



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 10/01/2023 and 10/31/2023

Permit Number	Issued Date	Structure Type	Value
BPR-2023-00396	10/30/2023	New Construction	\$219,450.00
BPR-2023-00399	10/17/2023	New Construction	\$281,250.00
BPR-2023-00426	10/30/2023	New Construction	\$256,087.50
BPR-2023-00452	10/06/2023	New Construction	\$282,000.00
BPR-2023-00455	10/17/2023	New Construction	\$800,000.00
BPR-2023-00412	10/17/2023	New Construction	\$820,000.00
BPR-2023-00473	10/03/2023	New Construction	\$303,788.00
BPR-2023-00459	10/03/2023	New Construction	\$2,400,000.00
BPR-2023-00463	10/04/2023	New Construction	\$700,000.00
BPR-2023-00487	10/12/2023	New Construction	\$150,000.00
BPR-2023-00471	10/19/2023	New Construction	\$254,000.00
BPR-2023-00489	10/24/2023	New Construction	\$325,000.00
BPR-2023-00466	10/03/2023	New Construction	\$819,312.50
BPR-2023-00486	10/23/2023	New Construction	\$280,000.00
BPR-2023-00502	10/23/2023	New Construction	\$290,190.00
BPR-2023-00505	10/23/2023	New Construction	\$294,882.00
BPR-2023-00496	10/06/2023	New Construction	\$162,630.00
BPR-2023-00503	10/23/2023	New Construction	\$259,896.00
BPR-2023-00504	10/23/2023	New Construction	\$304,266.00
BPR-2023-00516	10/25/2023	New Construction	\$571,000.00
BPR-2023-00519	10/19/2023	New Construction	\$450,000.00
BPR-2023-00507	10/23/2023	New Construction	\$288,762.00
BPR-2023-00515	10/23/2023	New Construction	\$160,030.00
BPR-2023-00508	10/19/2023	New Construction	\$751,627.50
BPR-2023-00506	10/23/2023	New Construction	\$257,346.00

Total SFD: 25

Total Value:

\$11,681,518.00



BUILDING PERMIT APPLICATION

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

Application Date: 09/05/2023

Permit Number: 092-2023-004103

GPIN/Tax Map: 677152-3805/4347-0-40

Issued: 10/1/23

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.

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 1516 SMOKEY TRAIL ROAD Ridge Rd	
	Owner Breeze Hill Inc	Phone # 804-539-2524
	Address 1390 B Broad Street Oilville VA 23129	Email stevethompsonbuilder@comcast.net
APPLICANT INFORMATION	Applicant/Contact Steve Thompson	
	Address 1390 B Broad Street Road Oilville VA 23129	Phone # 804-539-2524
		Email stevethompsonbuilder@comcast.net

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Breeze Hill	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$20,910.00	Date Paid Due
	Front Setback 40' from Pylon	Center Line Setback 65'	Rear Setback 25'	CUP/Variance/COA
	Side Setback 20'	Side Setback 30'	Flood Zone	RP
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Cash Proffer Due.			
	Planning & Zoning Officer David Floyd	Date 9/12/23		

CONTRACTOR INFORMATION	Contractor Steve Thompson Builder LLC		Phone 804-539-2524
	Address 1390 B Broad Street Rd Oilville VA 23129		Email stevethompsonbuilder@comcast.net
	Contractor License Number 2705054732	Type CBC RBC	Expiration 03-31-2024

DESCRIPTION OF WORK	Scope of Work: New Single Family Dwelling with attached garage <i>finished basement</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) 4,000		
	SEWER Public/Private Private	WATER Public/Private Private	# of Bathrooms 4.5	# of Bedrooms 5	# 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. 6210	Unfinished Sq. Ft. 1994	Total Sq. Ft. 8204	

Building Only - Excludes All Trades Permits		Application Fee	\$ 3102
Value of Work	\$700,000	State Levy Fee	\$ 103.00
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 Steve Thompson Date 9/4/23		Zoning Fee	\$ 50
		RLD	\$ 100
		SWP	\$ 200
		Total	\$ 3510.00

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Chris Johnson Telephone: 804-556-4012

Mailing Address: 0633063 River Road West Goochland VA 23

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE RS # STORIES 2 CONSTRUCTION TYPE YS OCCUPANT LOAD 10 CODE EDITION 16

