 8-19-22**
Permit Number: **BP-2022-01093**
GPIN/Tax Map: **6840-32-4231/20-20-0-11-0**
Issued: **9-29-22**

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 3901 Sourwood rd. Sandy Hook, VA - 23153 | Phone # 804 385-5286 |
| | Owner: Keith J. Trimiew Sr. / Sandra W. Trimiew | Email TrimsCabin1@gmail.com |
| APPLICANT INFORMATION | Address 3901 sourwood rd. Sandy Hook, VA - 23153 | Phone # 804 385-5286 |
| | Applicant/Contact Keith Trimiew Sr. | Email TrimsCabin1@gmail.com |
| | Address 3901 Sourwood rd. Sandy Hook, VA - 23153 | |

| | | | | |
|--------------------------------------|--|--|----------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision Bulling Layne A. | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback 75' from P/R/W | Center Line Setback 100' | Rear Setback 35' | CUP/Variance/COA |
| | Side Setback Lt. Side 30' | Side Setback Rt. Side 35' from ROW | Flood Zone | A1 |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: Denied | | |
| | Planning & Zoning Officer | Date | 8/26/22 | |

| | | |
|------------------------|----------------------------|------------|
| CONTRACTOR INFORMATION | Contractor OWNER | Phone |
| | Address | Email |
| | Contractor License Number | Expiration |

| | | | |
|---------------------|--|--------------------------------|---|
| DESCRIPTION OF WORK | Scope of Work: rebuild Decks, handrails, landings and stairs same setback | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) NA |
| | 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | Finished Sq. Ft. 292 | Unfinished Sq. Ft. Total Sq. Ft. 292 |

Building Only - Excludes All Trades Permits

Value of Work
4600\$

| | |
|-----------------|-----------------|
| Application Fee | \$ 32.70 |
| State Levy Fee | \$.05 |
| Zoning Fee | \$ 25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 58.35 |

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 **Keith J. Trimiew Sr.** - Date _____

REC: 7/15/22



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: 07/13/2022

Permit Number: BP-2022-00931

GPIN/Tax Map: 67-13-C-7-0 | 7733-26-9529

Issued: 9/27/22

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 14 Buck Branch Drive | Phone # 804-467-4300 |
| | Owner Stephen and Jennifer Harper | Email harperj769@gmail.com |
| APPLICANT INFORMATION | Address 14 Buck Branch Drive, Richmond, VA 23238 | Phone # 804-621-7004 |
| | Applicant/Contact Angela Martin-Whatley | Email angela.martinwhatley@jeswork.com |

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

APPROVED REJECTED COMMENTS: No change to footprint use
Planning & Zoning Officer: [Signature] Date: 7/19/22

| | | |
|------------------------|--|-------------------------------------|
| CONTRACTOR INFORMATION | Contractor JES Construction LLC | Phone 804-495-4646 |
| | Address 2410 Southland Drive, Chester, VA 23831 | Email chesterpermits@jeswork.com |
| | Contractor License Number 2705068655 | Type A |

| | | | | | |
|---------------------|---|---|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: 75 LnFt Floor Joist Sister, 8 LnFt Sill Plate Replacement, 26 LnFt of French Drain by front of home down by water line entry and 1 drywell. This would be for water management and support for existing flooring | | | | |
| | Proposed Use Dwelling | Current Use Dwelling | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. 110 | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|---------|
| Value of Work | 8000.00 |
|---------------|---------|

| | |
|-----------------|----------------|
| Application Fee | \$ <u>48</u> |
| State Levy Fee | \$ <u>90</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>85</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>1390</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: Angela Martin Whatley Date: 07/13/22

Rec: 8-25-22

| | |
|--|--|
|  <p>BUILDING PERMIT APPLICATION</p> <p>Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay</p> <p><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial</p> | Application Date: <u>8/16/22</u> |
| | Permit Number: <u>BP-2022-01137</u> |
| | GPIN/Tax Map: <u>M24-2A-37M6/S8-S3-0-32-0</u> |
| | Issued: <u>9-23-22</u> |
| | This application is <u>not</u> authorization to start work. No work shall start until a permit is posted on the job site. No inspections will be scheduled until the permit is issued. |

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

| | |
|-------------------|--|
| OWNER INFORMATION | Site Address <u>12104 Ebb Point Cir Manakin Sabot, VA 23103</u> |
| | Owner <u>Donna Spurrier</u> |
| | Address <u>12104 Ebb Point Cir. Manakin Sabot, VA</u> |

| |
|--------------------------------|
| Phone # <u>804.698.6333</u> |
| Email |

| | |
|-----------------------|---|
| APPLICANT INFORMATION | Applicant/Contact <u>Jaimie McCollum</u> |
| | Address <u>14241 Midlothian Turnpike #241 Midlothian, VA</u> |

| |
|--|
| Phone # <u>804.320.2212</u> |
| Email <u>Jaimie@deckcreations.com</u> |

| | | | | |
|--------------------------------------|---|--|----------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Readers Brand</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback <u>30' from P/L/K/L</u> | Center Line Setback <u>55'</u> | Rear Setback <u>25'</u> | CUP/Variance/COA |
| | Side Setback <u>10'</u> | Side Setback <u>10'</u> | Flood Zone <u>X</u> | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS | Date <u>9/16/22</u> | | |

Planning & Zoning Officer: David Boyd

| | | |
|------------------------|---|--|
| CONTRACTOR INFORMATION | Contractor <u>Deck Creations</u> | Phone <u>804.320.2212</u> |
| | Address <u>14241 Midlothian Turnpike #241 Midlothian, VA</u> | Email <u>Jaimie@deckcreations.com</u> |
| | Contractor License Number <u>2405120631</u> | Type <u>A</u> |

| | | | | | |
|---------------------|---|----------------------------------|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <u>LANDING & STAIRS TO EXISTING Deck</u> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER <u>(Public/Private)</u> | WATER <u>(Public/Private)</u> | # of Bathrooms | # of Bedrooms | # of floors |
| | 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>12' + STAIRS @ 48"</u> | <u>60</u> | | |

| | | | |
|---|------------------|-----------------|-----------------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ <u>59.25</u> |
| Value of Work | <u>\$10,500.</u> | State Levy Fee | \$ <u>1.19</u> |
| <p>I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.</p> <p>Signature of Applicant: <u>Jaimie McCollum</u> Date: <u>8/16/22</u></p> | | Zoning Fee | \$ <u>25-</u> |
| | | RLD | \$ |
| | | SWP | \$ |
| | | Total | \$ <u>85.44</u> |

SEP 14 2022
Casey Littlefield
APPROVED



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: **8-30-22**

Permit Number: **BP-2022-01A1**

GPIN/Tax Map: **0023-666-4002/67-1-0-11-0**

Issued: **9-23-22**

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 | 12671 River Road Richmond VA. 23238 | |
| | Owner | Sheryl Robins | |
| APPLICANT INFORMATION | Address | 12671 River Road | |
| | Applicant/Contact | TOM HOMER | |
| APPLICANT INFORMATION | Address | 12536 Patterson Ave Richmond VA 23238 | Phone # 804-424-7846 |
| | | | Email TOM@lanebuilt.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: | | Date 9/8/22 |
| Planning & Zoning Officer | | Date | | |

| | | | | |
|---------------------------|------------|---|-------------------|--------------------------------|
| CONTRACTOR INFORMATION | Contractor | LANE HOMES + REMODELING INC | | Phone 804-784-0012 |
| | Address | 12536 Patterson Ave Richmond VA. 23238 | | Email TOM@lanebuilt.com |
| Contractor License Number | | Type | Expiration Date | |
| 2701029125 | | A | 01/31/2023 | |

Scope of Work: **BUILD NEW POOL HOUSE IN PLACE OF OLD POOL HOUSE**

| | | | | |
|---|----------------------|---|---------------|-------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| Pool House | Pool House | # of Bathrooms | # of Bedrooms | # of floors |
| SEWER Public/Private | WATER Public/Private | 1 | — | 1 |
| 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. | |
| | 320 | 80 | 400 | |

Building Only - Excludes All Trades Permits

Value of Work **170,500.00**

| | |
|-----------------|------------------|
| Application Fee | \$ 77.26 |
| State Levy Fee | \$ 15.59 |
| Zoning Fee | \$ 25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 817.84 |

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

Signature of Applicant **Thomas G. Homer** Date **8-30-22**



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8-11-22

Permit Number: BP 2022-01068

GPIN/Tax Map: 6786-51-6251 / 55-1-0-41-0

Issued: 9-22-22

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 | 1368 Cardwell Road | |
| | Owner | DAVID + SUSAN WILSON | |
| APPLICANT INFORMATION | Address | 1368 Cardwell Road | |
| | Applicant/Contact | Tom Homer LANE Homes + Remodeling inc | |
| APPLICANT INFORMATION | Address | Tom@lanebuilt.com | |
| | Phone # | 804-426-7846 | |

| | | | | |
|--------------------------------------|--|---|--------------|------------------|
| TO BE 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' from P4 Road | 100' | 35' | — |
| Side Setback | Side Setback | Flood Zone | | |
| | 24' | 24' | | A2 |
| | APPROVED <input checked="" type="checkbox"/> | REJECTED <input type="checkbox"/> | COMMENTS: | Date |
| | Planning & Zoning Officer | David Floyd | | 8/24/22 |

| | | |
|------------------------|-----------------------------------|-------------------|
| CONTRACTOR INFORMATION | Contractor | Phone |
| | LANE Homes + Remodeling inc | 804-784-0012 |
| | Address | Email |
| | 12536 Patterson Ave. Richards VA. | Tom@lanebuilt.com |
| | Contractor License Number | Expiration |
| | 2701 0291 25A | 1-31-23 |
| | Type | |
| | A | |

| | | | | |
|---|--|-------------------------|---|---------------|
| DESCRIPTION OF WORK | Scope of Work: ADDITION of MASTER BEDROOM 468 SQ FT REMODEL EXISTING HOUSE KITCHEN + BATHS 2842 SQ FT | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | PRIVATE HOME | PRIVATE HOME | # of Bathrooms | # of Bedrooms |
| | SEWER Public/Private | WATER Public/Private | 3-Full 2-1/2 | 3 |
| 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. | |
| | TOTAL 468 | GARAGE | 3,310. 468 | |

