



Goochland County

Building Inspections

1800 Sandy Hook Rd Goochland, VA 23063
 (804)556-5815, Fax (804)556-5651, TDD: (804)556-5317

New Single Family Dwelling Permits
 Issued between 03/01/2023 and 03/31/2023

Permit Number	Issued Date	Structure Type	Value
BPR-2022-01445	03/31/2023	New Construction	\$279,150.00
BPR-2023-00040	03/02/2023	New Construction	\$120,000.00
BPR-2023-00048	03/15/2023	New Construction	\$350,000.00
BPR-2023-00051	03/29/2023	New Construction	\$350,000.00
BPR-2023-00041	03/02/2023	New Construction	\$135,000.00
BPR-2023-00058	03/07/2023	New Construction	\$276,750.00
BPR-2023-00089	03/22/2023	Modular Home	\$303,223.00
BPR-2023-00076	03/20/2023	New Construction	\$1,314,323.00
BPR-2023-00059	03/08/2023	New Construction	\$228,750.00
BPR-2023-00086	03/13/2023	New Construction	\$411,000.00
BPR-2023-00082	03/07/2023	New Construction	\$334,950.00
BPR-2023-00084	03/15/2023	New Construction	\$233,175.00
BPR-2023-00073	03/28/2023	New Construction	\$125,000.00
BPR-2023-00087	03/27/2023	New Construction	\$152,555.00
BPR-2023-00125	03/21/2023	New Construction	\$250,000.00
BPR-2023-00104	03/31/2023	New Construction	\$275,000.00
BPR-2023-00091	03/16/2023	New Construction	\$248,000.00
BPR-2023-00099	03/31/2023	New Construction	\$285,000.00
BPR-2023-00096	03/29/2023	New Construction	\$250,200.00
BPR-2023-00090	03/27/2023	New Construction	\$500,000.00
BPR-2023-00098	03/30/2023	New Construction	\$300,000.00
BPR-2023-00112	03/29/2023	New Construction	\$240,862.50

Total SFD: 22

Total Value:

\$6,962,938.50

MCC: 2-17-23



BUILDING PERMIT APPLICATION

Application Date: 2/15/2023

Permit Number: BPR-2023-00089

GPIN/Tax Map: 30-1-0-111-A / 6759-84-4269

Issued: 3-22-23

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: 2561 Sandy Hook Rd Goochland VA 23063

Owner: JESSE HARRIS

Phone #: 804-887-8340

APPLICANT INFORMATION

Address: 1160 Washington Hwy Glen Allen VA 23059

Applicant/Contact: OAKWOOD / CMH HOMES

Phone #: 804-798-9135

Address: 1160 WASHINGTON HWY, GLEN ALLEN, VA 23059

Email: Joel.Games@oakwoodhomes.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: N/A

Proffer: Yes No

Amount: _____

Date Paid: 2/01-2/20/23

Front Setback: 100' from P/R Row

Center Line Setback: 125'

Rear Setback: 35'

CUP/Variance/COA: _____

Side Setback: 20'

Side Setback: 20'

Flood Zone: _____

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: David Floyd Date: 3/8/23

CONTRACTOR INFORMATION

Contractor: oakwood Homes

Phone: 804-798-9135

Address: 1160 Washington Hwy Glen Allen VA 23059

Email: R702@clayton.net

Contractor License Number: 2165048123

Type: A/contractor

Expiration: 1/30/23

DESCRIPTION OF WORK

Scope of Work: install / setup modular home / attached garage

Proposed Use: Residential	Current Use: N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed): 10,000
SEWER: Public/Private	WATER: Public/Private	# of Bathrooms: 2 # of Bedrooms: 3 # of floors: 1 2794
Will a foundation be installed within 20 ft. of any septic system components? Yes / No	Finished Sq. Ft.: 2077	Unfinished Sq. Ft.: 233 484 Total Sq. Ft.: 2310 - 2561

Building Only - Excludes All Trades Permits

Value of Work: 303,223	Application Fee: \$ 1376.50
	State Levy Fee: \$ 27.53
	Septic/Well Fee: \$
	Zoning Fee: \$ 50.00
	RLD: \$ 100.00
	SWP: \$
	Total: \$ 1554.03

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: _____ Date: 2/15/2023



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 11/15/22
 Permit Number: BP2-2022-04415
 GPIN/Tax Map: 31-10-45-0 | 0769-85-0033
 Issued: 3/31/23

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 2760 Maidens Rd., Goochland, VA, 23063	
	Owner Daniel Buel	Phone # (757)561-5753
	Address 2760 Maidens Rd., Goochland, VA, 23063	Email danielb0202@gmail.com
APPLICANT INFORMATION	Applicant/Contact OWNER	
	Address	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>100' C/R/W</u>	Center Line Setback	Rear Setback <u>35</u>	CUP/Variance/COA
	Side Setback <u>20</u>	Side Setback <u>20</u>	Flood Zone <u>house</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Existing must be removed.</u>			
	Planning & Zoning Officer: <u>Amia Barnes</u> Date: <u>12-6-2022</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>attached to existing garage</u>			
	New Residence			
	Proposed Use Living Residence	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed) N/A	
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms 3.5	# of Bedrooms 4
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft. 3672	Unfinished Sq. Ft. 100	Total Sq. Ft. 3672 3772

Building Only - Excludes All Trades Permits

Value of Work	\$180,000 <u>279,150</u>
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: [Signature] Date: 11/15/22

Application Fee	\$822 <u>1068.18</u>
State Levy Fee	\$16.44 <u>25.30</u>
Zoning Fee	<u>50</u>
RLD	\$
SWP	\$
Total	\$838.44 <u>1343.04</u>

MCC: 2-14-23



BUILDING PERMIT APPLICATION

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

Application Date: 2-14-23

Permit Number: BPA-2023-00087
151-10-1-0

GPIN/Tax Map: 6726-84-5768

Issued: 3-27-23

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: 42 Rock Castle Rd

Owner: HD Enterprises, LLC

Address: 1920 Soldiers Lodge Rd

Phone #: 804-357-1920

Email: thompsonbuildersllc@yahoo.com

APPLICANT INFORMATION

Applicant/Contact: Doug Thompson

Address: 1920 Soldiers Lodge Rd, Crozier

Phone #: 804-683-3231

Email: sthompson.1166@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: N/A

Proffer: Yes No

Amount: _____

Date Paid: _____

Front Setback: 75' from P/L/ROW

Center Line Setback: 100'

Rear Setback: 35'

CUP/Variance/COA: _____

Side Setback: 20'

Side Setback: 20'

Flood Zone: _____

AI: AI

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: David Lloyd Date: 3/8/23

CONTRACTOR INFORMATION

Contractor: Thompson builders LLC

Address: 1920 Soldiers Lodge Rd, Broad Street

Phone: 804-357-1920

Email: thompsonbuildersllc@yahoo.com

Contractor License Number: 2705 038854A

Type: Class A

Expiration: 5-31-23

DESCRIPTION OF WORK

Scope of Work: SF building New Construction with attached garage

Proposed Use: SFR	Current Use: vacant land	Environmental Impacts (stream crossing, wetlands, amt land disturbed): None 2000		
SEWER: Public/Private	WATER: Public/Private	# of Bathrooms: 2 1/2	# of Bedrooms: 4	# of floors: 3
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes (No)	Finished Sq. Ft.: 1600	Unfinished Sq. Ft.: 200 + 120	Total Sq. Ft.: 1800	2700

Building Only - Excludes All Trades Permits

Value of Work: 150,000 \$ 152,855

Signature of Applicant: Shawn Thompson Date: _____

Application Fee	\$ 487.00
State Levy Fee	\$ 13.74
Zoning Fee	\$ 50.00
RLD	\$
SWP	\$
Total	\$ 750.74



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2-8-23

Permit Number: BPR-2023 00073

GPIN/Tax Map: 51-1-0-2-0 / 6726-84-9587

Issued: 3-28-23

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 1336 Rock Castle Rd C-PIN # 6726-84-9587 / 51-1-0-2-0	
	Owner HD Enterprises LLC	Phone #
	Address 1920 Soldiers Lodge Rd	Email

APPLICANT INFORMATION	Applicant/Contact Thompson builders LLC		Phone # 804-357-1920
	Address 1390-B Broad Street Rd Orlville, VA		Email Thompson builders LLC @ yahoo.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 75' from P/Road	Center Line Setback 100'	Rear Setback 35'	CUP/Variance/COA —
	Side Setback 20'	Side Setback 20'	Flood Zone X	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Lloyd</u> Date: 3/21/23			

CONTRACTOR INFORMATION	Contractor Thompson builders LLC business license # 3915		Phone 804-357-1920
	Address 1390-B Broad Street Rd Orlville, VA		Email thompsonbuilders LLC @ yahoo.com
	Contractor License Number 2705038854	Type class A	Expiration 5-31-23

DESCRIPTION OF WORK	Scope of Work: <u>New Residential Dwelling</u>				
	Proposed Use SFR	Current Use Land	Environmental Impacts (stream crossing, wetlands, amt land disturbed) 2,000 Sq. Ft.		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2 1/2	# of Bedrooms 3	# 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. 1456 #	Unfinished Sq. Ft. 150.	Total Sq. Ft. 1606	
	Building Only - Excludes All Trades Permits				

Value of Work	\$ 125,000
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
Signature of Applicant: [Signature] Date: 2-6-23

Application Fee	\$ 574.50
State Levy Fee	\$ 11.49
Zoning Fee	\$ 50.00
RLD	\$
SWP	\$
Total	\$ 635.99

Rec: 3-7-23



BUILDING PERMIT APPLICATION

Application Date: 3-7-23

Permit Number: BPR-2023-00125

GPIN/Tax Map: 58-3-A-25-0

Issued: 3/21/23

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: ~~Herbert & Betty Lewis~~ 12862 Cedar Creek Manakin-Sabot

Owner: RONALD L ROBBINS JR
10351 Chamberlaye RD.
Mech, VA. 23116

Phone #: 804-240-2964

Email: RONALD.ROBBINSJR@6mail.com

APPLICANT INFORMATION

Applicant/Contact: Same

Address: Same

Phone #: Same

Email: Same

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: Hickory Haves	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: 40' from P/R/W	Center Line Setback: 105'	Rear Setback: 25'	CUP/Variance/COA: _____
Side Setback: 10'	Side Setback: 10'	Flood Zone: _____	

APPROVED REJECTED COMMENTS: * Survey Location Setbacks. RN

Planning & Zoning Officer: David Floyd Date: 3/17/23

CONTRACTOR INFORMATION

Contractor: Same / Ronald L Robbins Jr.