FIRE SPRINKLER _____ FIRE ALARM _____ MODIFICATION _____

APPROVAL MICHAEL BROOKING DATE 8-25-23

Code Official

Revised: 8/31/2020



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 10/3/23

Permit Number: 622-002300519

GPIN/Tax Map: 6801-02-4005/18-10-3-B

Issued: 10/19/23

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>3112 MADENSVILLE FIFE</u>	Phone # <u>804-370-3390</u>
	Owner <u>Mark Pryor</u>	Email
APPLICANT INFORMATION	Address <u>P.O. Box 175 MADENSVILLE VA 23067</u>	Phone # <u>804-519-6270</u>
	Applicant/Contact <u>Jim Starks</u>	Email
	Address <u>1707 SHALLOW WELL ROAD MADENSVILLE - SHERB VA 23153</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>75' from PL/ROW</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone _____	_____ <u>A1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/5/23</u>			

CONTRACTOR INFORMATION	Contractor <u>STARKS CONSTRUCTION</u>	Phone <u>804-519-6270</u>
	Address _____	Email _____
	Contractor License Number <u>2705038805</u>	Type <u>CBC RBC</u>

DESCRIPTION OF WORK	Scope of Work: <u>NSF DWELLING w/ SEWER CONNECTION</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <u>4</u>	# of Bedrooms <u>4</u>	# of floors <u>2</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft. <u>2977</u>	Unfinished Sq. Ft. <u>1526</u>	Total Sq. Ft. <u>4503</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>2087.00</u>
Value of Work <u>\$450,000</u>		State Levy Fee	\$ <u>40.74</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>50</u>
Signature of Applicant <u>[Signature]</u>		RLD	\$ _____
Date <u>30 October 2023</u>		SWP	\$ _____
		Total	\$ <u>2127.74</u>

Rec: 9-13-23



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: September 11, 2023

Permit Number: BLK-2023-00488

GPIN/Tax Map: 6798-71-2353 / 45-1-0-104-0

Issued: 10-2-23

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 <u>2119 Shallow Well Rd</u>	
	Owner <u>Wanda Niang</u>	Phone # <u>804.566.9152</u>
	Address <u>2119 Shallow Well Rd</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>J S Jackson, Builder, LLC</u>		Phone # <u>804.914.5977</u>
	Address <u>14241 Midlothian Tnpk</u>		Email <u>vicmorrison@msn.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>No change to footprint/USE.</u> Planning & Zoning Officer <u>David Lloyd</u> Date <u>9/19/23</u>			

CONTRACTOR INFORMATION	Contractor <u>J S Jackson, Builder, LLC</u>		Phone <u>804.914.5977</u>
	Address <u>14241 Midlothian Tnpk</u>		Email <u>vicmorrison@msn.com</u>
	Contractor License Number <u>2705123429</u>	Type <u>BLD "A"</u>	Expiration <u>8/31/24</u>

DESCRIPTION OF WORK	Scope of Work: <u>Demo Existing Porch. Staying within same footprint</u> <u>Replace front stoop with a 4' x 6' treated wood stoop</u>		
	Proposed Use <u>same</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. <u>24</u>	Unfinished Sq. Ft. <u>24</u> Total Sq. Ft.

Building Only - Excludes All Trades Permits

Value of Work	<u>3000</u>
---------------	-------------

Application Fee	\$ <u>3000</u>
State Levy Fee	\$ <u>60</u>
Zoning Fee	\$ <u>25.00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>3085.00</u>

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

Signature of Applicant [Signature] Date 9/11/2023



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: ~~9/5/2023~~ 9/7/23
 Permit Number: BP2-2023-00480
 GPIN/Tax Map: 6758-40-2646/42-34-F-43-0
 Issued: 10/2/23
 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: 2152 Thoroughbred Parkway, Goochland, VA, USA
 Owner: Alexandra Coccozza/Jerry McMillen Phone #: 703-338-1678
 Address: 2152 Thoroughbred Parkway, Goochland, VA, USA Email: alexandracoccozza@gmail.com

APPLICANT INFORMATION
 Applicant/Contact: Missy Dent Phone #: 804-610-3347
 Address: 8502 Brook Road Glen Allen VA 23060 Email: Fencemein.Missy@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision: <u>Holland Hills</u>	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
Front Setback: <u>40' from PLYWOOD</u>	Center Line Setback: <u>65'</u>	Rear Setback: <u>35'</u>	CUP/Variance/COA: _____
Side Setback: <u>15'</u>	Side Setback: <u>15'</u>	Flood Zone: _____	<u>R1</u>