Building Only - Excludes All Trades Permits BSMT 600 1766-15) 944-240

| | |
|---------------|---------------|
| Value of Work | \$ 406,563.00 |
|---------------|---------------|

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 Thomas G Homer Date 8-11-22

| | |
|-----------------|-------------|
| Application Fee | \$ 1841.53 |
| State Levy Fee | \$ 36.83 |
| Zoning Fee | \$ 25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 1,903.36 |



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: **Rec: 8-31-22**

Permit Number: **BP-2022-01147**

GPIN/Tax Map: 6757-91-9218 / 42-40-0-17-0

Issued: **9-22-22**

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 3004 Swann's Inn Cres, Goochland, VA 23063 | | Phone # |
| | Owner Robert E. Carpenter, Jr. | Email recarpenterjrpe@gmail.com | |
| APPLICANT INFORMATION | Address 3001 Fox Den Ln, Oakton, VA 22124 | | Phone # 804-564-9097 |
| | Applicant/Contact Travis W Johnson - Legacy Homes | Email legacyhomes09@aol.com | |
| | Address 207 Echo Meadows Rd, Rockville, VA 23146 | | |

| | | | | |
|--------------------------------------|--|--|---|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision Swann's INN | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback 40' from PL/ROW | Center Line Setback 65' | Rear Setback 5' | CUP/Variance/COA |
| | Side Setback 5' | Side Setback 5' | Flood Zone X | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | | COMMENTS: David Boyd Date 9/8/22 | |

| | | |
|------------------------|--|--|
| CONTRACTOR INFORMATION | Contractor Legacy Homes LLC | Phone 804-564-9097 |
| | Address 207 Echo Meadows Rd, Rockville, VA 23146 | Email legacyhomes09@aol.com |
| | Contractor License Number 2705052698 | Type Class A Expiration 10/31/23 |

| | | | |
|---------------------|---|----------------------------------|--|
| DESCRIPTION OF WORK | Scope of Work: New construction - Detached garage - finished space is storage | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) 1,000 sf |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms 1 # 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. 1,664 | Unfinished Sq. Ft. 886.5 987 Total Sq. Ft. 2550.5 2551 |

| | | |
|--|------------------------------|----------------------------------|
| Building Only - Excludes All Trades Permits | | Application Fee \$ 628.37 |
| Value of Work | \$50,000 \$136,971.25 | State Levy Fee \$ 12.57 |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | Zoning Fee \$ 25.00 |
| | | RLD \$ |
| | | SWP \$ |
| | | Total \$ 665.94 |
| Signature of Applicant [Signature] | Date 8/26/22 | |



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8-25-22

Permit Number: BP-2022-01136

GPIN/Tax Map: 0107U80014-16-0-15-0

Issued: 9-22-22

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>1545 Horsepen Hills Road</u> | |
| | Owner | <u>Robert Leal</u> | Phone # <u>804-586-3890</u> |
| | Address | <u>1545 Horsepen Hills Road</u> | Email <u>thisishome@gmail.com</u> |

| | | | |
|-----------------------|-------------------|--------------------|---------|
| APPLICANT INFORMATION | Applicant/Contact | <u>Robert Leal</u> | Phone # |
| | Address | | Email |

| | | | | |
|--|-------------------------|---|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | <u>Horsepen Hills</u> | | | |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | <u>75' from Ry Road</u> | <u>100'</u> | <u>5'</u> | |
| Side Setback | Side Setback | Flood Zone | <u>A2</u> | |
| | <u>5'</u> | <u>5'</u> | <u>X+A</u> | |
| APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: | | Date <u>9/16/22</u> | | |
| Planning & Zoning Officer <u>David Lloyd</u> | | | | |

| | | | |
|------------------------|---------------------------|---------------------------------|-----------------------------------|
| CONTRACTOR INFORMATION | Contractor | <u>Robert Leal - owner</u> | Phone <u>804-586-3890</u> |
| | Address | <u>1545 Horsepen Hills Road</u> | Email <u>thisishome@gmail.com</u> |
| | Contractor License Number | Type | Expiration |

| | | | | |
|---|---|-------------------------|---|---------------|
| DESCRIPTION OF WORK | Scope of Work: <u>Detached garage/workshop</u> | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | <u>garage/workshop</u> | <u>vacant</u> | <u>n/a</u> | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | # of Bedrooms |
| | | <u>0</u> | <u>0</u> | <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. | Unfinished Sq. Ft. | Total Sq. Ft. | |
| <u>No</u> | | <u>1600</u> | <u>1600</u> | |

Building Only - Excludes All Trades Permits

| | |
|---------------|--------------------------|
| Value of Work | <u>\$50,000 \$52,000</u> |
|---------------|--------------------------|

| | |
|-----------------|------------------|
| Application Fee | \$ <u>246-</u> |
| State Levy Fee | \$ <u>4.92</u> |
| Zoning Fee | \$ <u>25-</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>275.92</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 MLP Date 8-24-22

Rec: 8-30-22



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:

Permit Number: **BP-2022-0140**

GPIN/Tax Map: **MD5-NO-3718 | 62-28-0-10-0**

Issued: **9-22-22**

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 | 712 BIG WOODS PL | |
| | Owner | RICHARD KISH | Phone # 804-347-2038 |
| APPLICANT INFORMATION | Address | 712 BIG WOODS PL | Email RKISH@AFPIND.COM |
| | Applicant/Contact | RICHARD KISH | Phone # 804-347-2038 |
| | Address | 712 BIG WOODS PL | Email RKISH@AFPIND.COM |

| | | | | | | | | |
|--------------------------------------|--|--------------------------|-----------------------------------|---|--|--|---------------------|--|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | <i>Meadows @ Manakin</i> | 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: <i>No change to footprint / use RR</i> | | Date <i>9/19/22</i> | |

| | | | | |
|------------------------|---------------------------|-----------------------------|-------|-------------------------|
| CONTRACTOR INFORMATION | Contractor | <i>Richard Kish - owner</i> | Phone | 804-347-2038 |
| | Address | 712 Big Woods Place | Email | rkish@afpind.com |
| | Contractor License Number | Owner | Type | Expiration |

| | | | | | |
|---------------------|---|-------------------------|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: <i>Interior Kitchen renovation, removal of interior load bearing wall</i> | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | # of Bedrooms | # of floors |
| | Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | |

| | | | |
|--|---------------------|-----------------|------------------|
| Building Only - Excludes All Trades Permits | | Application Fee | \$ 79.50 |
| Value of Work | \$15,000 | State Levy Fee | \$ 1.59 |
| 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 |
| | | RLD | \$ |
| | | SWP | \$ |
| | | Total | \$ 106.09 |
| Signature of Applicant | <i>Richard Kish</i> | Date | 8/30/22 |



BUILDING PERMIT APPLICATION

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

Application Date: **8-23-22**

Permit Number: **BP-2022-0116**

GPIN/Tax Map: **6810-00-8074/17-17-0-20**

Issued: **9/20/22**

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 | 3029 Nash Rd | Phone # | |
| | Owner | Lee Horton | 804 874 0965 | |
| APPLICANT INFORMATION | Address | 3029 Nash Rd Goochland 23063 | Email | Lee.g.horton@icloud.com |
| | Applicant/Contact | Same | Phone # | |
| TO BE COMPLETED BY ZONING DEPARTMENT | Address | | Email | |
| | Subdivision | N/A | Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount |
| TO BE COMPLETED BY ZONING DEPARTMENT | Front Setback | 55' from PYRON | Center Line Setback | Rear Setback 5' |
| | Side Setback | 5' | Side Setback 5' | Flood Zone X |
| | | | | CUP/Variance/COA A1 |

APPROVED REJECTED COMMENTS: _____ Date **9/1/22**

Planning & Zoning Officer: *David Floyd*

| | | | | |
|------------------------|--|-------|------------|--|
| CONTRACTOR INFORMATION | Contractor | OWNER | Phone | |
| | Address | | Email | |
| CONTRACTOR INFORMATION | Contractor License Number | Type | Expiration | |
| | Scope of Work: 14 x 35 Metal Building for Storage | | | |

| | | | | | |
|---------------------|---|----------------------|---|---------------|-------------|
| DESCRIPTION OF WORK | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | Storage | | # of Bathrooms | # of Bedrooms | # of floors |
| | SEWER Public/Private | WATER Public/Private | Unfinished Sq. Ft. | Total Sq. Ft. | |
| | Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No | Finished Sq. Ft. | 490 | 490 | |

Building Only - Excludes All Trades Permits

| | |
|---------------|------------------------|
| Value of Work | \$ 7500.00 / \$ 13,475 |
|---------------|------------------------|

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: *Lee Horton* Date: **8-23-22**

| | |
|-----------------|----------|
| Application Fee | \$ 72.64 |
| State Levy Fee | \$ 1.45 |
| Zoning Fee | \$ 25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 99.09 |



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 8/27/2022 9/10/22

Permit Number: 62-00022-0175

GPIN/Tax Map: 57-35-0-9-0 / 7705-45-9803

Issued: 9/19/22

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 | 805 Merchant Lee Court | |
| | Owner | Thomas Corbitt | Phone # 804-833-2904 |
| APPLICANT INFORMATION | Address | 805 Merchant Lee court | Email corbitt5@verizon.net |
| | Applicant/Contact | Doug Johnson | Phone # 804-839-6218 |
| | Address | 12207 Princess Mary Terrace | Email doug@swiftcreekmasonry.com |

| | | | | | | | |
|--------------------------------------|--|--------------------------------|---|--------------|------------------|-----------|--|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Meadows @ Maraki | 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 | RR | | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: No Subj. to Setbacks | | | Date | 9/12/22 | |
| | Planning & Zoning Officer | <i>[Signature]</i> | | | | | |

| | | | | |
|------------------------|---------------------------|---|------------|----------------------------|
| CONTRACTOR INFORMATION | Contractor | Swiftcreek Masonry LLC | Phone | 804-839-6218 |
| | Address | 12207 Princess Mary Terrace Chesterfield VA | Email | doug@swiftcreekmasonry.com |
| | Contractor License Number | 2705173558 | Type | A |
| | | | Expiration | 3-31-2024 |

| | | | | |
|--|--|----------------------|---|---------------|
| DESCRIPTION OF WORK | Scope of Work: Pool deck patio site walls | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | entertainment | none | none | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | # of Bedrooms |
| | | 0 | 0 | |
| 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. | Unfinished Sq. Ft. | Total Sq. Ft. | |
| | 2500 | 0 2500 | 2500 | |