Address: 10351 Chamberlaye RD.

Phone: 804-240-2964

Email: RONALD.ROBBINSJR@6mail.com

Contractor License Number: 2105048583 Type: A Expiration: 4/30/23

DESCRIPTION OF WORK

Scope of Work: New Dwelling w/ 6 garages!

Proposed Use: _____	Current Use: _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed): 3500 sq ft		
SEWER: Public/Private	WATER: Public/Private	# of Bathrooms: 2	# of Bedrooms: 3	# 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.: 1664 ✓	Unfinished Sq. Ft.: 808	Total Sq. Ft.: 2472	

Building Only - Excludes All Trades Permits

Value of Work: 250,000	Application Fee: \$ 1137.-
	State Levy Fee: \$ 22.74
	Zoning Fee: \$ 50.-
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ 1209.74

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

Signature of Applicant: Ronald L Robbins Jr Date: 3-7-23

Reci 2-21-23

 BUILDING PERMIT APPLICATION Department of Building Inspection P.O. Box 119 Goochland, VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 VA Relay	Application Date: <u>2-27-21</u>
	Permit Number: <u>BPH-2023-00090</u>
	GPIN/Tax Map: <u>7714-57-2419/63-11-0-A-5</u>
	Issued: <u>3-27-23</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>702 Hockett Road</u>	
	Owner <u>RCI Builders</u>	Phone # <u>804-726-4524</u>
	Address <u>9245 Shady Grove Rd #200</u>	Email <u>jullaw@htrsi.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>Julia Wilson</u>	Phone # <u>Same</u>
	Address <u>Same as above</u>	Email <u>U</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>—</u>	Date Paid <u>—</u>	
	Front Setback <u>100' from P/R/W</u>	Center Line Setback <u>125'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>—</u>	
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone <u>—</u>		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>Daniel Floyd</u> Date <u>3/18/23</u>				
	A2				

CONTRACTOR INFORMATION	Contractor <u>RCI Builders</u>	Phone <u>Same as above</u>
	Address <u>Same as above</u>	Email <u>—</u>
	Contractor License Number <u>2705-140665</u>	Type <u>CLASS A</u>

DESCRIPTION OF WORK	Scope of Work: <u>build single family dwelling w/ attached garage</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>42,957</u>		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>4 1/2</u>	# of Bedrooms <u>4</u>	# of floors <u>3</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No <u>NO</u>	Finished Sq. Ft. <u>4,531</u>	Unfinished Sq. Ft. <u>984</u>	Total Sq. Ft. <u>5,515</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>2262.00</u> State Levy Fee \$ <u>45.24</u> Zoning Fee \$ <u>50.00</u> RLD \$ <u>100.00</u> SWP \$ <u>200.00</u> Total \$ <u>2,657.24</u>
Value of Work	<u>500,000</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	<u>[Signature]</u>	
Date	<u>2/20/23</u>	

MCC: 1-24-23



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: 1-24-2023

Permit Number: BPR-2023-00051

GPIN/Tax Map: 6719-88-7871 / 18-10-0-20

Issued: 3-29-23

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	3211 Danielson Ln Goochland VA 23063		
	Owner	Robert Walsh	Phone #	
APPLICANT INFORMATION	Address	11371 Ashenke Rd	Email	
	Applicant/Contact	Ashland, Va. 23005	Phone #	801-727-9542
	Address		Email	

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
55' from PYKOR		35'		
Side Setback	Side Setback	Flood Zone		
20'	20'		A1	

APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: David Lloyd Date: 3/8/23 804 517-2252 ^{MINOR}

CONTRACTOR INFORMATION	Contractor	Phone
	Robert Walsh - OWNER -	804-727-9542
	Address	Email: <u>oldbat@gmail.com</u> <u>77borm26wilddogmail.com</u>
Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Single Family Dwelling - with unfinished basement</u>		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	<u>No</u> <u>under 10,000</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>1764</u>	Unfinished Sq. Ft. <u>1764 + 482</u> <u>3528</u> Total Sq. Ft. <u>3960</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>350,000</u>	Application Fee	\$ <u>2196</u>
		State Levy Fee	\$ <u>3174</u>
		Zoning Fee	\$ <u>5000</u>
		RLD	\$ <u> </u>
		SWP	\$ <u> </u>
		Total	\$ <u>466874</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: Robert 2 Walsh Date: 1-24-2023



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: March 1, 2023 Rec 3/1/2022
 Permit Number: BPR-2023-00111

GPIN/Tax Map: 15-5-0-33-0

Issued: 3/16/2023

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

Residential Commercial

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OWNER INFORMATION	Site Address <u>2735 Ravenwood Road</u>	
	Owner <u>Ricky D Worrell</u>	Phone # <u>804-433-6293</u>
	Address <u>2735 Ravenwood Rd Columbia VA 23038</u>	Email <u>rickyworrell7@gmail.com</u>

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>James River Farms</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from PC/Road</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	<u>A1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Floyd</u> Date: <u>3/9/23</u>			

CONTRACTOR INFORMATION	Contractor <u>Carolina Carports</u>	Phone <u>888-981-3273</u>
	Address <u>187 Cardinal Ridge Trail Dobson NC 27017</u>	Email
	Contractor License Number <u>2705116290</u>	Type <u>Class B Contractor</u>

DESCRIPTION OF WORK	Scope of Work: <u>constructing 30x30 pre fab metal carport</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
			<u>900</u>	<u>900</u>	

Building Only - Excludes All Trades Permits

Value of Work <u>13,500.00</u>	Application Fee <u>\$12.74</u>
	State Levy Fee <u>\$1.46</u>
	Zoning Fee <u>\$25-</u>
	RLD \$
	SWP \$
Signature of Applicant: <u>[Signature]</u>	Total <u>\$99.20</u>

Date: 3/1/23

REC: 2-22-23



BUILDING PERMIT APPLICATION

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

Application Date: 2/21/23

Permit Number: POLR-2023-00011

GPIN/Tax Map: 13-1-0-54-D

Issued: 3-8-23

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 4048 Broad Street Road	
	Owner Andrew and Kelley Mulcunry	Phone # 804-405-8947
	Address 4048 Broad Street Road, Gum Spring, VA 23065	Email kmulcunry@gmail.com
APPLICANT INFORMATION	Applicant/Contact Logan Farmer / Betsy Mileski	
	Address 3160 McQuinn Road, Powhatan, VA 23139	Phone # 804-317-4245 Email lfarmer@ppas.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>N/A</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <i>100' from P/R</i>	Center Line Setback <i>125'</i>	Rear Setback <i>5'</i>	CUP/Variance/COA <i>141</i>
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <i>David Boyd</i> Date: <i>3/16/23</i>			

CONTRACTOR INFORMATION	Contractor Luxury Pools and Hardscapes 1, LLC		Phone 804-317-4245
	Address 3160 McQuinn Road, Powhatan, VA 23139		Email lfarmer@ppas.com
	Contractor License Number 2705183072	Type Class A - RBC	Expiration 4-30-24

DESCRIPTION OF WORK	Scope of Work: <i>w/ Fence Barrier</i> Construction of Pool and Spa - Inground Gunite				
	Proposed Use <i>Recreation / Swim</i>	Current Use <i>N/A</i>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <i>N/A</i>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <i>2</i>	# of Bedrooms <i>3</i>	# of floors <i>1</i>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No	Finished Sq. Ft. <i>4524</i>	Unfinished Sq. Ft. <i>800</i>	Total Sq. Ft. <i>4524 + 800</i>	

Building Only - Excludes All Trades Permits

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

Signature of Applicant: *Betsy Mileski* Date: *2/21/23*

Application Fee	\$ <i>462.</i>
State Levy Fee	\$ <i>9.24</i>
Zoning Fee	\$ <i>25.</i>
RLD	\$
SWP	\$
Total	\$ <i>496.24</i>



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: **02.23.2023**

Permit Number: **BPR-2023-00123**

GPIN/Tax Map: **6-7-0-9-0**

Issued: **3/21/23**

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 4121 Clay Morris Estates Drive, Louisa, VA	
	Owner Brian Sallerson	Phone # (804) 510-0054
	Address 4121 Clay Morris Estates Drive, Louisa, VA	Email dougherty3028@yahoo.com

APPLICANT INFORMATION	Applicant/Contact Nicki Bianchini / Convert Solar LLC	
	Address 5770 Thurston Ave, Ste 106, VA Beach, VA 23455	Phone # 757-447-6527

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Clay Morris Est.	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 floor plan/use. IA1			
	Planning & Zoning Officer David Lloyd		Date 3/17/23	

CONTRACTOR INFORMATION	Contractor Chad Wilkins / Convert Solar		Phone 757-447-6527
	Address 5770 Thurston Ave, Ste 106, VA Beach, VA 23455		Email npi@convert-solar.com
	Contractor License Number 2705183097	Type AES;ELE	Expiration 08/31/2024

DESCRIPTION OF WORK	Scope of Work: Roof-mount, gfrid-tied, 18.000kWDC, 16.000kWAC, 20kWhENERGY				
	STORAGE SYSTEM				
	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. 946		

Building Only - Excludes All Trades Permits		Application Fee	\$ 130.12
Value of Work	\$26,250	State Levy Fee	\$ 2.60
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Septic/Well Fee	\$ _____
		Zoning Fee	\$ 25-
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ 157.72
Signature of Applicant [Signature]		Date	02/23/2023



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 1/23/23
 Permit Number: BP-2023-00048
 GPIN/Tax Map: U-2-0-310
 Issued: 6804-604164 315/23
 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>1847 Tabscott Rd, Kent Store, Va 23084</u>	
	Owner <u>Mr & Mrs J. M. Bundy</u>	Phone # <u>804-543-4441</u>
	Address <u>same</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Dallas Underwood</u>	Phone # <u>804-921-4073</u>
	Address <u>530 Holly Grove Drive, Bumpass, Va 23024</u>	Email <u>underwood,dallas@yahoo.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>15' from P4 Road</u>	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 / L.S. A1</u>		

Planning & Zoning Officer: David Floyd Date: 2/1/23

CONTRACTOR INFORMATION	Contractor <u>Dallas Underwood General Contractor</u>	Phone <u>804-921-4073</u>
	Address <u>530 Holly Grove Drive Bumpass, Va 23024</u>	Email <u>underwood,dallas@yahoo.com</u>
	Contractor License Number <u>2705086170</u>	Type <u>RBC Class A/CBE</u>