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Boyd Date: 9/19/23

CONTRACTOR INFORMATION
 Contractor: Fence Me In & Decks Too LLC Phone: 804-325-9221
 Address: 8502 Brook Road Glen Allen VA 23060 Email: Fencemein.missy@gmail.com
 Contractor License Number: 2705130264 Type: Class A Expiration: 08/31/2024

DESCRIPTION OF WORK
 Scope of Work: Building a 19x10 deck off the rear of the house

Proposed Use: <u>Addition</u>	Current Use: _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed): _____		
SEWER: <u>Public/Private</u>	WATER: <u>Public/Private</u>	# of Bathrooms: _____	# of Bedrooms: _____	# of floors: _____
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.:	Unfinished Sq. Ft.:	Total Sq. Ft.:	
		<u>190</u>	<u>190</u>	

Building Only - Excludes All Trades Permits

Value of Work: <u>16,922</u>	Application Fee: \$ <u>88.15</u>
	State Levy Fee: \$ <u>1.10</u>
	Zoning Fee: \$ <u>25</u>
	RLD: \$ _____
	SWP: \$ _____
	Total: \$ <u>114.25</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: Missy Dent Date: 9/5/2023
 89333AF0676241D...



BUILDING PERMIT APPLICATION

Application Date: 9/19/2023

Permit Number: PR-2023-00492

GPIN/Tax Map: 4416-0-6-0 / 6788-30-3202

Issued: 10-4-23

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>1638 Horsepen Hills Rd. Maidens, VA 23102</u>		
	Owner	<u>David & Terri Weaver</u>	Phone #	<u>(804) 426-8861</u>
	Address	<u>1638 Horsepen Hills Rd.</u>	Email	<u>weaver.td@verizon.net</u>

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback	Center Line Setback	Rear Setback	CUP/Variance/COA
	Side Setback	Side Setback	Flood Zone	
	<u>Horsepen Hills</u>	<u>20'</u>	<u>20'</u>	<u>35'</u>

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: David Boyd Date: 9/21/23

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

DESCRIPTION OF WORK	Scope of Work: <u>16' x 16' pressure-treated deck addition at rear of residence. Finish deck approx. 16" above grade</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<u>outdoor deck</u>		# of Bathrooms	# of Bedrooms	# of floors
	SEWER Public/Private	WATER Public/Private			
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / (No)	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
	<u>256</u>	<u>0</u>	<u>256</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$ 4000</u>	Application Fee	\$ <u>30.00</u>
		State Levy Fee	\$ <u>60</u>
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>115.00</u>

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

Signature of Applicant: David Weaver Date: 9/19/2023



BUILDING PERMIT APPLICATION

Application Date: 09/08/2023

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

Permit Number: 092-2023-00477

GPIN/Tax Map: 14-1-0-1-0 | 6852-24-6069

Issued: 10/6/23

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.

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 3801 Half Mile Trl. Gum Spring, VA 23065		
	Owner Devin Hodges	Phone # 804-461-0702	
	Address 3801 Half Mile Trl. Gum Spring, VA 23065	Email devin.m.hodges@gmail.com	
APPLICANT INFORMATION	Applicant/Contact Devin Hodges		Phone # 804-461-0702
	Address 3801 Half Mile Trl. Gum Spring, VA 23065		Email devin.m.hodges@gmail.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from PL</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer: <u>David Lloyd</u> Date: <u>9/19/23</u>			

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

DESCRIPTION OF WORK	Scope of Work: Construction of a detached 3-car garage				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>2000 sq.ft. of land disturbance</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft. <u>0</u>	Unfinished Sq. Ft. <u>1160</u>	Total Sq. Ft. <u>1160</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>100.00</u>
Value of Work	\$31,900	State Levy Fee	\$ <u>3.11</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>0.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>183.11</u>
Signature of Applicant: <u>[Signature]</u>		Date: <u>9/18/2023</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: 9/26/23

Permit Number: BL-2023-509

GPIN/Tax Map: 715-29-0019 | 57-00-E-20

Issued: 10/6/23

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 <u>3 Broad Run Manakin-Sabot VA 23103</u>	
	Owner <u>Chester & Vicki Sharps</u>	Phone # <u>804-337-1463</u>
	Address <u>3 Broad Run Manakin-Sabot VA 23103</u>	Email