Building Only - Excludes All Trades Permits

| | |
|---------------|-----------|
| Value of Work | \$100,000 |
|---------------|-----------|

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 *[Signature]* Date 8/27/2022

| | |
|-----------------|---------|
| Application Fee | \$ 402 |
| State Levy Fee | \$ 924 |
| Zoning Fee | \$ 60 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 1486 |



BUILDING PERMIT APPLICATION

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

Application Date: **8-23-22**

Permit Number: **BP-2022-01115**

GPIN/Tax Map: **0810-20-8074/17-7-0-2-0**

Issued: **9/19/22**

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 3029 Nash Rd | | Phone # 804-894-0965 |
| | Owner Lee Horton | | Email Lee.a.horton@icloud.com |
| | Address 3029 Nash Rd, Goochland 23063 | | Phone # |

| | | | |
|-----------------------|----------------------------------|--|-------|
| APPLICANT INFORMATION | Applicant/Contact Same | | Email |
| | Address | | |

| | | | | |
|--------------------------------------|---|--|---------------------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision N/A | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback 55' from P4 ROW | Center Line Setback | Rear Setback 5' | CUP/Variance/COA |
| | Side Setback 5' | Side Setback 5' | Flood Zone X | NA |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Date 9/1/22 | | | |

Planning & Zoning Officer: **David Floyd**

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

| | | | | | |
|---------------------|---|-------------------------|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: 18x36 RV Awning carport | | | | |
| | Proposed Use Storage | 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. | |
| | | 648 | 648 | 648 | |

Building Only - Excludes All Trades Permits

Value of Work \$ ~~4500.~~ **\$9720**

| | |
|-----------------|-----------------|
| Application Fee | \$ 25.74 |
| State Levy Fee | \$ 1.11 |
| Zoning Fee | \$ 25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 51.85 |

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: **Lee A. Horton** Date: **8-23-22**



BUILDING PERMIT APPLICATION

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

Application Date: **8-23-22**

Permit Number: **BP-2022-0114**

GPIN/Tax Map: **6810-20-8974/17-17-0-20**

Issued: **9/19/22**

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 | 3029 Nash Road | Phone # | 804-874-0965 |
| | Owner | Lee Horton | Email | Lee.a.horton@icloud.com |
| APPLICANT INFORMATION | Address | 3029 Nash Road, Goochland 23063 | Phone # | 804-874-0965 |
| | Applicant/Contact | Lee Horton | Email | Lee.g.horton@icloud.com |

| | | | | | | | | |
|--------------------------------------|---------------|----------------|---------------------|---|--------------|-------|------------------|-------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | N/A | Proffer | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | _____ | Date Paid | _____ |
| | Front Setback | 55' from P/R/W | Center Line Setback | _____ | Rear Setback | 5' | CUP/Variance/COA | |
| | Side Setback | 5' | Side Setback | 5' | Flood Zone | X | _____ | |

APPROVED REJECTED COMMENTS: _____ Date **9/1/22**

Planning & Zoning Officer: **Daniel Floyd**

| | | | | |
|------------------------|---------------------------|-------|------------|-------|
| CONTRACTOR INFORMATION | Contractor | Owner | Phone | _____ |
| | Address | _____ | Email | _____ |
| | Contractor License Number | _____ | Type | _____ |
| | | _____ | Expiration | _____ |

| | | | | | |
|---------------------|---|----------------------|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: | | | | |
| | 18x20 Tractor Awning Carport | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | Storage | SEWER 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. | |
| | | | 360 | 360 | |

Building Only - Excludes All Trades Permits

| | |
|---------------|-------------------|
| Value of Work | \$2700.00 \$5,400 |
|---------------|-------------------|

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: **Lee A. Horton** Date: **8.23.22**

| | |
|-----------------|---------|
| Application Fee | \$36.30 |
| State Levy Fee | \$.73 |
| Zoning Fee | \$25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$62.03 |



BUILDING PERMIT APPLICATION

Application Date: July 25, 2022

Permit Number: AP-2022-00981

GPIN/Tax Map: 6785-00-3562 / 60-1-03-0

Issued: 9-19-22

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>690 Lee Road, Crozier, VA 23039</u> | |
| | Owner | <u>Richard Whitt</u> | |
| APPLICANT INFORMATION | Address | <u>690 Lee Road, Crozier, VA 23039</u> | |
| | Applicant/Contact | <u>Doug Hilemn</u> | |
| | Address | <u>PO Box 29904, Richmond, VA 23242</u> | |
| | Phone # | <u>804-513-0592</u> | |
| | Email | <u>Richie.Whitt@markel.com</u> | |
| | Email | <u>doug@hilemnconstruction.com</u> | |

| | | | | |
|--------------------------------------|--|---|--|----------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback <u>55' from PL/ROW</u> | Center Line Setback | Rear Setback <u>5'</u> | CUP/Variance/COA <u>A2</u> |
| | Side Setback <u>5'</u> | Side Setback <u>5'</u> | Flood Zone <input checked="" type="checkbox"/> | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: _____ Date <u>8/28/22</u> | | |
| | Planning & Zoning Officer <u>David Floyd</u> | | | |

| | | | | |
|------------------------|---------------------------|---|-------|------------------------------------|
| CONTRACTOR INFORMATION | Contractor | <u>Hilemn Construction</u> | Phone | <u>804-513-0592</u> |
| | Address | <u>PO Box 29904, Richmond, VA 23242</u> | Email | <u>doug@hilemnconstruction.com</u> |
| | Contractor License Number | <u>2705163404</u> | Type | <u>Class A</u> |
| | Expiration | <u>08/31/23</u> | | |

| | | | | |
|---|-----------------------------|--|--|---------------|
| DESCRIPTION OF WORK | Scope of Work: | <u>New detached garage 3800 sq ft = REVIEWED BY: MICHAEL BROCKING 9.7.22</u> | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) about 25,000sf | |
| | <u>car storage</u> | <u>NA</u> | # of Bathrooms | # of Bedrooms |
| | <u>SEWER Public/Private</u> | <u>WATER Public/Private</u> | <u>1/2</u> | <u>none</u> |
| 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>3,762</u> | <u>0</u> | <u>3800</u> | |

| | |
|-----------------|--------------------|
| Application Fee | \$ <u>3,857.00</u> |
| State Levy Fee | \$ <u>76.74</u> |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>3,938.74</u> |

Building Only - Excludes All Trades Permits

| | |
|---------------|------------------|
| Value of Work | <u>\$850,000</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: 7/25/22

REC: 8/23/22



BUILDING PERMIT APPLICATION

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

Application Date: 08/22/22

Permit Number: **BP-2022-0100**

GPIN/Tax Map: 7714-43-6025 / **63-12-0-4-B**

Issued: **9/19/22**

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.

Site Address 167 River Road West Manakin Sabot, VA 23103

OWNER INFORMATION

Owner: Tkacz Michael J Tkacz Sandra S Phone #: (804) 310-3009

Address: 167 River Road West Manakin Sabot, VA 23103 Email: sandra.tkacz@hdrinc.com

APPLICANT INFORMATION

Applicant/Contact: Henry Keith (Sigora Solar LLC) Phone #: (434) 996-6141

Address: 490 Westfield Road Suite A Email: permitting@sigorasolar.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

Front Setback: *100' from PLYROW* Center Line Setback: *125'* Rear Setback: *5'* CUP/Variance/COA: _____

Side Setback: *LT. Side 35'* Side Setback: *Rt. Side 5'* Flood Zone: _____ *A2*

APPROVED REJECTED COMMENTS: _____ Date: *8/26/22*

Planning & Zoning Officer: *David Floyd*

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: 7/31/24

DESCRIPTION OF WORK

Scope of Work: Install of a ground mounted solar array with battery backup. System Capacity: 24.800 kWp DC

| | | | | |
|---|----------------------|---|---------------|---------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| SFD | SFD | # of Bathrooms | # of Bedrooms | # of floors |
| SEWER Public/Private | WATER Public/Private | | | Total Sq. Ft. |
| 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. | | |

Building Only - Excludes All Trades Permits

Value of Work: 14,780.90

| | |
|-----------------|-----------|
| Application Fee | \$ 7857 |
| State Levy Fee | \$ 1671 |
| Zoning Fee | \$ 20 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 105.08 |

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: *Henry Keith* Date: 08/22/22

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 Henry Keith

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 VB OCCUPANT LOAD Ø CODE EDITION 18

FIRE SPRINKLER N FIRE ALARM N MODIFICATION N

APPROVAL [Signature] DATE 9-15-2022

Code Official Code Official



BUILDING PERMIT APPLICATION

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

Application Date: 08/29/2022

Permit Number: BP-2022-01151

GPIN/Tax Map: 6757-91-8804 | UA-40-0-80

Issued: 9/19/22

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 3015 Swanns Inn Crescent Goochland, VA 23063 | |
| | Owner Henson William E Henson Kristin | Phone # (973) 349-7039 |
| | Address 3015 Swanns Inn Crescent Goochland, VA 23063 | Email hensonwe245@gmail.com |
| APPLICANT INFORMATION | Applicant/Contact Henry Keith (Sigora Solar LLC) | |
| | Address 490 Westfield Road STE A Charlottesville, VA 22901 | Phone # (434) 996-6141 Email permitting@sigorasolar.com |

| | | | | |
|--------------------------------------|--|--|---------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <u>Swanns Inn</u> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | Side Setback | Side Setback | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: <u>No change so footprints/Use.</u> | | |
| Planning & Zoning Officer | <u>[Signature]</u> | Date | <u>9/8/22</u> | |

| | | | |
|------------------------|--|------------------|--|
| CONTRACTOR INFORMATION | Contractor Sigora Solar LLC | | Phone (434) 996-6141 |
| | Address 490 Westfield Road STE A Charlottesville, VA 22901 | | Email permitting@sigorasolar.com |
| | Contractor License Number 2705141338 | Type A | Expiration 07/31/2024 |

| | | | | |
|---------------------|---|---------------------------|---|---|
| DESCRIPTION OF WORK | Scope of Work: Roof Mounted Solar Install. System Capacity: 9.600 kWp DC | | | |
| | Proposed Use SFD | Current Use SFD | 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. 367.04 SqFt Array |

Building Only - Excludes All Trades Permits

| | |
|---------------|----------------|
| Value of Work | \$3,984 |
|---------------|----------------|