DESCRIPTION OF WORK	Scope of Work: <u>Repair fire damaged home, Existing Foundation and Floor joist system to be revised also existing septic and well</u>				
	Proposed Use <u>single family residential</u>	Current Use <u>same</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>None</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>2</u>	# of Bedrooms <u>3</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft. <u>3160</u>	Unfinished Sq. Ft. <u>900</u>	Total Sq. Ft. <u>3160</u>	

Building Only - Excludes All Trades Permits

Value of Work: \$350,000.00

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

Signature of Applicant: [Signature] Date: 1/20/2023

Application Fee	\$	
State Levy Fee	\$	
Zoning Fee	\$	
RLD	\$	
SWP	\$	
Total	\$	<u>fees waived</u>

due to fire 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

Residential Commercial

Application Date: 1-31-23 **REC: 2-23-23**

Permit Number: BPR-2023-00107

GPIN/Tax Map: 3-2-0-3-0

Issued: 3-8-2023

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>4490 Shannon Hill Rd, Columbia VA 23038</u>	
	Owner <u>Theresa amos</u>	Phone # <u>540-656-3544</u>
	Address <u>4490 Shannon Hill Road Columbia VA 23038</u>	Email <u>rlbtea101913@gmail</u>

APPLICANT INFORMATION	Applicant/Contact <u>Theresa amos</u>	Phone # <u>540-656-3544</u>
	Address <u>4490 Shannon Hill Rd, Columbia VA 23038</u>	Email <u>rlbtea101813@gmail</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from P4 Row</u>	Center Line Setback <u>100'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____	Planning & Zoning Officer: <u>David Boyd</u> Date: <u>3/7/23</u>		

CONTRACTOR INFORMATION	Contractor <u>Owner</u>	Phone <u>540-656-3544</u>
	Address _____	Email <u>rlbtea101913@gmail</u>
	Contractor License Number _____	Type _____

DESCRIPTION OF WORK	Scope of Work: <u>20X35 concrete pad</u> <u>20X35 Building detached garage for RV</u>				
	Proposed Use <u>RV Storage</u>	Current Use <u>none</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>none</u>	# of Bedrooms <u>none</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
			<u>700</u>	<u>700</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>98.02</u>
Value of Work <u>\$10,000</u> <u>\$19,250.00</u>		State Levy Fee \$ <u>1.97</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Zoning Fee \$ <u>25-</u>
Signature of Applicant <u>Theresa amos</u>	Date <u>1-31-23</u>	RLD \$ _____
		SWP \$ _____
		Total \$ <u>125.59</u>

REC: 3-15-23

GOOCHLAND COUNTY
BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 3-28-23
 Permit Number: 2018-2023-00017
 GPIN/Tax Map: 6791-62-0404 / 145-15-0-2-0
 Issued: 3-31-23

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: 1155 Woods Edge Ln. Manakin Sabot, VA

Owner: Bob Smith Phone #: 540-842-9745

Address: 1155 Woods Edge Ln. Manakin Sabot, VA Email: bob and lisa⁶⁴@gmail.com

APPLICANT INFORMATION

Applicant/Contact: Bryan Roberts Phone #: 804-363-2379

Address: Po Box 367 Oilville, VA 23129 Email: bryan@acpoolsllc.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: Woods Edge Proffer: Yes No Amount: _____ Date Paid: _____

Front Setback: 55' from R/L/R/W Center Line Setback: _____ Rear Setback: 5' CUP/Variance/COA: _____

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

APPROVED REJECTED COMMENTS: _____

Planning & Zoning Officer: David Boyd Date: 3/28/23

CONTRACTOR INFORMATION

Contractor: Aquatic Concepts Phone: 804-556-4312

Address: Po Box 367 Oilville, VA 23129 Email: bryan@acpoolsllc.com

Contractor License Number: 2705129869 Type: Class A Expiration: 8-31-2023

DESCRIPTION OF WORK

Scope of Work: install 1500sq ft inground fiberglass pool and fence barrier

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
		<u>495500</u>	<u>500</u>	

Building Only - Excludes All Trades Permits

Value of Work: \$60,000

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

Signature of Applicant: [Signature] Date: 3/8/23

Application Fee	\$ <u>282.00</u>
State Levy Fee	\$ <u>5.64</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>312.64</u>

Rec: 3-6-23



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: _____
 Permit Number: BPR-2023-00133
 GPIN/Tax Map: _____
 Issued: 3/6/23
 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: 5304 RIVER RD W GOOCHLAND VA 23063
 Owner: MIKE EICHNER Phone #: 770-220-1910
 Address: _____ Email: meichner@domainriver.com

APPLICANT INFORMATION
 Applicant/Contact: JOHN CHICK Phone #: 804-394-5419
 Address: 3475 OLD CHURCH RD MECH VA 23111 Email: beckick@extremeservices.com

TO BE COMPLETED BY ZONING DEPARTMENT

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

CONTRACTOR INFORMATION
 Contractor: Extreme Services Inc Phone: 804-394-3449
 Address: 3475 Old Church Rd Mech VA 23111 Email: beckick@extremeservices.com
 Contractor License Number: 2705181566 Type: C / LBC Expiration: 1-31-2025

DESCRIPTION OF WORK
 Scope of Work: Demo Small SHED / pool house + sandfill where debris is goi.
 Proposed Use: Bigger yard Current Use: falling down Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____
 Sewer: Public/Private Water: Public/Private # of Bathrooms: _____ # of Bedrooms: _____ # of floors: _____
 Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No: _____ Finished Sq. Ft.: _____ Unfinished Sq. Ft.: _____ Total Sq. Ft.: _____

Building Only - Excludes All Trades Permits

Value of Work	<u>9,500.00</u>	Application Fee	\$ <u>54.75</u>
		State Levy Fee	\$ <u>1.10</u>
		Zoning Fee	\$ _____
		RID	\$ _____
		SWP	\$ _____
		Total	\$ <u>56.85</u>

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

Signature of Applicant: [Signature] Date: 3-5-2023



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 11/19/2021 11-22-2021
Permit Number: BP-2021-01457
GPIN/Tax Map: 6814-57-9911-9998 / 2-1-0-1-TW
Issued: 3-29-23
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 5620 THREE CHOPT ROAD LOUISA, VA 23093	
	Owner Tower Owner: Crown Castle	Phone #
	Address 2000 Corporate Drive, Canonsburg, PA 15137	Email
APPLICANT INFORMATION	Applicant/Contact Applicant: Verizon. Agent for Applicant: Scott Pomykalski with Crown Castle	Phone # 708-308-7844
	Address 3025 Highland Parkway, Downers Grove, IL 60515	Email scott.pomykalski.contractor@crowncastle.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>N/A</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	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 existing footprint</i> AI Planning & Zoning Officer: <i>David [Signature]</i> Date: <i>12/13/21</i>			

CONTRACTOR INFORMATION	Contractor TBD Vertical Technology Services	Phone 304-820-7994
	Address 9446 Earley Drive, Suite B	Email cfowler@verticalts.com
	Contractor License Number 2705179894 Hagerstown MD 21740	Expiration 10-31-23

DESCRIPTION OF WORK	Scope of Work: <i>- This is a collocate</i> Minor alterations to existing Crown Castle tower. Adding new customer US Army Corps of Engineers. No increase to tower height, no increase in footprint		
	Proposed Use Cell tower	Current Use No change	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 \$ 225.00 State Levy Fee \$ 4.50 Zoning Fee \$ 200.00 RLD \$ _____ SWP \$ _____ Total \$ 429.50
Value of Work	\$30,000.00	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	Scott Pomykalski	
Date	11/19/2021	



BUILDING PERMIT APPLICATION

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

Application Date: **3/14/2023**

Permit Number: **BR2-2023-00139**

GPIN/Tax Map: **29-1-0-94-0 / 16759-06-1590**

Issued: **3/21/23**

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 2827 Dogtown Rd, Goochland, Virginia, 23063	
	Owner Macarthur Woodson	Phone # (540) 223-2113
	Address 2827 Dogtown Rd, Goochland, Virginia, 23063	

APPLICANT INFORMATION	Applicant/Contact James Poplin		Phone # 785-410-9089
	Address 4801 N University Ave #900, Provo, UT 84604		Email permits@ionsolar.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input checked="" 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	A1
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: No change in footprint/use			
	Planning & Zoning Officer: David Poplin		Date: 3/21/23	

CONTRACTOR INFORMATION	Contractor ION DEVELOPER LLC		Phone 888-781-7074
	Address 4801 N University Ave #900, Provo, UT 84604		Email permits@ionsolar.com
	Contractor License Number 2705169798	Type Class A	Expiration 9/30/2023

DESCRIPTION OF WORK	Scope of Work: INSTALLATION OF UTILITY INTERACTIVE PHOTOVOLTAIC SOLAR SYSTEM; 8.4 KW DC & 6.09 KW AC PHOTOVOLTAIC SOLAR ARRAY				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<input type="checkbox"/> SEWER Public/Private <input type="checkbox"/>	<input type="checkbox"/> WATER Public/Private <input type="checkbox"/>	# of Bathrooms	# of Bedrooms	# of floors
	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 447		

Building Only - Excludes All Trades Permits		Application Fee \$ 38.00 State Levy Fee \$ 11 Septic/Well Fee \$ 05 Zoning Fee \$ 05 RLD \$ 00 SWP \$ 00 Total \$ 64.05
Value of Work	\$5,880.00	
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 James Poplin	Date 3/14/2023	



BUILDING PERMIT APPLICATION

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

Application Date: **3-10-23**

Permit Number: BP 2021-01448

BPL-2023-0026

GPIN/Tax Map: 7726-71-9334 / 59-5-0-1-0

Issued: **3-23-23**

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 5000 - AVERY POINT WAY RICHMOND VA 23233	
	Owner Avery Point LLC	Phone #
APPLICANT INFORMATION	Address 701 Maidens Lane, Baltimore MD 21228	
	Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005	Email bboyer@brinkmannconstructors.com
APPLICANT INFORMATION	Applicant/Contact R G Brinkmann Company	
	Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005	Phone #

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Avery Point	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 20' from P&Z	Center Line Setback	Rear Setback 5'	CUP/Variance/GOA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: David Long Date: 3/16/23			