APPLICANT INFORMATION	Applicant/Contact <u>Scott Crossley</u>	Phone # <u>804-370-3835</u>
	Address <u>2205 Denver Ln Manassas VA 23102</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Broad Run</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>25' from PLYWOOD</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____ Planning & Zoning Officer <u>Daniel Floyd</u> Date <u>9/28/23</u>			

CONTRACTOR INFORMATION	Contractor <u>Lakeview Construction Inc</u>	Phone <u>804 370 3835</u>
	Address <u>P.O. Box 185 Oilville VA 23129</u>	Email <u>Lakeview Construction Company@gmail.com</u>
	Contractor License Number <u>2701034720</u>	Type <u>A</u>

DESCRIPTION OF WORK	Scope of Work: <u>Deck Renovation</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>N/A</u>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No <u>No</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>800</u>	Total Sq. Ft. <u>840</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>309.00</u>
Value of Work	<u>79,427.00</u>	State Levy Fee	\$ <u>7.39</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>00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>401.81</u>
Signature of Applicant <u>[Signature]</u>		Date <u>09/27/23</u>	

10.5.23 REVIEWED BY: MICHAEL PROOKING



BUILDING PERMIT APPLICATION

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

Application Date: 9/27/23
 Permit Number: BP2-002300512
 GPIN/Tax Map: 71230051017/672-0-40
 Issued: 10/3/23
 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: 205 Sweet Briar Dr. Goochland 23238
 Owner: Andrew & Julie Elmore Phone #: 804-357-4487
 Address: 205 Sweet Briar Dr. Email:

APPLICANT INFORMATION
 Applicant/Contact: Mike Brockman Phone #: 804 814-8735
 Address: 19214 Holly Ct. W. Rockville VA 23146 Email: mike@abetterdeck.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: James River Est. Proffer: Yes No Amount: _____ Date Paid: 6/20/24
 Front Setback: 40' from P/Row Center Line Setback: 65' Rear Setback: 35' CUP/Variance/COA: _____
 Side Setback: 15' Side Setback: 15' Flood Zone: _____ RI
 APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer: [Signature] Date: 10/2/23

CONTRACTOR INFORMATION
 Contractor: Mike Brockman Phone: 804 814-8735
 Address: 19214 Holly Ct. W. VA 23146 Email: mike@abetterdeck.com
 Contractor License Number: 2705008763 Type: B Expiration: 4/30/2024

DESCRIPTION OF WORK
 Scope of Work: Build 360 sq ft. Deck

Proposed Use <u>Deck</u>	Current Use <u>Deck</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
		<u>360 sq ft</u>	<u>360 sq ft</u>	

Building Only - Excludes All Trades Permits

Value of Work	<u>\$21,717.00</u>	Application Fee	\$ <u>109.73</u>
		State Levy Fee	\$ <u>2.19</u>
		Zoning Fee	\$ <u>00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>130.92</u>

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

Signature of Applicant: Mike Brockman Date: Sept 27 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: 9/8/23
 Permit Number: 602-50023-00478
 GPIN/Tax Map: 714-04-5970 | 62-U-E-40
 Issued: 10/13/23
 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 <u>109 Holly Dr</u>	
	Owner <u>Daniel Ureno</u>	Phone # <u>(804) 754-6944</u>
APPLICANT INFORMATION	Address <u>109 Holly Dr Manakin Sabet 23103</u>	
	Applicant/Contact <u>Daniel Ureno</u>	Phone # <u>(804) 754 6944</u>
	Address <u>109 Holly Dr Manakin Sabet 23103</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Manakin Farms</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>40' from Pulley</u>	Center Line Setback <u>65'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA _____
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone _____	<u>01</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/11/23</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>Take down old Deck and build a new one of 32x26 wood Deck</u>			
	Proposed Use <u>Personal</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed) _____	
	SEWER Public/Private _____	WATER Public/Private _____	# of Bathrooms _____	# of Bedrooms _____
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No _____	Finished Sq. Ft. <u>832</u>	Unfinished Sq. Ft. <u>832</u>	Total Sq. Ft. <u>832</u>