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 Henry Keith Date 08/29/2022

| | |
|-----------------|-----------------|
| Application Fee | \$ <u>20</u> |
| State Levy Fee | \$ <u>1.00</u> |
| Zoning Fee | \$ <u>20</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>50.00</u> |

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE Henry Keith

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 _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANT LOAD _____ CODE EDITION _____

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL _____ DATE _____

Code Official

Revised: 8/31/2020

REC: 8/23/22



BUILDING PERMIT APPLICATION

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

Application Date: 08/22/2022

Permit Number: 67-00002-01099

GPIN/Tax Map: 6718-08-1701 | 26-10-28-E4

Issued: 9/19/22

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 | 5218 Fox Field Farm Court Goochland, VA 23063 | | |
| | Owner | Cooke Benjamin L Cooke Christina L | Phone # | (804) 901-3038 |
| | Address | 5218 Fox Field Farm Court Goochland, VA 23063 | Email | bcooke89@yahoo.com |
| APPLICANT INFORMATION | Applicant/Contact | Sigora Solar LLC | | |
| | Address | 490 Westfield Road Suite A Charlottesville, VA 22901 | Phone # | (434) 996-6141 |
| | | | Email | permitting@sigorasolar.com |

| | | | | |
|--------------------------------------|--|---|----------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer | Amount | Date Paid |
| | <u>Fox Field Farm</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: <u>No change to Footprint/Use. #1</u> | | |
| Planning & Zoning Officer | <u>David Floyd</u> | Date | <u>8/26/22</u> | |

| | | | | |
|------------------------|---------------------------|--|----------------------------|---|
| CONTRACTOR INFORMATION | Contractor | Sigora Solar LLC | | |
| | Address | 490 Westfield Road Suite A Charlottesville, VA 22901 | | |
| | Contractor License Number | 2705141338 | Type | A |
| | | Expiration | 7/31/2024 | |
| | | Phone | (434) 996-6141 | |
| | | Email | permitting@sigorasolar.com | |

Scope of Work:
Install of a roof mounted solar array. System Capacity: 8.400 kWp DC

| | | | | |
|---|----------------------|---|--------------------|---------------|
| Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| Single Family Dwelling | SFD | # of Bathrooms | # of Bedrooms | # of floors |
| SEWER Public/Private | WATER Public/Private | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. |
| Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No | | | | 390.42 |

Building Only - Excludes All Trades Permits

| | |
|---------------|---------|
| Value of Work | \$3,864 |
|---------------|---------|

| | |
|-----------------|----------|
| Application Fee | \$ 30 |
| State Levy Fee | \$ 1.00 |
| Zoning Fee | \$ 20 |
| 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 Henry Keith Date 08/22/2022

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 Henry Keith

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 VB OCCUPANT LOAD 0 CODE EDITION 18

FIRE SPRINKLER N FIRE ALARM N MODIFICATION N

APPROVAL [Signature] DATE 9-10-2022

Code Official

Code Official

Revised: 8/31/2020



BUILDING PERMIT APPLICATION

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

Application Date: 8/22/22

Permit Number: 2022-01091

GPIN/Tax Map: 6796-49-1642/50-1-0-440

Issued: 9/19/22

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 | 1102 Shallow Well Road Manakin Sabot, VA | |
| | Owner | GARY ROGLIANO | |
| APPLICANT INFORMATION | Address | 9520 Pine Shadow Drive Richmond VA, 23238 | |
| | Applicant/Contact | Tom Cole | |

| | |
|---------|------------------|
| Phone # | 914-643-3314 |
| Email | |
| Phone # | 804-467-1188 |
| Email | TCOLE325@MSN.COM |

| | | | | | | | | |
|--------------------------------------|--|-----------------------------------|--|---|--------------|------|------------------|--|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | N/A | 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 footprint / use. A2 | | | Date | 8/26/22 | |

| | | | | | |
|------------------------|---------------------------|--|------|---------|------------------|
| CONTRACTOR INFORMATION | Contractor | Tom's Home Repair & Improvements | | Phone | 804-467-1188 |
| | Address | 9520 Pine Shadow Drive Richmond, VA, 23238 | | Email | TCOLE325@MSN.COM |
| | Contractor License Number | 2705133528 | Type | Class C | Expiration |

| | | | | |
|---|-----------------------------|--------------------|---|-------------|
| DESCRIPTION OF WORK | Scope of Work: | | | |
| | Finish off attic into study | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | Study | | | |
| SEWER | WATER | # of Bathrooms | # of Bedrooms | # of floors |
| Public/Private | Public/Private | | | |
| 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. | |
| | 500 | | | |

Building Only - Excludes All Trades Permits

| | |
|---------------|--------------------|
| Value of Work | 8500 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: *Tom Cole* Date: 8-22-2022

| | |
|-----------------|----------|
| Application Fee | \$ 50.00 |
| State Levy Fee | \$ 1.01 |
| Zoning Fee | \$ 25 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 76.01 |



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 09/06/2022

Permit Number: 60-2022-01108

GPIN/Tax Map: 616-31-4448-9999 / 40-10-121-0

Issued: 9/19/22

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 | 2485 Old Courthouse Rd, Madiens, VA, 23102 | | |
| | Owner | County of Goochland | Phone # | 804-556-5340 |
| | Address | 2938 River Road West, BLD J, Goochland VA, 20363 | Email | Mparker@goochlandva.us |

| | | | | |
|-----------------------|-------------------|---|---------|------------------------|
| APPLICANT INFORMATION | Applicant/Contact | Matthew Parker | Phone # | 804-556-5340 |
| | Address | 2938 River Road West, BLD J, Goochland VA 20363 | Email | Mparker@goochlandva.us |

| | | | | | | | | |
|--------------------------------------|---------------|------------------|---------------------|---|--------------|-------|------------------|-------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | N/A | Proffer | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | _____ | Date Paid | _____ |
| | Front Setback | 55' from P/L/K/W | Center Line Setback | _____ | Rear Setback | 5' | CUP/Variance/COA | |
| | Side Setback | 5' | Side Setback | 5' | Flood Zone | _____ | A2 | |

APPROVED REJECTED COMMENTS: _____ Date 9/12/22
Planning & Zoning Officer: David Floyd

| | | | | |
|------------------------|---------------------------|--|-------|----------------------|
| CONTRACTOR INFORMATION | Contractor | Matthew Parker | Phone | 804-556-5340 |
| | Address | 2938 River Road West, BLD J, Goochland, VA 23063 | Email | Mparker@goochland Va |
| | Contractor License Number | _____ | Type | _____ |

| | | | | | |
|---------------------|---|-------------------------|---|----------------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: Installing a 18x31x8 V roof carport with roof and corner braces, with mobil home anchors. | | | | |
| | 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. 558 | |

Building Only - Excludes All Trades Permits

| | | | |
|--|---------|-----------------|----------|
| Value of Work | \$3,400 | Application Fee | \$ _____ |
| I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. | | State Levy Fee | \$ _____ |
| | | Zoning Fee | \$ _____ |
| | | RLD | \$ _____ |
| | | SWP | \$ _____ |
| | | Total | \$ _____ |

Signature of Applicant: Matt Parker Date: 09-06-2022

fees waived due to county project

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

On behalf of County of Goochland
I, Matt Parker of (address) 2938 River Road West, Bld J, Goochland, VA 23063 affirm that I am the owner of a certain tract of parcel of land located at 2485 Old Courthouse Rd, Goochland, VA 23102 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.

Matt Parker 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 ce # STORIES 1 CONSTRUCTION TYPE VB OCCUPANT LOAD 1 CODE EDITION 18

FIRE SPRINKLER X FIRE ALARM N MODIFICATION N

APPROVAL [Signature] DATE 9-12-2022

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: 8/31/22
Permit Number: BP-2022-0142
GPIN/Tax Map: MM26-1A-10990/S9-3-2-89-A
R2-1487-00012
Issued: 9-14-22
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: 1600 Wilkes Ridge Dr. and Wilkes Ridge Circle
Owner: West Creek MOB
Address: 13281 Rivers Bend Blvd, suite 201, Chester, VA
Phone #: 804-517-5400
Email: Josh@emersoncompanies.com

APPLICANT INFORMATION
Applicant/Contact: KBS, Inc
Address: 8050 Kimway Dr. Richmond, VA 23225
Phone #: 540-272-9308
Email: KCurry@KBSGL.com

TO BE COMPLETED BY ZONING DEPARTMENT
Subdivision: West Creek Business Park
Front Setback: 20' from P/R/ROW
Side Setback: 5'
Center Line Setback: 45'
Side Setback: 5'
Rear Setback: 5'
Flood Zone: X
CUP/Variance/COA: MI
Proffer: Yes No
Amount: _____ Date Paid: _____
APPROVED REJECTED
Planning & Zoning Officer: David [Signature] Date: 9/8/22

CONTRACTOR INFORMATION
Contractor: KBS, Inc. - Kyal Curry
Address: 8050 Kimway Dr. Richmond, VA 23225
Phone: 804-262-0100
Email: _____
Contractor License Number: 2701038430 Type: Class A Expiration: 11/30/23

DESCRIPTION OF WORK
Scope of Work: Install temporary construction trailer during construction of a medical office building
Proposed Use: Trailer office
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.: 400 SF

Building Only - Excludes All Trades Permits

Value of Work: \$ 13,000

6 SEP 10 2022
Casey Littlefield
APPROVED

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: [Signature] Date: 8/31/22

Application Fee: \$ 97.50
State Levy Fee: \$ 1.95
Zoning Fee: \$ 50-
RLD: \$ _____
SWP: \$ _____
Total: \$ 149.45

BUILDING PERMIT APPLICATION

Application Date: **8-23-22**

Permit Number: **BP-2022-01134**

GPIN/Tax Map: **7725-12-3110**

Issued: **9-9-22**

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.