CONTRACTOR INFORMATION	Contractor R G Brinkmann Company		Phone
	Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005		Email bboyer@brinkmannconstructors.com
	Contractor License Number 2705172414	Type Class A	Expiration 9/30/2023

DESCRIPTION OF WORK	Scope of Work:				
	NEW CONSTRUCTION OF CARPORTS FOR AVERY POINT RB4 PARKING LOT Carport 3				
	Proposed Use PARKING STRUCTURES	Current Use NONE	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 0
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 1,368		

Building Only -- Excludes All Trades Permits

Value of Work	\$ 32,046 \$ 47,880
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: **J.J. Wilhour** Date: **2/15/2023**

Application Fee	\$ 359.10
State Levy Fee	\$ 7.18
Zoning Fee	\$ 50.00
RLD	\$
SWP	\$
Total	\$ 416.28



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: **3-10-23**

Permit Number: BP 2021-01446
BPL-2023-00028

GPIN/Tax Map: 7726-71-9334 / 59-5-0-1-0

Issued: **3-23-23**

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 5000 - AVERY POINT WAY RICHMOND VA 23233

Owner Avery Point LLC **Phone #**

Address 701 Maidens Lane, Baltimore MD 21228 **Email**

Applicant/Contact R G Brinkmann Company **Phone #**

Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005 **Email** bboyer@brinkmannconstructors.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Avery Point	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 20' From PG Ave	Center Line Setback	Rear Setback 5'	GUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS Planning & Zoning Officer: Dawn [Signature] Date: 3/16/23			

Contractor R G Brinkmann Company **Phone**

Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005 **Email** bboyer@brinkmannconstructors.com

Contractor License Number 2705172414 **Type** Class A **Expiration** 9/30/2023

Scope of Work:
 NEW CONSTRUCTION OF CARPORTS FOR AVERY POINT RB4 PARKING LOT. **Carport 5**

Proposed Use PARKING STRUCTURES	Current Use NONE	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE		
SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 0
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 1,692	

Building Only - Excludes All Trades Permits

Value of Work	\$40,057 \$59,220
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Application Fee	\$ 444.15
State Levy Fee	\$ 2.38
Zoning Fee	\$ 500.00
RLD	\$
SWP	\$
Total	503.03

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: **J.S. Willour** Date: **2/15/2023**



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: **3-10-23**

Permit Number: BP 2021-01448
BPC-2023-00027

GPIN/Tax Map: 7726-71-9334 / 59-5-0-1-0

Issued: **3-23-23**

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 **5000 - AVERY POINT WAY RICHMOND VA 23233**

Owner **Avery Point LLC** Phone # _____

Address **701 Maidens Lane, Baltimore MD 21228** Email _____

Applicant/Contact **R G Brinkmann Company** Phone # _____

Address **16650 Chesterfield Grove Rd, Chesterfield MO 63005** Email **bboyer@brinkmannconstructors.com**

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Avery Point	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback 20' from yellow	Center Line Setback _____	Rear Setback 5'	CUP/Variance/COA _____
	Side Setback 5'	Side Setback _____	Flood Zone _____	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: David Boyd Date: 3/16/23			

Contractor **R G Brinkmann Company** Phone _____

Address **16650 Chesterfield Grove Rd, Chesterfield MO 63005** Email **bboyer@brinkmannconstructors.com**

Contractor License Number **2705172414** Type **Class A** Expiration **9/30/2023**

Scope of Work:
NEW CONSTRUCTION OF CARPORTS FOR AVERY POINT RB4 PARKING LOT **Carport 4**

Proposed Use PARKING STRUCTURES	Current Use NONE	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE		
SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 0
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft. 1,368	

Building Only - Excludes All Trades Permits

Value of Work	\$32,046 \$47,880	Application Fee	\$ 359.10
		State Levy Fee	\$ 7.18
		Zoning Fee	\$ 50.00
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ 416.28

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: **J.J. Wilhour** Date: **2/15/2023**



BUILDING PERMIT APPLICATION

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

Application Date: **3-10-23**

Permit Number: **DP-2023-0025**

GPIN/Tax Map: 7726-71-9334 / 59-5-0-1-0

Issued: **3-23-23**

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 5000 - AVERY POINT WAY RICHMOND VA 23233	
	Owner Avery Point LLC	Phone #
	Address 701 Maidens Lane, Baltimore MD 21228	Email
APPLICANT INFORMATION	Applicant/Contact R G Brinkmann Company	
	Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005	Email bboyer@brinkmannconstructors.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Avery Point	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 20' From Pkwy	Center Line Setback	Rear Setback 5'	GUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
Planning & Zoning Officer: David Lloyd		Date: 3/16/23		

CONTRACTOR INFORMATION	Contractor R G Brinkmann Company		Phone
	Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005		Email bboyer@brinkmannconstructors.com
	Contractor License Number 2705172414	Type Class A	Expiration 9/30/2023

DESCRIPTION OF WORK	Scope of Work: NEW CONSTRUCTION OF CARPORTS FOR AVERY POINT RB4 PARKING LOT Carport 2			
	Proposed Use PARKING STRUCTURES	Current Use NONE	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE	
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0
	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. 1,368

Building Only - Excludes All Trades Permits

Value of Work	\$32,046 \$47,880
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant: **J.J. Wilhour** Date: **2/15/2023**

Application Fee	\$ 354.10
State Levy Fee	\$ 7.18
Zoning Fee	\$ 50.00
RLD	\$
SWP	\$
Total	\$ 416.28

BUILDING PERMIT APPLICATION

Application Date: **3-10-23**

Permit Number: **BP-2021-01748**
BPC-2023 00024

GPIN/Tax Map: 7726-71-9334 / 59-5-0-1-0

Issued: **3-23-23**

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
119
Richmond, VA 23063
556-5815 Fax (804) 556-5651
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 5000 - AVERY POINT WAY RICHMOND VA 23233	
	Owner Avery Point LLC	Phone #
APPLICANT INFORMATION	Address 701 Maidens Lane, Baltimore MD 21228	Email
	Applicant/Contact R G Brinkmann Company	Phone #
APPLICANT INFORMATION	Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005	Email bboyer@brinkmannconstructors.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Avery Point	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 30' from P.Y. RW	Center Line Setback	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: [Signature] Date: 3/16/23			

CONTRACTOR INFORMATION	Contractor R G Brinkmann Company		Phone
	Address 16650 Chesterfield Grove Rd, Chesterfield MO 63005		Email bboyer@brinkmannconstructors.com
	Contractor License Number 2705172414	Type Class A	Expiration 9/30/2023

DESCRIPTION OF WORK	Scope of Work: NEW CONSTRUCTION OF CARPORTS FOR AVERY POINT RB4 PARKING LOT Carport 1		
	Proposed Use PARKING STRUCTURES	Current Use NONE	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.	Unfinished Sq. Ft. Total Sq. Ft. 1,368

Building Only - Excludes All Trades Permits

Value of Work	\$32,046 \$47,880-
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Application Fee	\$ 359.10
State Levy Fee	\$ 7.18
Zoning Fee	\$ 50.00
RLD	\$
SWP	\$
Total	\$ 416.28

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: **J.J. Willour** Date: **2/15/2023**



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: 1/18/23
Permit Number: BPR-2023-00035

GPIN/Tax Map: 61216-30-3008 | 50-8-0-41

Issued: 1/27/23

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.

* Revised 3-23-23 - Add 12x54 deck w/ 12x18 screen porch

OWNER INFORMATION	Site Address <u>1385 Marlin rd. Goochland VA. 23063</u>	
	Owner <u>Bert and Theresa Waite</u>	Phone # <u>(804) 387-9928</u>
APPLICANT INFORMATION	Address <u>2150 Marika rd.</u>	
	Applicant/Contact <u>Steven Parrish</u>	Phone # <u>804-398-9167</u>
TO BE COMPLETED BY ZONING DEPARTMENT	Address <u>1385 Marlin rd.</u>	
	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DESCRIPTION OF WORK	Amount	Date Paid
	Front Setback	Center Line Setback
	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: <u>No change to footprint/size</u>
Planning & Zoning Officer: <u>David Lloyd</u>		Date: <u>1/23/23</u>
CONTRACTOR INFORMATION	Contractor <u>Owner</u>	
	Address	
	Contractor License Number	Type
Expiration		Phone
Email		
Scope of Work: <u>revised 1/31/23 remodel two existing</u> <u>kitchen remodel</u> <u>bathrooms</u>		
Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
SEWER Public/Private	WATER Public/Private	# of Bathrooms # of Bedrooms # of floors
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft. Total Sq. Ft.
	<u>648</u>	<u>648</u>
Building Only - Excludes All Trades Permits		
Value of Work	<u>16,000</u>	Application Fee \$ <u>84.00</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		State Levy Fee \$ <u>1.68</u>
		Zoning Fee \$ <u>25.00</u>
		RLD \$
		SWP \$
		Total \$ <u>110.68</u>
Signature of Applicant: <u>[Signature]</u>		Date: <u>1-18-23</u>

PCC: 3-6-23



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:

Permit Number: BPR-2023-00127

GPIN/Tax Map: 31-1-0-69-E

Issued: 3/23/23

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: 2530 PONEY FARM RD MADDENS VA

Owner: JONATHAN C. CASAR Phone #: 804-687-1479

Address: 2530 PONEY FARM RD MADDENS VA Email:

APPLICANT INFORMATION
 Applicant/Contact: Butch Simmons Phone #: 540-847-9547

Address: 1022 E Mill Pond Rd Spotsylvania VA Email: butchb2726@aol.com

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

Front Setback: 75' from P/Road Center Line Setback: 100' Rear Setback: 35' CUP/Variance/COA: _____
 Side Setback: 20' Side Setback: 20' Flood Zone: C _____ A2

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: Dennis Long Date: 3/17/23

CONTRACTOR INFORMATION
 Contractor: J & L Contractors Phone: 540 847 9547

Address: 2101 Holly Berry Ln Fredericksburg VA 22407 Email: butchb2726@aol.com

Contractor License Number: 2701029173 Type: A RBC RBC Expiration: 1/31/25

DESCRIPTION OF WORK
 Scope of Work: Build a 10x10 PT Deck w/ stairs & handrails

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. <u>132</u>	Unfinished Sq. Ft. <u>132</u>	Total Sq. Ft. <u>132</u>	

Building Only - Excludes All Trades Permits

Value of Work: \$17,500.00

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: 3/6/23

Application Fee	\$ <u>25.00</u>
State Levy Fee	\$ <u>.92</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>71.66</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: 03-07-2023

Permit Number: Sign-2023-00002

GPIN/Tax Map: 6757-98-9715 / 42-1-0-123-0

Issued: 3-22-23

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: **1945 Sandy Hook Rd, Goochland, VA**

Owner: **Boddie Noell Enterprises** Phone #

Address: **PO BOX 1908, Rocky Mount, NC 27804** Email

APPLICANT INFORMATION
Applicant/Contact: **Judith Finkner for LMHT/NRD (architects)** Phone # **919-544-0087 ext 132**

Address: **7208 ACC Blvd, 2nd Floor, Raleigh, NC 27617** Email **jfinkner@lmht.com**

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <u>N/A</u>	Proffer: <input checked="" 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 in size of location</u> Planning & Zoning Officer: <u>[Signature]</u> Date: <u>5/21/23</u> <u>[Signature]</u>			

CONTRACTOR INFORMATION
Contractor: **Barranco Enterprises** Phone: **407-463-2336**

Address: **1006 Windward Ridge Pkwy, Alpharetta, GA 30005** Email: **lisa@barranco.com**

Contractor License Number: **VA 2705186001** Type: **unlimited** Expiration: **12-31-2024**

DESCRIPTION OF WORK
Scope of Work: ~~Replace existing exterior Digital Menu Board with like-for-like, add circuit, add canopy over order speaker.~~ Add.