Building Only - Excludes All Trades Permits

Value of Work <u>10,000</u>	Application Fee \$ <u>57</u>
	State Levy Fee \$ <u>1.74</u>
	Zoning Fee \$ <u>26</u>
	RLD \$ _____
	SWP \$ _____
	Total \$ <u>83.14</u>

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

Signature of Applicant: Daniel Ureno Date: 9/8/23



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: 9/27/23

Permit Number: 002-2023000513

GPIN/Tax Map: 713368-0009 / 64-1-0-840

Issued: 10/13/23

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 <u>12237 RIVER RD</u>	
	Owner <u>STEVEN + CATHERINE COOPER</u>	Phone # <u>804 928 2502</u>
	Address	Email <u>SCOOPERSWOODS@GMAIL.COM</u>

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

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>40'</u> from <u>PL/PLW</u>	Center Line Setback	Rear Setback <u>35'</u>	CUP/Variance/COA
	Side Setback <u>15'</u>	Side Setback <u>15'</u>	Flood Zone	<u>R1</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>[Signature]</u> Date <u>10/2/23</u>			

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

DESCRIPTION OF WORK	Scope of Work: <u>12x14 SCREENED PORCH ADDITION</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>168</u>	Total Sq. Ft. <u>168</u>	

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>84</u>
Value of Work	<u>16,000</u>	State Levy Fee	\$ <u>1.68</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>0.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>\$10.68</u>
		Signature of Applicant	<u>[Signature]</u>



BUILDING PERMIT APPLICATION

Application Date: 10/3/2023

Permit Number: 002-0023-00518

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

GPIN/Tax Map: 7115-68-767 | 58-38-5-00-0

Issued: 10/18/23

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: 574 Hill Grove RD Manakin-Sabot, VA 23103

Owner: Mike & Deb Kachel Phone #: 917-498-4183

Address: Same as Site Address Email: mikekachel@outlook.com

APPLICANT INFORMATION
Applicant/Contact: Dave Ott Phone #: 804-964-9100

Address: 3111 Klondike RD Richmond, VA 23235 Email: daveott2@gmail.com

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

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

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

APPROVED REJECTED COMMENTS: No change to front porch/patio RPHD
Planning & Zoning Officer: David Lloyd Date: 10/5/23

CONTRACTOR INFORMATION
Contractor: Orchard & Main Construction Phone: 804-964-9100

Address: 3111 Klondike RD Richmond, VA 23235 Email: daveott2@gmail.com

Contractor License Number: 2705173269 Type: A (HIC) Expiration: 11/30/2023

DESCRIPTION OF WORK
Scope of Work: Remodel of Master Bathroom & add bathroom on the second level.

Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms	# 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.	
	3787		3.787	

Building Only - Excludes All Trades Permits

Value of Work: 30000

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

Signature of Applicant: [Signature] Date: 10/3/2023

Application Fee	\$ 147.0
State Levy Fee	\$ 294
Zoning Fee	\$ 00
RLD	\$
SWP	\$
Total	\$ 1494



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 10-6-2023

Permit Number: BR2-20063-00530

GPIN/Tax Map: 6769-005878/3-12-0-50

Issued: 10/19/23

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 2810 Turner Rd Goochland, Va. 23063	
	Owner Roshia : Martha Wash	Phone # 804-641-1591
	Address 2810 Turner Rd Goochland, Va 23063	Email Washbu,Martha@Verizon.net

APPLICANT INFORMATION	Applicant/Contact SAME	Phone # 804-641-1591
	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 PY ROW	Center Line Setback 100'	Rear Setback 5'	CUP/Variance/COA
	Side Setback 5'	Side Setback 5'	Flood Zone _____	_____ #2
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David [Signature]</u> Date 10/16/23			

CONTRACTOR INFORMATION	Contractor D. Wash	Phone
	Address	Email
	Contractor License Number	Type

DESCRIPTION OF WORK	Scope of Work: Build Metal Shed w/ Concrete Slabs				
	Proposed Use Storage	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft. 640	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ 91.00
Value of Work \$17,000		State Levy Fee	\$ 1.82
		Zoning Fee	\$.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.		RLD	\$
Signature of Applicant <u>[Signature]</u>	Date 10-6-2023	SWP	\$
		Total	\$ 118.02