Office of Building Inspection
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

9466 Tesserale Way Richmond VA.

Owner

HH Hunt Communities

Phone #

(804) 762-0038 232

Address

11237 Nichols Road Glen Allen

Email

bjtoland@hhhunt.com

APPLICANT INFORMATION

Applicant/Contact

Scott Smith

Phone #

804 955 7691

Address

1919 Huguenot Road

Email

scott@porticoclassic homes, va

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision

Mosaic

Proffer
 Yes No

Amount

Date Paid

Front Setback

30' from PUPKON

Center Line Setback

55'

Rear Setback

5'

CUP/Variance/COA

Side Setback

5'

Side Setback

5'

Flood Zone

RPUD

APPROVED

REJECTED

COMMENTS:

Date **9/2/22**

Planning & Zoning Officer

Daniel Boyd

CONTRACTOR INFORMATION

Contractor

Portico Classic Homes LLC

Phone

804 955 7691

Address

1919 Huguenot Road Suite 101

Email

scott@porticoclassic homes, va

Contractor License Number

2701194011

Type

Class A BLD

Expiration

DESCRIPTION OF WORK

Scope of Work:

Mail kiosk for Mosaic same kiosk as in section #3

Proposed Use

SEWER Public/Private N/A

Current Use

WATER Public/Private N/A

Environmental Impacts (stream crossing, wetlands, amt land disturbed)

of Bathrooms

N/A

of Bedrooms

N/A

of floors

1

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.

221

Building Only - Excludes All Trades Permits

Value of Work

\$15,000.00

| | |
|-----------------|-----------|
| Application Fee | \$ 112.50 |
| State Levy Fee | \$ 2.25 |
| Zoning Fee | \$ 50.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 164.75 |

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 **8/23/2022**



BUILDING PERMIT APPLICATION

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

Application Date: 9/16/22

Permit Number: 62-2022-01163

GPIN/Tax Map: 6107-89-3864/38-1-0-14-0

Issued: 9/19/22

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.

Site Address: 5420 Hackney Rd Goochland VA 23063

Owner: Shirley Johnson

Address: 5420 Hackney Rd

Applicant/Contact: 5420 Hackney Rd Goochland VA

Phone #: 804-452-2748

Address: 5420 Hackney Rd Goochland VA

Subdivision: 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: Date: Planning & Zoning Officer:

Contractor: OMB Const. LLC Joe Williams

Address: Cartersville 59 Deeprun Rd Cumberland Va 23029

Contractor License Number: 2705171389 Type: Class A Expiration: 02-19-2024

Scope of Work: demo. single family home

Proposed Use: Current Use: Environmental Impacts (stream crossing, wetlands, amt land disturbed)

SEWER Public/Private: WATER Public/Private: # of Bathrooms: 4 # of Bedrooms: # of floors: 1

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: \$3,500 +

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: Shirley Johnson Date: 7-29-22

Application Fee \$
State Levy Fee \$
Zoning Fee \$
RLD \$
SWP \$
Total \$

none fee, no fee



BUILDING PERMIT APPLICATION

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

Application Date: 8/19/2022 8/22/22

Permit Number: 67-20002-01092

GPIN/Tax Map: 6717-30-2427/43-42-D-10-C

Issued: 9/18/22

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

| | | | |
|-----------------------|-------------------|--|---------------------------------------|
| OWNER INFORMATION | Site Address | <u>2297 Lanes End Place, Maidens, VA 23102</u> | |
| | Owner | <u>Peter & Edibell Otis</u> | Phone # <u>703-623-4948</u> |
| APPLICANT INFORMATION | Address | <u>2297 Lanes End Place, Maidens, VA 23102</u> | Email |
| | Applicant/Contact | <u>Travis Jowers / Ultimate Pools</u> | Phone # <u>804-749-4706</u> |
| | Address | <u>2175 Lanier Lane, Rockville, VA 23146</u> | Email <u>travis@ultimatepools.com</u> |

| | | | | |
|--------------------------------------|--|---|----------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | <u>Breeze Hill</u> | | | |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | <u>40' From R/W</u> | <u>65'</u> | <u>5'</u> | |
| | Side Setback | Flood Zone | | <u>RP</u> |
| | <u>5'</u> | | | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | COMMENTS: _____ | | |
| | Planning & Zoning Officer <u>David Floyd</u> | Date | <u>8/26/22</u> | |

| | | | |
|------------------------|---------------------------|--|---|
| CONTRACTOR INFORMATION | Contractor | <u>Ultimate Pools</u> | Phone <u>804-749-4706</u> |
| | Address | <u>2175 Lanier Lane, Rockville, VA 23146</u> | |
| | Contractor License Number | <u>2705026339</u> | Type <u>CBC RBC RFC</u> Expiration <u>2/28/2023</u> |

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

Building Only - Excludes All Trades Permits

| | |
|---------------|---------------|
| Value of Work | <u>30,000</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 8/19/22

| | |
|-----------------|---------------|
| Application Fee | \$ <u>147</u> |
| State Levy Fee | \$ <u>204</u> |
| Septic/Well Fee | \$ _____ |
| Zoning Fee | \$ <u>05</u> |
| RLD | \$ _____ |
| SWP | \$ _____ |
| Total | \$ <u>354</u> |



BUILDING PERMIT APPLICATION

Application Date: Feb 10-1-22
 Permit Number: BP-2022-00751
 GPIN/Tax Map: 7715-83-1814/58-1-0-45-C
 Issued: 9-2-22
 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>974 Hockett Rd Manakin Sabot, 23103</u> | Phone # <u>804 370 3060</u> |
| | Owner <u>Heather Wilckens</u> | Email |
| | Address | |
| APPLICANT INFORMATION | Applicant/Contact <u>Lauren Payne</u> | Phone # <u>757 566 8622</u> |
| | Address <u>Po Box 637 Toano, VA 23168</u> | Email <u>lauren@thedryingco.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 | Center Line Setback | Rear Setback | CUP/Variance/COA |
| | Side Setback | Side Setback | Flood Zone | <u>A2</u> |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>* No change to Footprints / Use.</u> | | | |
| | Planning & Zoning Officer: <u>David Boyd</u> | | Date: <u>6/14/22</u> | |

| | | |
|------------------------|--|------------------------------|
| CONTRACTOR INFORMATION | Contractor <u>The Drying Co. LLC</u> | Phone <u>757 566 8622</u> |
| | Address <u>Po Box 637 Toano, VA 23168</u> | Email |
| | Contractor License Number <u>2705085852</u> | Type <u>A</u> |

Scope of Work: Crawl space encapsulation

| | | | | |
|--|-------------------------|---|---------------|-------------|
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | |

Building Only - Excludes All Trades Permits

Value of Work
15,098.24

| | |
|-----------------|------------------|
| Application Fee | \$ <u>79.94</u> |
| State Levy Fee | \$ <u>1.60</u> |
| Zoning Fee | \$ <u>25.00</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>106.54</u> |

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: [Signature] Date: 5/27/2022



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: **Rec: 8-17-22**

Permit Number: **DP-2022-01070**

GPIN/Tax Map: **6748-31-4435 / 41-2-0-10-0**

Issued: **9-7-22**

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 2351 Rock Castle Rd. Goochland VA 23063 | | Phone # (804) 514-1862 |
| | Owner Natalie Foster | | Email |
| APPLICANT INFORMATION | Address 2351 Rock Castle Rd. Goochland VA 23063 | | Phone # (804) 241-3186 |
| | Applicant/Contact Scott Enroughty | | Email Scott@PRSVa.com |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision Pink Acres | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount |
| | Front Setback | Center Line Setback | Rear Setback |
| | Side Setback | Side Setback | Flood Zone |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> | | COMMENTS: |
| CONTRACTOR INFORMATION | Contractor Professional Restoration Services Inc. | | Phone (804) 527-2095 |
| | Address 4965 Cox Rd. Glen Allen VA 23060 | | Email Scott@PRSVa.com |
| | Contractor License Number 2705114576 | Type Class A | Expiration 4/30/2023 |
| DESCRIPTION OF WORK | Scope of Work: Repair Carport, Right Chimney, Front Porch + Left Dormer Due to tree Damage. Like for Like. | | |
| | 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 \$ |
| Value of Work \$90,000 | | | 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 \$ |
| | | | RLD \$ |
| | | | SWP \$ |
| | | | Total \$ 0 |
| Signature of Applicant Scott Enroughty | | Date 8/17/22 | |

Handwritten note: Job's called storm damage



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: JULY 27, 2022 *8/26/22*

Permit Number: *65-0002-0121*

GPIN/Tax Map: *7126-71-9334/59-50-1-0*

Issued: *9/7/22*

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 7000 AVERY POINT WAY, RICHMOND, VA 23233 | | Phone # 410.402.2448 | |
| | Owner AVERY POINT, LLC | | Email | |
| | Address 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228 | | Phone # 804.396.8775 | |
| APPLICANT INFORMATION | Applicant/Contact VICKI BARNETT | | Email ADMIN@BRACWALLS.COM | |
| | Address 10423 DOW GIL ROAD, ASHLAND, VA 23005 | | | |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <i>Avery Point</i> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | |
| | Front Setback | Center Line Setback | Rear Setback | |
| | Side Setback | Side-Setback | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: | | Date <i>9/2/22</i> | |
| | Planning & Zoning Officer <i>David King</i> | | | |
| CONTRACTOR INFORMATION | Contractor BRAC RETAINING WALLS AND EXCAVATING, LLC | | Phone 804.798.5097 | |
| | Address 10423 DOW GIL ROAD, ASHLAND, VA 23005 | | | |
| | Contractor License Number 2705131869 | Type CLASS A | Expiration 11.30.2023 | |
| DESCRIPTION OF WORK | Scope of Work: INSTALL SEGMENTAL RETAINING WALL A | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. 345 | |
| Building Only - Excludes All Trades Permits | | | Application Fee \$ <i>00</i> | |
| Value of Work | \$12,267.00 | 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. Signature of Applicant <i>Vicki Barnett</i> Date <i>Aug 8, 2022</i> | | | Septic/Well Fee \$ | |
| | | | Zoning Fee \$ <i>50</i> | |
| | | | RLD \$ | |
| | | | SWP \$ | |
| | | | Total \$ <i>143.84</i> | |

SEP. 05 2022
Casey Littlefield
APPROVED



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: JULY 27, 2022 8/26/22
 Permit Number: BP-2022-01123
 GPIN/Tax Map: 7726-84-4399/59-3-2-9-A
 Issued: 9/7/22