Proposed Use Restaurant	Current Use Restaurant	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 / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee: \$ <u>65.12</u>
Value of Work	Building \$8,682, Elec \$5,000	State Levy Fee: \$ <u>1.30</u>
		Zoning Fee: \$ <u>50.00</u>
		RLD: \$ _____
		SWP: \$ _____
		Total: \$ <u>116.42</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: **03-07-2023**



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: 03/01/2023

Permit Numbers *BPE 2023-00023*

GPIN/Tax Map: *6767-03-4917 / 42-10-50-0*

Issued: *3-15-23*

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 2999 River Road West	
	Owner GoochlandCares	Phone # 804-556-0301
APPLICANT INFORMATION	Address 2999 River Road West	Email afrayser@goochlandCares.org
	Applicant/Contact Adair Frayser	Phone # 804-556-0301
	Address 2999 River Road West	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>N/A</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	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. BN</i>			
Planning & Zoning Officer: <i>David [Signature]</i> Date: <i>3/9/23</i>				

CONTRACTOR INFORMATION	Contractor HH Hunt		Phone 8047624667
	Address 11237 Nuckols Road		Email jaambrosine@hhhunthomes.com
	Contractor License Number 2706113751	Type	Expiration 01-01-2024

DESCRIPTION OF WORK	Scope of Work: glass in area for sick patients at GoochlandCares and phones				
	Proposed Use main phones & sick patients	Current Use sitting area	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <i>n/a</i>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <i>n/a</i>	# of Bedrooms <i>n/a</i>	# of floors <i>n/a</i>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work	<i>donation / \$100.00</i>
---------------	----------------------------

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

Signature of Applicant *Adair Frayser* Date *3/1/23*

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

Fee waived
for David
for Fisher



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 3/2/23
 Permit Number: BPR-2023-00113

GPIN/Tax Map: 607-13-C-7-0

Issued: 3/17/2023

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>14 Buck Branch Drive</u>	
	Owner <u>Jennifer & Stephen Harper</u>	Phone # <u>804-467-4300</u>
	Address <u>14 Buck Branch Dr</u>	Email <u>harperj769@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Jen Harper</u>	Phone # <u>804-467-4300</u>
	Address <u>14 Buck Branch Dr</u>	Email <u>harperj769@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Lower Tuckahoe</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from P4 Row</u>	Center Line Setback <u>65'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Boyd</u> Date <u>3/9/23</u>			

CONTRACTOR INFORMATION	Contractor <u>Stephen Harper (owner)</u>	Phone <u>804-467-4200</u>
	Address _____	Email <u>harper@vacoplaw.com</u>
	Contractor License Number _____	Type _____

DESCRIPTION OF WORK	Scope of Work: <u>screened in porch 20x18 / Deck 10x7 + stoop.</u>				
	Proposed Use <u>porch</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>446 square feet</u>		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms _____	# of Bedrooms _____	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No <u>No</u>	Finished Sq. Ft. <u>3600</u>	Unfinished Sq. Ft. <u>486</u>	Total Sq. Ft. <u>446</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>237</u>
Value of Work	<u>50,000</u>	State Levy Fee	\$ <u>4.74</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Zoning Fee	\$ <u>25.00</u>
Signature of Applicant	<u>Jen Harper</u>	RLD	\$ _____
Date	<u>3/1/2023</u>	SWP	\$ _____
		Total	\$ <u>266.74</u>

REC. 2-14-23



BUILDING PERMIT APPLICATION

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

Application Date: 2-23-23

Permit Number: BPA-202300088

GPIN/Tax Map: 7723-46-7121 / 67-12-0-12-0

Issued: 3-15-23

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 12 Partridge Hill Road	
	Owner Willis J. & Kristin M. Hidell	Phone # 804-514-2166
APPLICANT INFORMATION	Address 12 Partridge Hill Road	
	Applicant/Contact John Bauhan	Phone # 970-274-0466
	Address 1641 Genito Lane, Manakin-Sabot, VA 23103	
	Email jbauhan@bauhancustombuilders.com	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Partridge Hill</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40' from P4 Ave</u>	Center Line Setback <u>65'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>2/24/23</u>			

CONTRACTOR INFORMATION	Contractor Bauhan Custom Builders, Inc.		Phone 970-274-0466
	Address 1641 Genito Lane, Manakin-Sabot, VA 23103		Email jbauhan@bauhancustombuilders.com
	Contractor License Number 2705137373	Type Class A CDC/RDC	Expiration 11-30-2024

DESCRIPTION OF WORK	Scope of Work: Remove rear sun porch and rebuild as living space adding a fireplace to west end. Addition of a mudroom to the east and remodel of the kitchen. <u>15 x 43</u> <u>240 sq ft</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft. <u>395</u>	Unfinished Sq. Ft.	Total Sq. Ft. <u>395 - 885</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>3,612.00</u> State Levy Fee \$ <u>72.24</u> Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>3,709.24</u>
Value of Work	800,000	
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	<u>[Signature]</u> Date <u>2-14-23</u>	



BUILDING PERMIT APPLICATION

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

Application Date: 3/9/2023
Permit Number: BPR-2023-00124
GPIN/Tax Map: 7733-57-1519 / 64-23-0-89-0
Issued: 3/20/2023
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 92 West Square Drive 23238	
	Owner David and Jay Miller	Phone # (303) 881-0759
	Address 92 West Square Drive 23238	Email david.miller@xprts.co
APPLICANT INFORMATION	Applicant/Contact Brian Holder	
	Address 11622 Busy St. Richmond, VA 23236	Phone # (804) 690-1911 Email Brian.Holder@classicconstructionext.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Randolph Square</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>30' from Pavement</u>	Center Line Setback _____	Rear Setback <u>50' B/S</u>	CUP/Variance/COA _____
	Side Setback <u>20' B/S</u>	Side Setback <u>20' B/S</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
	Planning & Zoning Officer: <u>David Floyd</u> Date: <u>3/17/23</u>			

CONTRACTOR INFORMATION	Contractor Classic Construction Exteriors, Inc.		Phone (804) 794-5690
	Address 11622 Busy St. N. Chesterfield, VA 23236		Email Brian.Holder@classicconstructionext.com
	Contractor License Number 2705062408	Type Class A	Expiration 4/30/2022

DESCRIPTION OF WORK	Scope of Work: Build 14'6" x 15'0" roof over existing rear patio.				
	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.	
			218	218	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>179.50</u> State Levy Fee \$ <u>1.59</u> Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>106.09</u>
Value of Work	15,000.00	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		
Signature of Applicant	<u>[Signature]</u> Date 3/9/2023	



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 3/2/2023. Received
 Permit Number: BPR-2023-00102

GPIN/Tax Map: 62-30-0-3-0

Issued: 3/16/2023

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>125 ALICE RUN MANAKIN-SAROT 23103</u>	
	Owner <u>JULIAN SPOONER</u>	Phone # <u>804-814-5219</u>
	Address <u>JULIAN SPOONER</u>	Email <u>Spooner.Juliana@gmail.com</u>
APPLICANT INFORMATION	Applicant/Contact <u>JULIAN SPOONER</u>	
	Address <u>JULIAN SPOONER</u>	Phone # <u>804-814-5219</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Ben Dover</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from PL/ROW</u>	Center Line Setback _____	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Boyd</u> Date <u>3/8/23</u>			

CONTRACTOR INFORMATION	Contractor <u>N/A SELF</u>		Phone _____
	Address _____		Email _____
	Contractor License Number _____	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: <u>Footing, Foundation, Deck, Roof</u> <u>18' x 30'</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes (No)	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits

Value of Work <u>7,000 7,000</u>	Application Fee \$ <u>43.50</u>
	State Levy Fee \$ <u>87</u>
	Zoning Fee \$ <u>25.00</u>
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>69.57</u>

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

Signature of Applicant [Signature] Date 3/2/23

 <p style="text-align: center;">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 type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial</p>	Application Date: 2/3/2023
	Permit Number: BP-2021-00094 BP-2023-00014
	GPIN/Tax Map: 7726-71-9334 / 59-5-0-1-0
	Issued: 3-8-23
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 RB3 7000 - AVERY POINT WAY RICHMOND VA 23233
	Owner: Avery Point LLC Phone #: 508-596-2578 Address: 701 Maidens Lane, Baltimore MD 21228 Email: andrew.hirshfield@erickson.com
APPLICANT INFORMATION	Applicant/Contact: R G Brinkmann Company Phone #: 314-596-8322 Address: 16650 Chesterfield Grove Rd, Chesterfield MO 63005 Email: jhesse@brinkmannconstructors.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: Avery Point	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	Front Setback: 20' from P4 ROW	Center Line Setback: 45'	Rear Setback: 5'	CUP/Variance/COA: _____
	Side Setback: 5'	Side Setback: 5'	Flood Zone: _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer: David Floyd Date: 2/14/23			

CONTRACTOR INFORMATION	Contractor: R G Brinkmann Company	Phone: _____
	Address: 16650 Chesterfield Grove Rd, Chesterfield MO 63005	Email: jhesse@brinkmannconstructors.com
	Contractor License Number: 2705172414	Type: Class A