BUILDING PERMIT APPLICATION

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

Residential Commercial

Application Date: 10/19/23

Permit Number: BPL-0002300512

GPIN/Tax Map: 6800-76-8087/12-10-20

Issued: 10/20/23

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	4717 Three Chopt Road Louisa, VA 23093	
	Owner	James W Payne - David Owen Payne - Samantha Payne	Phone # (804) 690-8923 David
	Address	4717 Three Chopt Road Louisa, VA 23093	Email david.pand3@gmail.com

APPLICANT INFORMATION	Applicant/Contact	David Payne	Phone # (804) 690-8923
	Address	4717 Three Chopt Road Louisa, VA 23093	Email david.pand3@gmail.com

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

APPROVED REJECTED COMMENTS: _____
 Planning & Zoning Officer _____ Date _____

CONTRACTOR INFORMATION	Contractor	self / David Payne	Phone (804) 690-8923
	Address	4717 Three Chopt Road Louisa, VA 23093	Email david.pand3@gmail.com
	Contractor License Number	N/A	Type N/A Expiration N/A

DESCRIPTION OF WORK	Scope of Work: Demolish and Removal/haul-off old vacant home. <i>asncave landfill</i>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	NONE - Old home	NONE	# of Bathrooms	# of Bedrooms	# of floors
	SEWER Public/Private	WATER Public/Private	2	3	1
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes (No)	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	

Building Only - Excludes All Trades Permits		Application Fee	\$ 48
Value of Work	\$ 8000.00	State Levy Fee	\$.90
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Zoning Fee	\$
		RLD	\$
		SWP	\$
		Total	\$ 48.90
Signature of Applicant	<i>David Payne</i>	Date	10/19/23



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: 09/27/2023

Permit Number: *Sign-2023-00017*

GPIN/Tax Map: 6798-24-3939 *133-7-0-1-0*

Issued: *10-23-23*

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 2500 Turkey Creek Road	
	Owner MHC 204 Oilville VA LLC	Phone # 804-271-5685
	Address 41 Flatbush Avenue Ste 3C, Brooklyn, NY 11217	Email jeff.lee@SuperiorSignsRVA.com

APPLICANT INFORMATION	Applicant/Contact Jeff Lee		Phone # 804-605-1396
	Address C/O Superior Signs, 2510 Willis Rd, N. Chesterfield, VA 23237		Email jeff.lee@SuperiorSignsRVA.com

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Dillville Bus Park</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback _____	Center Line Setback _____	Rear Setback _____	CUP/Variance/COA <i>COA-2023-00012</i>
	Side Setback _____	Side Setback _____	Flood Zone _____	<i>10/20/23</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>Wall sign.</i>			
	Planning & Zoning Officer: <i>Dennis Floyd</i> Date: <i>10/20/23</i>			

CONTRACTOR INFORMATION	Contractor Superior Signs LLC		Phone 804-271-5685
	Address 2510 Willis Rd, N. Chesterfield, VA 23237		Email jeff.lee@SuperiorSignsRVA.com
	Contractor License Number 2705156399	Type CBC RBC	Expiration 03/2025

DESCRIPTION OF WORK	Scope of Work: Install (1) set LED Channel Letters to read 'Extra Space Storage' per attached plans.				
	Proposed Use Storage Rental		Current Use Storage Rental		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: **\$1680.00**

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: **09/27/2023**

Application Fee	\$ 730.00
State Levy Fee	\$.60
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ 730.60

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: _____ Telephone: _____

Mailing Address: _____

OWNER'S STATEMENT

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

_____ Owner's Signature

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

Built in 1991

PERMIT FEE SCHEDULE

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

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

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

OFFICE USE ONLY

USE N/A # STORIES 1 CONSTRUCTION TYPE N/A OCCUPANT LOAD N/A CODE EDITION 2018

FIRE SPRINKLER NO FIRE ALARM NO MODIFICATION NO

APPROVAL _____ DATE 10-6-2023

[Signature]
Code-Official

Rec: 10-3-23

 <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 type="checkbox"/> Residential <input type="checkbox"/> Commercial</p>	Application Date:
	Permit Number: <i>BPR-2023-00523</i>
	GPIN/Tax Map: <i>6822-30-9542 / 11-140-47-A</i>
	Issued: <i>10-23-23</i>

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 <i>Gary Cole Host Place RD</i>
	Owner <i>3771 Hapersville Fife RD Goochland VA 23063</i>
	Address <i>m</i>