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 | 7000 AVERY POINT WAY, RICHMOND, VA 23233 | | |
| | Owner | AVERY POINT, LLC | Phone # | 410.402.2448 |
| | Address | 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228 | Email | |
| APPLICANT INFORMATION | Applicant/Contact | VICKI BARNETT | Phone # | 804.396.8775 |
| | Address | 10423 DOW GIL ROAD, ASHLAND, VA 23005 | Email | ADMIN@BRACWALLS.COM |
| | | | | |

| | | | | |
|--|--------------------|---|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer | Amount | Date Paid |
| | <u>Avery Point</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: | | | | |
| Planning & Zoning Officer | | <u>David Lloyd</u> | Date | <u>9/2/22</u> |

| | | | | |
|------------------------|---------------------------|---|--------------|---------|
| CONTRACTOR INFORMATION | Contractor | BRACT RETAINING WALLS AND EXCAVATING, LLC | | |
| | Address | 10423 DOW GIL ROAD, ASHLAND, VA 23005 | | |
| | Contractor License Number | 2705131869 | Type | CLASS A |
| | | Expiration | 11.30.2023 | |
| | | Phone | 804.798.5097 | |

| | | | | | |
|---------------------|---|---|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: | | | | |
| | INSTALL SEGMENTAL RETAINING WALL C | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | | |
| | | 235 | | | |

| | | | | |
|--|----------------------|---|-----------------|------------------|
| Building Only - Excludes All Trades Permits | | SEP 05 2022 Casey Littlefield APPROVED | Application Fee | \$ <u>62.10</u> |
| Value of Work | \$8,356.00 | | 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. | | Goochland County Dept. of Building Inspections | Septic/Well Fee | \$ |
| Signature of Applicant | <u>Vicki Barnett</u> | | Zoning Fee | \$ <u>50</u> |
| | Date | | RLD | \$ |
| | <u>Aug 8, 2022</u> | | SWP | \$ |
| | | | Total | \$ <u>113.98</u> |



BUILDING PERMIT APPLICATION

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

Application Date: JULY 27, 2022 8/26/22
Permit Number: BP-2022-D1124
GPIN/Tax Map: M210-84-4399/S4-3-2-9-A
Issued: 9/7/22

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 | 7000 AVERY POINT WAY, RICHMOND, VA 23233 | |
| | Owner | AVERY POINT, LLC | Phone # 410.402.2448 |
| APPLICANT INFORMATION | Address | 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228 | |
| | Applicant/Contact | VICKI BARNETT | Phone # 804.396.8775 |
| | Address | 10423 DOW GIL ROAD, ASHLAND, VA 23005 | |
| | | | Email ADMIN@BRACWALLS.COM |

| | | | | |
|--------------------------------------|---|---|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer | Amount | Date Paid |
| | <u>Avery Point</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 <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Date <u>9/7/22</u> | | | |
| | Planning & Zoning Officer <u>[Signature]</u> | | | |

| | | | | | |
|------------------------|---------------------------|--|------|---------|--------------|
| CONTRACTOR INFORMATION | Contractor | BRAC RETAINING WALLS AND EXCAVATING, LLC | | Phone | 804.798.5097 |
| | Address | 10423 DOW GIL ROAD, ASHLAND, VA 23005 | | | |
| | Contractor License Number | 2705131869 | Type | CLASS A | Expiration |

| | | | | | |
|---------------------|---|---|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: INSTALL SEGMENTAL RETAINING WALL E | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. 143 | | |

| | | | | |
|---|------------|---|-----------------|-----------------|
| Building Only - Excludes All Trades Permits | | SEP 05 2022 Casey Littlefield APPROVED Goochland County Dept. of Building Inspections | Application Fee | \$ <u>38.14</u> |
| Value of Work | \$5,085.00 | | State Levy Fee | \$ <u>.10</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>Vicki Barnett</u> Date <u>Aug 9, 2022</u> | | Septic/Well Fee | \$ _____ | |
| | | Zoning Fee | \$ <u>60</u> | |
| | | RLD | \$ _____ | |
| | | SWP | \$ _____ | |
| | | Total | \$ <u>88.00</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: JULY 27, 2022 8/26/22
Permit Number: BP-2022-D1125
GPIN/Tax Map: 7726-84-4399/59-3-2-9-A
Issued: 9/7/22

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 | 7000 AVERY POINT WAY, RICHMOND, VA 23233 | |
| | Owner | AVERY POINT, LLC | Phone # 410.402.2448 |
| | Address | 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228 | Email |

| | | | |
|-----------------------|-------------------|---------------------------------------|------------------------------|
| APPLICANT INFORMATION | Applicant/Contact | VICKI BARNETT | Phone # 804.396.8775 |
| | Address | 10423 DOW GIL ROAD, ASHLAND, VA 23005 | Email ADMIN@BRACWALLS.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: _____ Planning & Zoning Officer: <u>David Lloyd</u> Date: <u>9/7/22</u> | | | |

| | | | | |
|------------------------|---------------------------|--|------------|-----------------------|
| CONTRACTOR INFORMATION | Contractor | BRAC RETAINING WALLS AND EXCAVATING, LLC | | Phone 804.798.5097 |
| | Address | 10423 DOW GIL ROAD, ASHLAND, VA 23005 | | |
| | Contractor License Number | 2705131869 | Type | CLASS A |
| | | Expiration | 11.30.2023 | |

| | | | | | |
|---------------------|--|--|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: INSTALL SEGMENTAL RETAINING WALL D | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | SEWER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | WATER <input checked="" type="checkbox"/> Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. 248 | | |

Building Only - Excludes All Trades Permits

Value of Work \$8,818.00

SEP 05 2022
Gasey Littlefield
APPROVED

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 Aug 8, 2022

| | |
|-----------------|------------------|
| Application Fee | \$ <u>60.00</u> |
| State Levy Fee | \$ <u>1.30</u> |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ <u>50</u> |
| RLD | \$ |
| SWP | \$ |
| Total | \$ <u>117.46</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: AUGUST 8, 2022 8/26/22

Permit Number: 60-0002-0120

GPIN/Tax Map: 7726-76-6945 / 59-4-0-5-0

Issued: 9/7/22

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 1616 AND 1610 THREE CHOPT ROAD, GOOCHLAND, VA | Phone # |
| | Owner LJP PROPERTIES, LLC | |
| | Address P.O. BOX 72075, RICHMOND, VA 23255 | Email |
| APPLICANT INFORMATION | Applicant/Contact VICKI BARNETT | Phone # 804.396.8775 |
| | Address 10423 DOW GIL ROAD, ASHLAND, VA 23005 | Email ADMIN@BRACWALLS.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: <u>Not in list to zoning</u> Planning & Zoning Officer: <u>D. Perry</u> Date: <u>9/1/22</u> | | | |

| | | |
|------------------------|--|-----------------------|
| CONTRACTOR INFORMATION | Contractor BRAC RETAINING WALLS AND EXCAVATING, LLC | Phone 804.798.5097 |
| | Address 10423 DOW GIL ROAD, ASHLAND, VA 23005 | |
| | Contractor License Number 2705131869 | Type CLASS A |
| | Expiration 11.30.2023 | |

| | | | | |
|---------------------|---|--------------------|---|-------------|
| DESCRIPTION OF WORK | Scope of Work: INSTALL SEGMENTAL RETAINING WALL | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | |
| | <input type="checkbox"/> SEWER Public/Private <input type="checkbox"/> <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. 613 | |

Building Only - Excludes All Trades Permits

| | |
|---------------|-------------|
| Value of Work | \$21,805.00 |
|---------------|-------------|

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: August 9, 2022

SEP 05 2022
Candy Littlefield
APPROVED

| | |
|-----------------|-----------|
| Application Fee | \$ 103.54 |
| State Levy Fee | \$ 32.1 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ 00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 210.81 |



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: JULY 27, 2022 8/26/22

Permit Number: BP-2022-01127

GPIN/Tax Map: MZL6-8A-4399/59-3-2-9-A

Issued: 9/1/22

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 | 7000 AVERY POINT WAY, RICHMOND, VA 23233 | |
| | Owner | AVERY POINT, LLC | Phone # 410.402.2448 |
| | Address | 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228 | Email |

| | | | |
|-----------------------|-------------------|---------------------------------------|------------------------------|
| APPLICANT INFORMATION | Applicant/Contact | VICKI BARNETT | Phone # 804.396.8775 |
| | Address | 10423 DOW GIL ROAD, ASHLAND, VA 23005 | Email ADMIN@BRACWALLS.COM |

| | | | | |
|--------------------------------------|--------------------|---|--------------|------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision | Proffer | Amount | Date Paid |
| | <u>Avery Point</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: _____
 Planning & Zoning Officer David [Signature] Date 9/1/22

| | | | | |
|------------------------|---------------------------|---|------|-----------------------|
| CONTRACTOR INFORMATION | Contractor | BRACT RETAINING WALLS AND EXCAVATING, LLC | | Phone 804.798.5097 |
| | Address | 10423 DOW GIL ROAD, ASHLAND, VA 23005 | | |
| | Contractor License Number | 2705131869 | Type | CLASS A |

| | | | | | |
|---------------------|---|---|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: INSTALL SEGMENTAL RETAINING WALL B | | | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) | | |
| | <input checked="" type="checkbox"/> SEWER Public/Private <input type="checkbox"/> | <input checked="" type="checkbox"/> WATER Public/Private <input type="checkbox"/> | # of Bathrooms | # of Bedrooms | # of floors |
| | Finished Sq. Ft. | Total Sq. Ft. 429 | | | |

Building Only - Excludes All Trades Permits
 Value of Work \$15,255.00

SEP 05 2022
 Casey Littlefield
 APPROVED

| | |
|-----------------|------------|
| Application Fee | \$ 1111 |
| State Levy Fee | \$ 229 |
| Septic/Wall Fee | \$ 00 |
| Zoning Fee | \$ 00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 1106.70 |