DESCRIPTION OF WORK	Scope of Work: NEW CONSTRUCTION OF CARPORT #2 FOR AVERY POINT RB3 PARKING LOT				
	Proposed Use: PARKING STRUCTURES	Current Use: NONE	Environmental Impacts (stream crossing, wetlands, amt land disturbed): NONE		
	SEWER: Public/Private	WATER: Public/Private	# of Bathrooms: 0	# of Bedrooms: 0	# of floors: 0
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No: No	Finished Sq. Ft.:	Unfinished Sq. Ft.:	Total Sq. Ft.: 1,692	

Building Only - Excludes All Trades Permits		Application Fee: \$ 144.15
Value of Work: 41,157 \$ 59,220	State Levy Fee: \$ 8.88	
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use. Signature of Applicant: [Signature] Date: 2/3/2023		Zoning Fee: \$ 50.00
		RLD: \$ _____
		SWP: \$ _____
		Total: \$ 503.03



BUILDING PERMIT APPLICATION

Application Date: 3/16/2023

Permit Number: BPR-2023-00117

GPIN/Tax Map: 58-55-3-8-0

Issued: 3/17/2023

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) 556-5816 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>12366 South Readers Dr.</u>	
	Owner <u>John Gessner</u>	Phone # <u>410-937-6950</u>
	Address <u>12366 South Readers Dr.</u>	Email <u>jjagessner@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>BNW Builders / Dan Swords</u>	
	Address <u>8601 Staples Mill Rd.</u>	Email <u>Dan@bnwbuilders.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Readers Branch</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>30' from PL/Row</u>	Center Line Setback _____	Rear Setback <u>25'</u>	CUP/Variance/COA _____
	Side Setback <u>10'</u>	Side Setback _____	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>3/16/23</u>			

CONTRACTOR INFORMATION	Contractor <u>BNW Builders</u>		Phone <u>804-994-3429</u>
	Address <u>8601 Staples Mill Rd.</u>		Email _____
	Contractor License Number <u>2705108250</u>	Type <u>A</u>	Expiration <u>6.30.24</u>

DESCRIPTION OF WORK	Scope of Work: <u>To extend existing covered porch/out on existing brick block foundation. Create a 16'8" x 13'5" Screen Porch Room</u>				
	Proposed Use <u>Porch</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed) _____		
	SEWER Public/Private _____	WATER Public/Private _____	# of Bathrooms _____	# of Bedrooms _____	# of floors _____
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No _____	Finished Sq. Ft. _____	Unfinished Sq. Ft. <u>224</u>	Total Sq. Ft. <u>224</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>192-</u>
Value of Work	<u>40,000</u>	State Levy Fee	\$ <u>3.84</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Zoning Fee	\$ <u>25-</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>220.84</u>
Signature of Applicant	<u>[Signature]</u>	Date	<u>3-3-23</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: **Dec: 2-17-23**

Permit Number: **201R-2023-00010**

GPIN/Tax Map: **58-34-3-2-0 / 7215-76-4879**

Issued: **3-13-23**

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 212 Kinloch Rd, Goochland, VA 23103	
	Owner Nick Kapetanis	Phone #
	Address Same	Email nickk@friendlyrehabfunds.com

APPLICANT INFORMATION	Applicant/Contact Griff Yancey - 804 912-3331	
	Address 17099 Chisholm Trail, Rockville, VA 23146	Phone # 804 912 3331
		Email exquisitepoolsinc@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Kinloch Sec. 3	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback Behind Main Bldg.	Center Line Setback	Rear Setback 5'	CUP/Variance/COA RPUD
	Side Setback 5'	Side Setback 5'	Flood Zone	

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: **David Floyd** Date: **3/8/23**

CONTRACTOR INFORMATION	Contractor Exquisite Pools Inc		Phone 804 912 3331
	Address 17099 Chisholm Trail, Rockville, VA 23146		Email exquisitepoolsinc@gmail.com
	Contractor License Number 2705152021	Type CBC/RBC	Expiration 10-31-2023

Scope of Work: 20'x40' inground Gunite Swimming Pool, 3'-5' in depth with a 8'x8' Spa and Autocover.

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. 864	

Building Only - Excludes All Trades Permits

Value of Work	\$ 92,000	Application Fee	\$ 426.00
		State Levy Fee	\$ 8.52
		Zoning Fee	\$ 25.00
		RLD	\$
		SWP	\$
		Total	\$ 459.52

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: **[Signature]** Date: **2/17/23**

PREPARED BY: MR. BROOKING



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: **MRC: 2-21-23**

Permit Number: **BPR-2023-00093**

GPIN/Tax Map: **58-21-A-8-0 / 7716-43-572A**

Issued: **3-15-23**

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 5 HUNTING RIDGE RD.	
	Owner Michael + Helene Meyers	Phone # 804 218.0126
	Address SAME ABOVE	Email
APPLICANT INFORMATION	Applicant/Contact George Vergara	
	Address below	Phone # 804 306 3130
		Email below

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Good Run	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} Planning & Zoning Officer: Daniel Boyd Date: 3/8/23			

CONTRACTOR INFORMATION	Contractor THE QUEST COMPANIES INC.		Phone 804-306-3130
	Address P.O. Box 1654 CHESTERFIELD VA 23832		Email Gmverg@comcast.net
	Contractor License Number 2705029161	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: Pool Room / Interior remodel only (1 room) Remove wet bar and install 6' case opening. Expand room header + by 66" framing				
	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. 66	Unfinished Sq. Ft.	Total Sq. Ft. 66	

Building Only - Excludes All Trades Permits

Value of Work 20,000	Application Fee \$ 102.00
	State Levy Fee \$ 2.04
	Zoning Fee \$ 25.00
	RLD \$ _____
	SWP \$ _____
	Total \$ 129.04

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: **George Vergara** Date: **2/21/23**

HCC: 2-16-23



BUILDING PERMIT APPLICATION

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

Application Date: 2-16-2023
 Permit Number: 2013-2023-00009
 GPIN/Tax Map: 57-29-0-52-0 / 7705-26-6563
 Issued: 3-13-23
 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: 1283 Flat Rock Crossing Manakin, Sabot VA 23103
 Owner: Ann & Michael Bridges
 Address: _____ Phone #: _____
 Address: _____ Email: _____

APPLICANT INFORMATION
 Applicant/Contact: Triple T Pools & Masonry / Angel Thurston
 Address: 18493 Hollowing Creek Rd Beaverdam VA 23015
 Phone #: 804-337-3868
 Email: Tripletpools@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: Logan Woods	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: 55' from Rykov	Center Line Setback: 80'	Rear Setback: 5'	CUP/Variance/GOA: _____
Side Setback: 5'	Side Setback: 5'	Flood Zone: _____	RR

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Boyd Date: 3/8/23

CONTRACTOR INFORMATION
 Contractor: Triple T Pools & Masonry Phone: 804-337-3868
 Address: 18493 Hollowing Creek Rd Beaverdam VA 23015 Email: Tripletpools@gmail.com
 Contractor License Number: 2705159715 Type: Class B Expiration: 3/31/2024

DESCRIPTION OF WORK
 Scope of Work: 20x45 Inground concrete swimming pool w/ auto cover

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.	
		900	900	

Building Only - Excludes All Trades Permits

Value of Work	48,000.00	Application Fee	\$ 298.00
	50,000.00	State Levy Fee	\$ 4.56
		Zoning Fee	\$ 25.00
		RLD	\$
		SWP	\$
		Total	\$ 257.56

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: Angel Thurston Date: 2-16-23



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 3/13/2023
 Permit Number: BPR-2023-00120

GPIN/Tax Map: 55-25-0-4-0

Issued: 3/20/2023

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>1604 Melrose Trace Ln</u>	
	Owner <u>Steven + Grace Creasy</u>	Phone # <u>804 564 5415</u>
	Address <u>Same</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Jason Edwards</u>	Phone # <u>804 346 6055</u>
	Address <u>1600 Pocahontas Trl. Quantun V2 23141</u>	Email <u>Jasune@absolute exterior concepts.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Melrose Trace</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	Rear Setback <u>35</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	<u>A2</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>3/16/23</u>			

CONTRACTOR INFORMATION	Contractor <u>Absolute Exterior Concepts</u>		Phone <u>804 557 3531</u>
	Address <u>Same</u>		Email
	Contractor License Number <u>2705143049</u>	Type <u>Class B</u>	Expiration <u>9 30 2023</u>

DESCRIPTION OF WORK	Scope of Work: <u>Build new composite deck + screen porch 16 x 26.</u>		
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)
	SEWER Public/Private	WATER Public/Private	# of Bathrooms # of Bedrooms # of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft. Total Sq. Ft. <u>416 416</u>

Building Only - Excludes All Trades Permits

Value of Work	<u>58,000</u>
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Application Fee	\$ <u>273-</u>
State Levy Fee	\$ <u>546</u>
Zoning Fee	\$ <u>25-</u>
RLD	\$
SWP	\$
Total	\$ <u>303.46</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 Jason M Edwards Date 1/12/23



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: 02.22.2023

Permit Number: BPR-2023-00106

GPIN/Tax Map: 48-17-0-35-0

Issued: 3/8/23

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 7171 Yare Street, Glen Allen, Virginia	
	Owner Michael Dougherty	Phone # (804) 307-4423
	Address 7171 Yare Street, Glen Allen, Virginia	Email dougherty3028@yahoo.com

APPLICANT INFORMATION	Applicant/Contact Nicki Bianchini / Convert Solar LLC	
	Address 5770 Thurston Ave, Ste 106, VA Beach, VA 23455	Phone # 757-447-6527
		Email npi@convert-solar.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Parkside Village</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback	Center Line Setback	Rear Setback	CUP/Varlance/COA
	Side Setback	Side Setback	Flood Zone	_____
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	COMMENTS: <i>No change to footprint / use.</i>		
	Planning & Zoning Officer <i>David [Signature]</i>	Date 3/7/23		

CONTRACTOR INFORMATION	Contractor Chad Wilkins / Convert Solar		Phone 757-447-6527
	Address 5770 Thurston Ave, Ste 106, VA Beach, VA 23455		Email npi@convert-solar.com
	Contractor License Number 2705183097	Type AES;ELE	Expiration 08/31/2024

DESCRIPTION OF WORK	Scope of Work: roof-mounted, grid-tied, 12.80kW solar pv system on existing residence				
	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. 673		