APPLICANT INFORMATION	Applicant/Contact <i>Melvin Timberlake</i>	Phone # <i>434-906 0945</i>
	Address <i>1250 Three Watch RD Kentsterra 23064</i>	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 <i>75' from PUPAW</i>	Center Line Setback <i>100'</i>	Rear Setback <i>5'</i>	CUP/Variance/COA
	Side Setback <i>5'</i>	Side Setback <i>5'</i>	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:	Planning & Zoning Officer <i>David Floyd</i> Date <i>10/11/23</i>		

CONTRACTOR INFORMATION	Contractor <i>Same as Applicant</i>	Phone
	Address	Email
	Contractor License Number <i>2701016489</i>	Type <i>CBC, HIC, RBC</i>

DESCRIPTION OF WORK	Scope of Work: <i>16' x 24'</i> <i>Build Storage area w/ covered space</i>				
	Proposed Use <i>Residential</i>	Current Use <i>Residential</i>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <i>N/A</i>		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
			<i>384</i>	<i>384</i>	

Building Only - Excludes All Trades Permits		Application Fee \$ <i>81.09</i> State Levy Fee \$ <i>1.59</i> Zoning Fee \$ <i>2,500</i> RLD \$ _____ SWP \$ _____ Total \$ <i>106.09</i>
Value of Work	<i>15,000.00</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	<i>Melvin Timberlake</i>	
Date		

Rec: 9-27-23



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: 10-3-23
 Permit Number: BPR-2023-00520
 GPIN/Tax Map: 6129-72-3292 30-8-0-12-0
 Issued: 10-23-23
 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 <u>2453 CHENEY CREEK Rd Goochland, VA 23063</u>	
	Owner <u>Mike Liptak</u>	Phone # <u>(434) 414-8718</u>
	Address <u>2453 Cheney Creek Rd Goochland, VA 23063</u>	
APPLICANT INFORMATION	Applicant/Contact <u>Mike Liptak</u>	
	Address <u>2453 Cheney Creek Rd Goochland, VA 23063</u>	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Cheney's Creek</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount _____	Date Paid _____
	Front Setback <u>55' from PL/ROW</u>	Center Line Setback _____	Rear Setback <u>5'</u>	CUP/Variance/COA _____
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	Flood Zone _____	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Planning & Zoning Officer <u>David Floyd</u> Date <u>10/10/23</u>			

CONTRACTOR INFORMATION	Contractor <u>Mike Liptak</u>		Phone <u>(434) 414-8718</u>
	Address <u>2453 Cheney Creek Rd Goochland VA 23063</u>		Email <u>Mike Liptak 21@gmail.com</u>
	Contractor License Number <u>N/A</u>	Type _____	Expiration _____

DESCRIPTION OF WORK	Scope of Work: <u>Build wooden shed 14x24' on concrete pad</u>				
	Proposed Use <u>storage</u>	Current Use _____	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No <input checked="" type="checkbox"/>	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.	
		<u>336</u>	<u>336</u>		

Building Only - Excludes All Trades Permits		Application Fee \$ <u>53.58</u> State Levy Fee \$ <u>1.07</u> Zoning Fee \$ <u>25.00</u> RLD \$ _____ SWP \$ _____ Total \$ <u>79.65</u>
Value of Work	<u>\$ 5,000 9,240.</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 _____	

Building 7



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: ~~4/6/2023~~

Permit Number: DPL-2023-00018

GPIN/Tax Map: 59-5-0-1-0 / 7726-71-933A

Issued: 10-25-23

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 8000 Avery Point Way, Richmond VA 23233	
	Owner Avery Point LLC; David Berrien	Phone # 410-402-2484
APPLICANT INFORMATION	Address 701 Maiden Choice Lane, Baltimore, MD 21228	Email david.berrien@erickson.com
	Applicant/Contact Scott Shady / Moseley Architects	Phone # 804-399-7933 (cell)
	Address 3200 Norfolk Street, Richmond, VA 23230	Email sshady@moseleyarchitects.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 RG Brinkmann Constructors	Phone 636-537-9700
	Address 16650 Chesterfield Grove Road, Suite 100; Chesterfield, MO 63005	Email jhesse@brinkmannconstructors.com
	Contractor License Number 2705172414	Type Class A

Scope of Work:
 New Construction for Senior Multifamily Apartment Building #7 on the Avery Point Campus, including associated site work. Building consists of 109 apartments.