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 Aug 8, 2022



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: 6/2/2022 Rev: 6-6-22

Permit Number: *BP-2022-00776*

GPIN/Tax Map: 7726-13-4716 / 58-55-3-66-0

Issued: 9-7-22

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 12383 S Readers Cir, Manakin Sabot, VA 23103 | |
| | Owner Kelly Taylor | Phone # (541) 667-7232 |
| | Address 12383 S Readers Cir, Manakin Sabot, VA 23103 | |

| | | | |
|-----------------------|---|--|---------------------------|
| APPLICANT INFORMATION | Applicant/Contact Lindsay Loson | | Phone # (315)335-8730 |
| | Address 300 Stockton St Richmond, VA 23224 | | Email lloson@tesla.com |

| | | | | |
|--------------------------------------|---|--|--------------|-------------------------------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision <i>Readers Branch</i> | Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount | Date Paid |
| | Front Setback | Center Line Setback | Rear Setback | CUP/Variance/COA <i>R.P.U.D.</i> |
| | Side Setback | Side Setback | Flood Zone | |
| | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <i>Dennis Boyd</i> Date <i>6/2/22</i> | | | |

| | | | |
|------------------------|---|-----------|---------------------------|
| CONTRACTOR INFORMATION | Contractor TESLA ENERY OPS, INC | | Phone (315) 335-8730 |
| | Address 300 Stockton St Richmond, VA 23224 | | Email lloson@tesla.com |
| | Contractor License Number 2705153278 | Type A | Expiration 3/31/24 |

| | | | | | |
|---------------------|--|-------------------------|---|---------------|-------------|
| DESCRIPTION OF WORK | Scope of Work: Install roof mounted solar panels and energy storage system | | | | |
| | Proposed Use SFD | Current Use SFD | Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A | | |
| | SEWER Public/Private | WATER Public/Private | # of Bathrooms | # of Bedrooms | # of floors |
| | Will a foundation be installed within 20 ft. of any septic system components? Yes / No | Finished Sq. Ft. | Unfinished Sq. Ft. | Total Sq. Ft. | |

Building Only - Excludes All Trades Permits

| | |
|---------------|--------|
| Value of Work | \$7041 |
|---------------|--------|

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 *Lindsay Loson* Date 6/2/2022

| | |
|-----------------|----------|
| Application Fee | \$ 43.69 |
| State Levy Fee | \$.87 |
| Septic/Well Fee | \$ |
| Zoning Fee | \$ 25.00 |
| RLD | \$ |
| SWP | \$ |
| Total | \$ 69.56 |

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 N/A - Owner is not applying for permit.
Agent to Contractor (Lindsay Loson) is. *Lindsay Loson*

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES _____ CONSTRUCTION TYPE VB OCCUPANT LOAD _____ CODE EDITION 2015 ~~2013~~

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL *Bobell* DATE 8/11/2022

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: September 6, 2022
 Permit Number: BP-2022-01160

GPIN/Tax Map: 6822-49-3719/5-24-0-B-0
 Issued: 9-6-22

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>3016 Royal Virginia Parkway</u> | <u>23093</u> |
| | Owner | <u>HAACDC</u> | Phone # <u>804.303.3388</u> |
| | Address | <u>Same</u> | Email <u>CommunityBelieves@gmail.com</u> |

| | | | |
|-----------------------|-------------------|---------------------------|-----------------------------|
| APPLICANT INFORMATION | Applicant/Contact | <u>DR. Arlene Simmons</u> | Phone # <u>804.303.3388</u> |
| | Address | <u>Same</u> | Email |

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

Planning & Zoning Officer _____ Date _____

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

| | | | |
|---------------------|---|----------------------|---|
| DESCRIPTION OF WORK | Scope of Work: <u>Deck Demolition</u> → <u>Gardens of Tranquility</u> | | |
| | Proposed Use | Current Use | Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u> |
| | 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>30</u> |
| Value of Work <u>100.00</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 \$ _____ |
| Signature of Applicant <u>DR. Arlene Simmons</u> | Date <u>9/6/22</u> | RLD \$ _____ |
| | | SWP \$ _____ |
| | | Total \$ <u>30.60</u> |



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

| |
|---|
| Date 9-15-22 |
| Permit # 22-1196 |
| GPIN |
| Tax Map |

LOCATION

Street Address 186 WOODFERN

PROPERTY OWNERSHIP

| | |
|---|---|
| Name PAUL MESSPLAY | Phone 804-241-0258 |
| Mailing Address 186 WOODFERN | Email MESSPLAYPAUL@CMA&C.COM |

APPLICANT

| | |
|--|---|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTALL@virginiapowersolutions.com |

CONTRACTOR

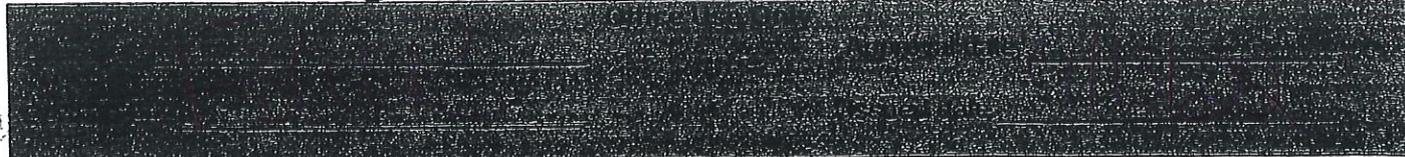
| | |
|--|---|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Mailing Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTALL@virginiapowersolutions.com |
| Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number 2705123991 |
| Expiration 8/31/24 | License Type ELE, GFC |
| | Class B |

DESCRIPTION OF WORK

| | | | |
|--|--------------|--|-----------|
| INSTALL 22KW GENERATOR & WIRE TO EXISTING SWITCH | | | |
| # of Bathrooms | Service Size | Power Company DOM | Inquiry # |
| Value of Work (required) 10,000.00 | | | |

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

Signature of Applicant: Date: 9/8/22



(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 9-15-22 |
| Permit # 22-1195 |
| GPIN |
| Tax Map |

LOCATION

Street Address 2780 HENSON DRIVE

PROPERTY OWNERSHIP

| | |
|---|--|
| Name DIANE HENSON | Phone 804-457-9104 |
| Mailing Address 2780 HENSON DRIVE | Email N/A |

APPLICANT

| | |
|---|--|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTALL@virginiapowersolutions.com |

CONTRACTOR

| | |
|---|--|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Mailing Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTALL@virginiapowersolutions.com |
| Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number 2705123991 |
| | Expiration 8/31/24 |
| | License Type ELE, GFC |
| | Class B |

DESCRIPTION OF WORK

| | | | |
|--|--------------|---|-----------|
| INSTALL 22KW GENERATOR & 200A SWITCH | | | |
| # of Bathrooms | Service Size | Power Company DOM | Inquiry # |
| Value of Work (required) \$10,000.00 | | | |

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

Signature of Applicant: Date: 9/18/22

| | |
|----------------------|--------------------|
| Office Use Only | |
| Approval date: _____ | Issued date: _____ |

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

| |
|---|
| Date 9-15-22 |
| Permit # 22-1194 |
| GPIN |
| Tax Map |

LOCATION

Street Address 2685 TURNER ROAD

PROPERTY OWNERSHIP

| | |
|---|--|
| Name ANDREW & MARY KATHLYN CHAPMAN | Phone 703-577-2992 |
| Mailing Address 2685 TURNER ROAD | Email MIKFOUT@GMAIL.COM |

APPLICANT

| | |
|--|---|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTRALIS@virginiapowersolutions.com |

CONTRACTOR

| | |
|--|--|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Mailing Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTRALIS@virginiapowersolutions.com |
| Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number 2705123991 Expiration 8/31/24 License Type ELE, GFC Class B |

DESCRIPTION OF WORK

| | | | |
|--|--------------|--|-----------|
| INSTALL 24KW GENERATOR & 2-200A SWITCHES | | | |
| # of Bathrooms | Service Size | Power Company DOM | Inquiry # |
| Value of Work (required) \$ 10,000.00 | | | |

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

Signature of Applicant: Date: 9/8/22

| | |
|-----------------|---------------|
| Office Use Only | Approval date |
| Compt. Fee | 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 9-15-22 |
| Permit # 22-1193 |
| GPIN |
| Tax Map |

LOCATION

Street Address 3799 BELL ROAD

PROPERTY OWNERSHIP

| | |
|---|--|
| Name JOHN TOKARZ | Phone 804-551-7124 |
| Mailing Address 3799 BELL ROAD | Email JTORZAK@GMAIL.COM |

APPLICANT

| | |
|--|---|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTAUS@virginiapowersolutions.com |

CONTRACTOR

| | |
|--|---|
| Name Virgina Power Solutions | Phone 804-365-0263 |
| Mailing Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTAUS@virginiapowersolutions.com |
| Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number 2705123991 |
| | Expiration 8/31/24 |
| | License Type ELE, GFC |
| | Class B |

DESCRIPTION OF WORK

| | | | |
|---|--------------|---------------|-----------|
| INSTALL 22KW GENERATOR & 200A SWITCH | | | |
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| Value of Work (required) \$10,000.00 | | | |

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

Signature of Applicant: Date: 9/8/22

| | |
|----------|---------------|
| Approval | Approval date |
| Exam Fee | Issued date |

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

rec: 9/19

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

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

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

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

| |
|--------------------------------|
| Date 9/7/2022 |
| Permit # <i>ELI-2022-01210</i> |
| GPIN 7738-30-9741-9998 |
| Tax Map 48-1-0-58-ATW |

LOCATION

| | |
|--|--|
| Street Address 6013 Pouncey Tract Road; Rockville, VA 23146 | <i>(under 6011 Pouncey Tract 48-1-0-58-AT)</i> |
|--|--|

PROPERTY OWNERSHIP

| | |
|--|-----------------------|
| Name American Towers LLC | Phone 617-375-7500 |
| Mailing Address P.O.Box 723597; Atlanta, GA 31139 | Email NA |

APPLICANT

| | |
|--|--|
| Name Airosmith Development | Phone 716-572-2994 |
| Address 318 West Avenue; Saratoga Springs, NY 12866 | Email cschultz@airosmithdevelopment.com |

CONTRACTOR

| | | | |
|--|---|--|---|
| Name Arthur Elwood Spell | | Phone (910) 323-1836 | |
| Mailing Address PO Box 205 Fayetteville, NC 28302 | | Email | |
| Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number <i>See email</i> 2710058422 | Expiration <i>See email</i> 7/31/2023 | License Type <i>attached</i> Tradesman |
| | | Class Master Electrician | |

DESCRIPTION OF WORK

| | | | |
|--|--------------|---------------|-----------|
| Addition of an automatic transfer switch to existing generator | | | |
| N/A | | | |
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| Value of Work (required) \$8,000 | | | |

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: Cheryl A. Schultz Digitally signed by Cheryl A. Schultz Date: 2022.09.07 12:43:16 -0400 Date: 9/7/2022

| | | |
|-------------------------------------|------------------------|---------------------------------|
| Approval: <u><i>[Signature]</i></u> | Office Use Only | Approval date: <u>9-26-2022</u> |
| Permit Fee: <u>76.50</u> | | Issued date: <u>9-29-22</u> |