Building Only - Excludes All Trades Permits

Value of Work	19,125
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I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant *[Signature]* Date 02/22/2023

Application Fee	\$ 98.06
State Levy Fee	\$ 1.96
Septic/Well Fee	\$
Zoning Fee	\$ 25.-
RLD	\$
SWP	\$
Total	\$ 125.02

Rec: 3-3-23

 <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: 3-3-2023
	Permit Number: BDR-2023-00118
	GPIN/Tax Map: 7738-20-5486 / 48-17-0-7-0
	Issued: 3-20-23

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 7013 Benhall Circle Glen Allen VA 23059
	Owner Chris Schiavo
	Address 7013 Benhall Circle, Glen Allen VA

Phone # 804-501-4360
Email chrisschiavo4464@gmail.com
Phone # 804-585-7222
Email rspbldr@gmail.com

APPLICANT INFORMATION	Applicant/Contact Richard S. Petrey
	Address 10190 Mannheim Rd Ashland VA, 23005

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Parksido Village	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount —	Date Paid —
	Front Setback 30' from Pavement	Center Line Setback —	Rear Setback 50' B/S	CUP/Variance/GOA —
	Side Setback 20' B/S	Side Setback 20' B/S	Flood Zone —	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: David Boyd Date: 3/16/23			

CONTRACTOR INFORMATION	Contractor Integrity Builders of VA Inc.	Phone 804-585-7222
	Address 10190 Mannheim Rd Ashland VA, 23005	Email rspbldr@gmail.com
	Contractor License Number B 2705023455	Type B

DESCRIPTION OF WORK	Scope of Work: Build 12'x12' Deck w steps		
	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. 153 SF

Building Only - Excludes All Trades Permits		Application Fee \$ 46.42 State Levy Fee \$.93 Zoning Fee \$ 25.00 RLD \$ SWP \$ Total \$ 72.35
Value of Work	7,650	
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	Richard S. Petrey	
Date	3-3-2023	



BUILDING PERMIT APPLICATION

Application Date: 1/19/23

Permit Number: BPE-2023-00012

GPIN/Tax Map: 1108-600989 / 46-40-0-1-0

Issued: 2/1/23

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>1550 COVERY RUN CT. MANASSAS - GAITHER 23103</u>	
	Owner <u>MARK & KATHRYN WHITE</u>	Phone # <u>804-432-6088</u>
	Address <u>1550 COVERY RUN CT. 23103</u>	Email <u>MARKWHITE@GMAIL.COM</u>

APPLICANT INFORMATION	Applicant/Contact <u>MARK WHITE</u>		Phone # <u>804-432-6088</u>
	Address <u>1550 COVERY RUN CT. 23103</u>		Email <u>MARKWHITE@GMAIL.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Covey Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from P/R</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>LT Side 30'</u>	Side Setback <u>RT Side 35'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Denial</u> Date <u>1/25/23</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>removing walls & kitchen supporting 48sqft INTERIOR RENOVATIONS W/ ATTACHED GARAGE & COVERED PORCH</u> <u>no plumbing 330sqft</u>				
	Proposed Use _____	Current Use _____	Environmental Impacts (stream crossing, wetlands, ant land disturbed) _____		
	SEWER Public/Private _____	WATER Public/Private _____	# of Bathrooms <u>2</u>	# of Bedrooms <u>2</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No _____	Finished Sq. Ft. <u>1228</u>	Unfinished Sq. Ft. <u>330</u>	Total Sq. Ft. <u>1558</u> <u>1558</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>914.00</u> State Levy Fee \$ <u>11.00</u> Zoning Fee \$ <u>00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>6009</u>
Value of Work <u>\$125,000</u>	<u>481 + 11 = 498</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>MA LIL</u>	Date <u>1/19/2023</u>	

2-14-23 Revisited to add 17 sq ft to mudroom

Rec: 3-8-2A



BUILDING PERMIT APPLICATION

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

Application Date: 3/6/2023
 Permit Number: PDLR-2023-00015
 GPIN/Tax Map: 44-22-0-3-0
 Issued: 3/22/23
 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: 1690 Birnam Wood Way
 Owner: Stacey & Chris Marchetti
 Phone #: (703) 795-7422
 Address: 1690 Birnam Wood Way Crozier 23039
 Email:

APPLICANT INFORMATION
 Applicant/Contact: David & Angel Thurston
 Phone #: 804-337-3868
 Address: 18493 Hollowing Creek Rd Beaverdam VA 23015
 Email: Tripletpools@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: Birnam Woods
 Proffer: Yes No
 Amount: _____ Date Paid: _____
 Front Setback: 55' from P.Y.K.W.
 Center Line Setback: _____ Rear Setback: 5'
 Side Setback: 5' Side Setback: 5' Flood Zone: _____
 APPROVED REJECTED COMMENTS:
 Planning & Zoning Officer: David Floyd Date: 3/17/23

CONTRACTOR INFORMATION
 Contractor: Triple T Pools & Masonry, LLC
 Phone: 804-337-3868
 Address: 18493 Hollowing Creek Rd Beaverdam VA 23015
 Email: Tripletpools@gmail.com
 Contractor License Number: 2705159715 Type: Class B RBC Expiration: 3/31/2024

DESCRIPTION OF WORK
 Scope of Work: gunnite
 Inground concrete 14x24 pool with autocover

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.	
		336	336	

Building Only - Excludes All Trades Permits

Value of Work	45,000.00	Application Fee	\$ 214.50
		State Levy Fee	\$ 4.29
		Zoning Fee	\$ 25.00
		RLD	\$
		SWP	\$
		Total	\$ 243.79

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.
 Signature of Applicant: Angel Thurston Date: 3/6/23



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 2/28/23

Permit Number: BPR-2023-00110

GPIN/Tax Map: 43-42-E-15-0

Issued: 3/16/2023

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>1737 Fishers Pond Drive Maidens, VA 23102</u>	
	Owner <u>Paul Messera</u>	Phone # <u>(862) 424-0212</u>
	Address <u>1737 Fishers Pond Drive 23102</u>	Email

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Breeze Hill</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <u>---</u>	Date Paid <u>---</u>
	Front Setback <u>40' from PLY Row</u>	Center Line Setback <u>65'</u>	Rear Setback <u>5'</u>	CUP/Variance/COA <u>---</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone <u>---</u>	<u>RP</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Boyd</u> Date <u>3/9/23</u>			

CONTRACTOR INFORMATION	Contractor <u>Steve Thompson Builder LLC</u>		Phone <u>(804) 539-2524</u>
	Address <u>1390 B Broad Street Road Oilville, VA 23129</u>		Email <u>stevethompsonbuilder@comcast.net</u>
	Contractor License Number <u>2705054732</u>	Type <u>CBC RBC</u>	Expiration <u>3-31-24</u>

DESCRIPTION OF WORK	Scope of Work: <u>24x28 New Detached Garage</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
			<u>672</u>	<u>692</u>	<u>1104</u>

Building Only - Excludes All Trades Permits		$ \begin{array}{r} +512 \\ \hline 1104 \end{array} $	Application Fee <u>\$237-</u>
Value of Work <u>50,000</u>			State Levy Fee <u>\$4.74</u>
			Zoning Fee <u>\$25-</u>
			RLD \$
			SWP \$
			Total <u>\$266.74</u>

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

Signature of Applicant Steve Thompson Date 2/28/23

REC: 3-3-23



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:

BPR-2023-00122

GPIN/Tax Map:

6767-77-5462 / A3-1-0-11-B

Issued:

3-20-23

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 1944 MAIDENS RD MAIDENS, VA. 23102	
	Owner JOHN HEWITT	Phone # 804-356-0261
	Address SAME	Email JGHEWITT22@AOL.COM

APPLICANT INFORMATION	Applicant/Contact JOHN HEWITT	Phone #
	Address SAME	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback 75' from P/L ROW	Center Line Setback 100'	Rear Setback 5'	CUP/Varlance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

Planning & Zoning Officer: David Ross Date: 3/17/23

CONTRACTOR INFORMATION	Contractor JOHN HEWITT	Phone
	Address SAME	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: ADD 15' X 30' L LEAN TO METAL CARPORT TO BACK SIDE OF EXISTING 30' SIDE DETACHED METAL GARAGE. metal garage				
	Proposed Use STORE TRACTOR/BOAT/VEHICLE	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed) NONE		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 0	# of Bedrooms 0	# of floors 1
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No	Finished Sq. Ft. 0	Unfinished Sq. Ft. 450	Total Sq. Ft. 450	

Building Only - Excludes All Trades Permits

Value of Work
 \$12,000 + 1.32% = \$12,159.60
 BLDG ONLY = \$5,000
 4.1.17

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: John Hewitt Date: 3/3/23

Application Fee	\$ 66.00
State Levy Fee	\$ 1.32
Zoning Fee	\$ 25.00
RLD	\$
SWP	\$
Total	\$ 92.32



BUILDING PERMIT APPLICATION

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

Application Date: 2/21/23

REC: 2-22-23

Permit Number: *BPR-2023-00094*

GPIN/Tax Map: *6761-02-1403 / 42-1-0-43-0*

Issued: *3-22-23*

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: **3251 Marsh Drive, Goochland Virginia 23063**

Owner: *Signid Steele* Phone #: *804-*

Address: *1176 Signboard Road, Bumpass VA, 23024* Email: *ranger041164@gmail.com*

APPLICANT INFORMATION
Applicant/Contact: **CMH Homes - Mandy Hardy** Phone #: **1-540-287-9621**

Address: **12244 Washington Hwy, Ashland Virginia, 23005** Email: **ParadiselawnVa@gmail.com**

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

Front Setback: *50' from Trl. across* Center Line Setback: *50'* Rear Setback: _____ CUP/Variance/COA: _____
Side Setback: *25'* Side Setback: *25'* Flood Zone: _____

APPROVED REJECTED COMMENTS: _____
Planning & Zoning Officer: *Daniel Floyd* Date: *3/6/23*

CONTRACTOR INFORMATION
Contractor: **CMH Homes INC** Phone: *540-287-9621*
1-804-798-3206

Address: **12244 Washington Hwy, Ashland Virginia, 23005** Email: **HC078@Claytonhomes.com**

Contractor License Number: **#2705048123** Type: **CBC, MHC, RBC** Expiration: **04/30/2023**

DESCRIPTION OF WORK
Scope of Work: *Lot # 11 was an old singlewide there previously removed.*

Set up new 14x66 Singlewide manufactured home in Jenkins mobile home park. Electrical, plumbing, mechanical & 2-5x5 stoops model: pure (Clayton) Serial # A.E.270VA2176 Year: 2022

Proposed Use: **Residential** Current Use: *park* Environmental Impacts (stream crossing, wetlands, amt land disturbed): *(769A)*

park SEWER: *Public/Private* WATER: *Public/Private* # of Bathrooms: **2** # of Bedrooms: **3** # of floors: **1**

Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No: **(No)** Finished Sq. Ft.: **924** Unfinished Sq. Ft.: **50** Total Sq. Ft.: **974**

Building Only - Excludes All Trades Permits
Value of Work: *17,808.00*

Application Fee: \$ *362.14*
State Levy Fee: \$ *7.24*
Zoning Fee: \$ *50.00*
RLD: \$ _____
SWP: \$ _____
Total: \$ *419.38*

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.

Mandy Steele *2-21-23*

Rec: 2-24-23

 <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:
	Permit Number: <u>BPR-2023-00097</u>
	GPIN/Tax Map: <u>41-3-D-3-D</u>
	Issued: <u>3/14/2023</u>
<p>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.</p>	

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>3884 Big Hickory Drive</u>	Phone #		
	Owner <u>Michael + Jennifer Forture</u>			
	Address <u>3884 Big Hickory Drive</u>	Email		
APPLICANT INFORMATION	Applicant/Contact <u>Jeff Harrington</u>	Phone # <u>804-741-6772</u>		
	Address <u>1814 Ryandale Rd. 23238</u>	Email <u>Harrington Construction 1@gmail.com</u>		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Fairfield</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from Ryandale</u>	Center Line Setback	Rear Setback <u>5'</u>	CUP/Variance/COA
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone	<u>AJ</u>
	<p>APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:</p> <p>Planning & Zoning Officer <u>David Boyd</u> Date <u>3/8/23</u></p>			

CONTRACTOR INFORMATION	Contractor <u>Harrington Construction Co., Inc.</u>	Phone <u>804-741-6772</u>
	Address <u>1814 Ryandale Road</u>	Email <u>Harrington Construction 1@gmail.com</u>
	Contractor License Number <u>2705022365</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Construct a 42'x36' detached garage</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft. <u>1512</u>	Total Sq. Ft. <u>1512</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>600</u> State Levy Fee \$ <u>13.74</u> Zoning Fee \$ <u>25.00</u> RLD \$ SWP \$ Total \$ <u>725.74</u>
Value of Work	<u>150,000</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	<u>[Signature]</u>	
Date	<u>2-24-23</u>	

Rec: 2-13-22



BUILDING PERMIT APPLICATION

Application Date:

Permit Number:

GPIN/Tax Map:

Issued:

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

BPH-2023-00023

39-1-0-42-0/6727-02-4757

3-8-23

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: 4809 St Pauls Church RD, Goochland, VA 23063

Owner: Robert K. Sawyer
Phone #: (804) 305-5374

Address: 2600 Autumnfield RD, Midlothian, VA 23113
Email: rsawyer1984@gmail.com

APPLICANT INFORMATION
Applicant/Contact: Robert K. Sawyer
Phone #: (804) 305-5374

Address: 2600 Autumnfield RD, Midlothian, VA 23113
Email: rsawyer1984@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: <i>N/A</i>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
	Front Setback: _____	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. AI</i>			
Planning & Zoning Officer: <i>[Signature]</i> Date: <i>2/22/23</i>				

CONTRACTOR INFORMATION
Contractor: *Owner*
Phone: _____

Address: _____
Email: _____

Contractor License Number: _____ Type: _____ Expiration: _____

DESCRIPTION OF WORK
Scope of Work:
Expand existing bathroom into adjacent closet space, frame new closet within bedroom, frame 2 walls to divide front room into new bath and office.

Proposed Use: SFR	Current Use: SFR	Environmental Impacts (stream crossing, wetlands, amt land disturbed): N/A		
SEWER: Public/Private	WATER: Public/Private	# of Bathrooms: 1	# of Bedrooms: 3	# 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.: 1614	Unfinished Sq. Ft.: 0	Total Sq. Ft.: 1614	

Building Only - Excludes All Trades Permits

Value of Work: 3000	Application Fee: \$ 30.00
	State Levy Fee: \$.00
	Zoning Fee: \$ 25.00
	RLD: \$
	SWP: \$
	Total: \$ 55.00

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: *Robert K. Sawyer* Date: _____

REC: 1-30-23-

 <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: 2-30-2023
	Permit Number: BPR-2023-00057
	GPIN/Tax Map: 0769-66-5878/31-12-0-5-0
	Issued: 3-10-23
<p>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.</p>	

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 2810 Turner Rd Goochland, Va, 23063		
	Owner D. RONALD & MARTHA S WALSH	Phone # 804-641-1591	
APPLICANT INFORMATION	Address 967 Globe Landing Rd Carter Cross, Va. 22437		Email Walshbuilders@verizon.net
	Applicant/Contact D. RONALD WALSH		Phone # 804-641-1591
TO BE COMPLETED BY ZONING DEPARTMENT	Address 967 Globe Landing Rd Carter Cross Va 22437		Email Walshbuilders@verizon.net
	Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____
	Front Setback 75' from PL Row	Center Line Setback 100'	Rear Setback 5'
	Side Setback 5'	Side Setback 5'	Flood Zone _____
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			Date 3/9/23
Planning & Zoning Officer David [Signature]			

CONTRACTOR INFORMATION	Contractor Walsh Builders Inc		Phone 804-641-1591
	Address 967 Globe Landing Rd Carter Cross Va 22437		Email Walshbuilders@verizon.net
	Contractor License Number 2701 034172	Type Buildng	Expiration 4-30-2023

DESCRIPTION OF WORK	Scope of Work: 480sq Pool House 1st Remaining walls		
	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. 384	Unfinished Sq. Ft. 96
		Total Sq. Ft. 480	

Building Only - Excludes All Trades Permits		Application Fee \$ 192.00
Value of Work \$ 40000		State Levy Fee \$ 3.84
		Zoning Fee \$ 25.00
		RLD \$ _____
		SWP \$ _____
		Total \$ 220.84
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 [Signature]		Date 2-30-2023

- 3-14-23 -



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	3/15/23
Permit #	ELR-23-194
GRIN	<i>[Signature]</i>
Tax Map	21-1-0-39-B

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

LOCATION

Street Address
2995 WILLOW TRACE LN SANDY HOOK, VA 23153

PROPERTY OWNERSHIP

Name TRACEY & RAYMOND DALTON	Phone (469) 207-8402
Mailing Address 2995 WILLOW TRACE LN SANDY HOOK, VA 23153	Email prettyprin2006@gmail.com

APPLICANT

Name WOODFIN	Phone (804) 730-5000
Address 1823 N HAMILTON ST, RICHMOND, VA 23230	Email PERMITS@ASKWOODFIN.COM

CONTRACTOR

Name WOODFIN	Phone (804) 730-5000			
Mailing Address 1823 N HAMILTON ST, RICHMOND, VA 23230	Email PERMITS@ASKWOODFIN.COM			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701037820	Expiration 11/30/2022	License Type	Class A

DESCRIPTION OF WORK

INSTALL 38KW GENERATOR WITH (2) 200 AMP ATS

# of Bathrooms	Service Size	Power Company	Inquiry #
Value of Work (required) \$42,795.00			

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

Signature of Applicant: *[Signature]* Date: 3.14.23

Approval: <u><i>Fisher</i></u>	Office Use Only	Approval date: <u>3/23/23</u>
Permit Fee: <u>252.53</u>		Issued date: <u>3/23/23</u>

(owner's statement on back)

3-14-23



TRADE PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

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

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

Type:

Commercial

Residential

Trade:

Fire

Electrical

Mechanical

Plumbing

Gas

Date

Permit #
EUP-23-195

GPIN

Tax Map
60-18-0-90

LOCATION

Street Address
525 CALM CREEK ROAD, MANAKIN SABOT VA, 23103

PROPERTY OWNERSHIP

Name George ROSCOE & DANA ROSCOE	Phone (410)409-3167
Mailing Address 525 CALM CREEK ROAD, MANAKIN SABOT VA, 23103	Email DONA0@COMCAST.COM

APPLICANT

Name WOODFIN	Phone (804) 730-5000
Address 1823 N HAMILTON ST, RICHMOND, VA 23230	Email PERMITS@ASKWOODFIN.COM

CONTRACTOR

Name WOODFIN	Phone (804) 730-5000			
Mailing Address 1823 N HAMILTON ST, RICHMOND, VA 23230	Email PERMITS@ASKWOODFIN.COM			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701037820	Expiration 11/30/2022	License Type	Class A

DESCRIPTION OF WORK

INSTALL 24KW GENERATOR WITH (2) 200 AMP ATS

# of Bathrooms	Service Size	Power Company	Inquiry #
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Value of Work (required)
\$15,552.00

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

Signature of Applicant: [Signature] Date: 3.14.23

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>3/22/23</u>
Permit Fee: <u>127.48</u>		Issued date: <u>3/22/23</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
3/22/23

Permit #
EN-2023-00232

GPIN
10-4-0-5-0

Tax Map

LOCATION

Street Address
651 Lee Rd Crozler Va. 23039

PROPERTY OWNERSHIP

Name Richard Burke	Phone 804-784-5788
Mailing Address 651 Lee Rd Crozler Va. 23039	Email burckecova@aol.com

APPLICANT

Name Reid Gilley	Phone 804-512-6037
Address P.O.Box 229 Manakin-Sabot Va. 23103	Email creidgilley@aol.com

CONTRACTOR

Name C R GILLEY ELECT Inc.	Phone 804-784-4900			
Mailing Address P.O. Box 229 Manakin-Sabot Va. 23103	Email creidgilley@aol.com			
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701031963	Expiration 5/31/2024	License Type Elect	Class A

DESCRIPTION OF WORK

Installing 14 KW LPG Generator and Automatic Transfer Switch

Replacing a portable 10 KW generator. Generator Panel is existing.

# of Bathrooms N/A	Service Size 400	Power Company Dominion Energy	Inquiry # N/A
Value of Work (required) \$8000.00			

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

Signature of Applicant: Date: 3/22/23

Approval: <u>Fisher</u>	Office Use Only	Approval date: <u>3/24/23</u>
Permit Fee: <u>\$102.00</u>		Issued date: _____