(owner's statement on back)



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

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

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

Date: 9/23/22

Permit # EU-2022-01128

GPIN

Tax Map

LOCATION

Street Address 1988 Lanes End Dr. Maidens Va 23102

PROPERTY OWNERSHIP

Name Sean Peddicord Phone 804-240-6656

Mailing Address _____ Email Fishfun1@comcast.net

APPLICANT

Name Tony Garza Phone 804-561-3633

Address P.O. Box 899 Amelia Va 23002 Email office@garza.net

CONTRACTOR

Name Dawson: Garza Mechanical Phone 804-561-3633

Mailing Address P.O. Box 899 Amelia Va 23002 Email office@garza.net

| | | | | | |
|-------------------|---|----------------------|-------------------|--------------------|----------|
| Gas Certification | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number | Expiration | License Type | Class |
| | | <u>2705034465</u> | <u>06-30-2024</u> | <u>ELE HVA PLB</u> | <u>B</u> |

DESCRIPTION OF WORK

Install Generac Generator & 2 Auto Transfer Switches

300amp DOMINION

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

Value of Work (required) 12,900⁰⁰

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: Tony Garza Date: 9/23/22

Approval: Fisher Office Use Only

Permit Fee: 115.31 Approval date: 9/27/22

Issued date: _____

(owner's statement on back)



TRADE PERMIT APPLICATION

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

Rec: 9-15-22

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

Type:
 Commercial
 Residential

Trade:
 Fire
 Electrical
 Mechanical
 Plumbing
 Gas

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

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

| |
|---|
| Date |
| Permit # 22-1191 |
| GPIN |
| Tax Map |

LOCATION

Street Address
2520 PONY FARM ROAD

PROPERTY OWNERSHIP

| | |
|--|---|
| Name DIANE LENK | Phone 804-519-093 |
| Mailing Address 2520 PONY FARM ROAD | Email LEWYS006-S @ GMAIL.COM |

APPLICANT

| | |
|--|---|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTALL@virginiapowersolutions.com |

CONTRACTOR

| | |
|--|---|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Mailing Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email INSTALL@virginiapowersolutions.com |
| Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number 2705123991 |
| Expiration 8/31/24 | License Type ELE, GFC |
| | Class B |

DESCRIPTION OF WORK

| | | | |
|--|--------------|--|-----------|
| INSTALL 24KW GENERATOR & 2-200A SWITCHES | | | |
| # of Bathrooms | Service Size | Power Company REC | Inquiry # |
| Value of Work (required) \$ 10,000.00 | | | |

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

Signature of Applicant: Date: 9/10/22

| | |
|---|--|
| Office Use Only | Approval date: 9/15/22 |
| Permit Fee: \$ 100.00 | Issued date: 9/15/22 |

(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 9-15-22 |
| Permit # 22-1192 |
| GPIN |
| Tax Map |

LOCATION

Street Address 2153 ALLEDEVER ROAD

PROPERTY OWNERSHIP

| | |
|--|--|
| Name DON LORENZETTI | Phone 804-774-5364 |
| Mailing Address 2153 ALLEDEVER RD | Email ALLEDEVER804A@GMAIL.COM |

APPLICANT

| | |
|---|---|
| Name Virginia Power Solutions | Phone 804-365-0263 |
| Address 10102 Whitesel Road, B, Ashland, VA 23005 | Email ENY74415@viriniapowersolutions.com |

CONTRACTOR

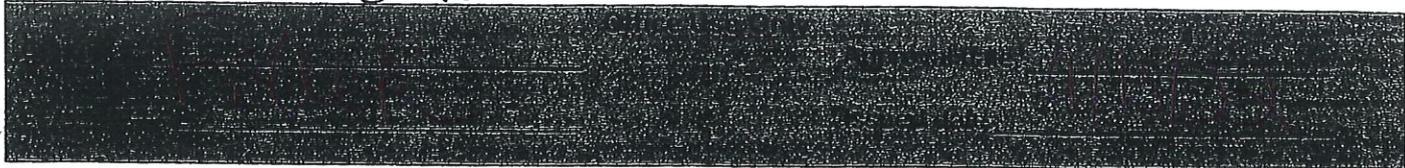
| | | | | |
|--|---|---|---------------------------------|-------------------|
| Name Virgina Power Solutions | | Phone 804-365-0263 | | |
| Mailing Address 10102 Whitesel Road, B, Ashland, VA 23005 | | Email ENY74415@viriniapowersolutions.com | | |
| Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number 2705123991 | Expiration 8/31/24 | License Type ELE, GFC | Class B |

DESCRIPTION OF WORK

| | | | |
|---|--------------|--|-----------|
| INSTALL 24 KW GENERATOR & 200A SWITCH | | | |
| # of Bathrooms | Service Size | Power Company DOM | Inquiry # |
| Value of Work (required) \$10,000.00 | | | |

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

Signature of Applicant: Date: 9/8/22



(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 9/21/22 |
| Permit # 22-01002 |
| GPIN |
| Tax Map |

LOCATION

Street Address
838 Elmslie Ln; Manakin-Sabot VA 23103

PROPERTY OWNERSHIP

| | |
|---|-----------------------|
| Name Jim & Bonnie Price | Phone 804.512.1113 |
| Mailing Address 838 Elmslie Ln; Manakin-Sabot VA 23103 | Email |

APPLICANT

| | |
|------------------------------------|---------------------------------|
| Name Laura Stanley | Phone 804.231.9684 |
| Address PO Box 35418; RVA 23235 | Email laura@dgelectrical.com |

CONTRACTOR

| | | | | |
|---|------------------------------------|---------------------------------|---------------------|------------|
| Name Davis & Green | | Phone 804.231.9684 | | |
| Mailing Address PO Box 35418; RVA 23235 | | Email laura@dgelectrical.com | | |
| Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number 2701 02667 | Expiration 8/31/22 | License Type ELE | Class A |

DESCRIPTION OF WORK

Provide and install 22KW generator

| | | | |
|--|--------------|---------------|-----------|
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| Value of Work (required) \$9,696.00 | | | |

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

Signature of Applicant: Date: 9-21-22

| | |
|-------------------------|-------------------------------|
| Approval: <u>Fisher</u> | Office Use Only |
| Permit Fee: <u>102</u> | Approval date: <u>9/21/22</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

| |
|-----------------------------|
| Date 9/19/22 |
| Permit # 22-00018 |
| GPIN |
| Tax Map |

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

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

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

LOCATION

| |
|--|
| Street Address 2392 Manakin Road |
|--|

PROPERTY OWNERSHIP

| | |
|--|-------|
| Name Carter Home Builders | Phone |
| Mailing Address 611 Joe Brooke Lane Manakin-Schoot, VA 23103 | Email |

APPLICANT

| | |
|--------------------------------------|------------------------------|
| Name Tri-Star Construction | Phone 804-370-1121 |
| Address 8446 | Email |

CONTRACTOR

| | | | |
|---|---|--------------------------------------|--------------------------------|
| Name Tri-Star Const. | | Phone 804-370-1121 | |
| Mailing Address 8446 Tusin Cedar Lane | | Email gpkarting329@aol.com | |
| Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number 2705048912 | Expiration | License Type BLD/ELE |
| | | Class RS | |

DESCRIPTION OF WORK

| | | | |
|---|----------------------------|--------------------------------------|-----------------------------|
| Wire New House w/22kw generator | | | |
| # of Bathrooms 2 | Service Size 200 | Power Company Rappahannock | Inquiry # 1710369 |
| 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: **John R. Cosby** Date: **9-19-22**

| | | |
|---------------------------------|------------------------|--------------------------------------|
| Approval: <u>Fisher</u> | Office Use Only | Approval date: <u>9/19/22</u> |
| Permit Fee: <u>\$100</u> | | Issued date: _____ |

(owner's statement on back)

8-30-22 CK# 1253

9.6



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

Rec: 8-30-22

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 | 8.03.2022 |
| Permit # | EU-2022-01143 |
| GPIN | |
| Tax Map | |

LOCATION

| | | | |
|----------------|--|----------|--|
| Street Address | 291 HAWK WING DR MANAKIN SABOT, VA 23103 | District | |
|----------------|--|----------|--|

PROPERTY OWNERSHIP

| | | | |
|-----------------|--|-------|--------------|
| Name | JOHN GARDNER | Phone | 614-537-3338 |
| Mailing Address | 291 HAWK WING DR MANAKIN SABOT, VA 23103 | | |

APPLICANT

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

CONTRACTOR

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

DESCRIPTION OF WORK

| | | | |
|--|--------------|---------------|-----------|
| INSTALL 38KW 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 _____

Signature of Applicant Jew Hae Value of Work: 31,450.00
Approval Fisher Permit fee: 200.46
Date 8-8-2022 Issue date: 9-7-22
9-7-22



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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

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

| | |
|----------|-------------|
| Date | 9/2 |
| Permit # | EUI-22-1150 |
| GPIN | |
| Tax Map | |

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

LOCATION

Street Address
4060 Shannon Hill road

PROPERTY OWNERSHIP

Name
Edward Tyler

Phone
804-512-7225

Mailing Address
4060 Shannon Hill road

Email
Ntyler1122@aol.com

APPLICANT

Name
Gabe Salsbury

Phone
804-739-8362

Address
13507 E Boundary Road Suite A Midlothian Va 23112

Email
office@sselecservices.com

CONTRACTOR

Name
S & S Electrical Services Inc

Phone
804-739-8362

Mailing Address
13507 E Boundary Road Suite A Midlothian Va 23112

Email
office@sselecservices.com

| | | | | | |
|-------------------|--|----------------------|------------|--------------|-------|
| Gas Certification | YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number | Expiration | License Type | Class |
| | | 2705142450 | 03/31/2023 | Electrical | A |

DESCRIPTION OF WORK

Installing 24 KW generator

| | | | |
|----------------|--------------|---------------|-----------|
| # of Bathrooms | Service Size | Power Company | Inquiry # |
| | 200 | | |

Value of Work (required)
3,000

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: 8/30/22

| | |
|--|---|
| <p>Approval: <u>Fisher</u></p> <p>Permit Fee: <u>102</u></p> | <p>Office Use Only</p> <p>Approval date: <u>9/2/22</u></p> <p>Issued date: <u>9/2/22</u></p> |
|--|---|

(owner's statement on back)