Proposed Use R2 Multifamily Housing	Current Use N/A	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
SEWER Public/Private	WATER Public/Private	# of Bathrooms	# of Bedrooms	# of floors
Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes/No	Finished Sq. Ft. 157,543	Unfinished Sq. Ft. 0	Total Sq. Ft. 157,543	

Building Only - Excludes All Trades Permits

Value of Work	16,069,386
---------------	-------------------

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: 2.1.23

Application Fee	\$ 120,520.40
State Levy Fee	\$ 2,410.41
Zoning Fee	\$ 100.00
RLD	\$ _____
SWP	\$ _____
Total	\$ 123,030.81



BUILDING PERMIT APPLICATION

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

Application Date: DEC. 10-11-23
 Permit Number: BPR-2023-00533
 GPJN/Tax Map: 6768-85-8731 / 31-23-0-9-0
 Issued: 10-26-23
 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 <u>2293 White Horse Rd, Maidens, VA 23102</u>	
	Owner <u>Larry C. + Marian P. LaClair</u>	Phone # <u>804-840-5458</u> <u>804-305-5989</u>
APPLICANT INFORMATION	Address <u>2293 White Horse Rd, Maidens VA 23102</u>	Email <u>mjmimi@yahoo.com</u>
	Applicant/Contact <u>Larry C. + Marian P. LaClair</u>	Phone #
	Address <u>2293 White Horse Rd, Maidens VA 23102</u>	Email

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Maidens Forest</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>55' from PL/RAIN</u>	Center Line Setback <u>80'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>RR</u>
	Side Setback <u>15' / 35'</u>	Side Setback <u>15' / 35'</u>	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
Planning & Zoning Officer <u>David Floyd</u> Date <u>10/16/23</u>				

CONTRACTOR INFORMATION	Contractor <u>Larry C. LaClair OWNER</u>		Phone <u>804-840-5458</u>
	Address <u>2293 White Horse Rd, Maidens VA 2302</u>		Email <u>mjmimi@yahoo.com</u>
	Contractor License Number	Type	Expiration

DESCRIPTION OF WORK	Scope of Work: <u>Three Season Room 16 x 14</u>				
	Proposed Use <u>Relax</u>	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms	# of Bedrooms	# of floors
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes <u>NO</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>224</u>	Total Sq. Ft. <u>224</u>	

Building Only - Excludes All Trades Permits		Application Fee \$ <u>52.50</u>
Value of Work <u>\$9,000</u>		State Levy Fee \$ <u>1.25</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>Kary Kalin</u>	Date <u>10-10-2023</u>	RLD \$
		SWP \$
		Total \$ <u>78.55</u>

Rec: 10-12-23 by mail



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: 10-19-23
 Permit Number: Cell-2023-00006
 GPIN/Tax Map: 7714-85-3361-9999/63-1-0-92T
 Issued: 10-27-23
 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: 550 Country Club Lane, Richmond, VA-23238
 Owner: Richmond Country Club Inc
 Address: PO BOX 37, Manakin Sapot, VA 23103

APPLICANT INFORMATION
 Applicant/Contact: T-Mobile Northeast LLC by Crown Castle USA Inc.
 Address: 1200 Mac Arthur Blvd. Ste. 240, Mahwah NJ 07430
 Phone #: 201.236.9093
 Email: karen.cancro@crowncastle.com

TO BE COMPLETED BY ZONING DEPARTMENT
 Subdivision: _____ Proffer: Yes No Amount: _____ Date Paid: _____
 Front Setback: _____ Center Line Setback: _____ Rear Setback: _____ CUP/Variance/COA: _____
 Side Setback: _____ Side Setback: _____ Flood Zone: _____
 APPROVED REJECTED COMMENTS: * No change in use. A2
 Planning & Zoning Officer: [Signature] Date: 10/27/23

CONTRACTOR INFORMATION
 Contractor: NB&C Technical Services LLC
 Address: 6095 Marshalee Dr, Ste 300, Elksridge MD 21075
 Phone: 804.399.6734
 Email: astevens@nbcllc.com
 Contractor License Number: 2705152498 Type: Class A - CBC ELE RBC Expiration: 12-31-2023

DESCRIPTION OF WORK
 Scope of Work: Remove (6) antennas (4) coax, (1) hybrid. Add (6) antennas, (3) RRUs, (2) hybrids. Swap (2) cabinets.
 Proposed Use: wireless communication facility Current Use: existing WCF 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.: 3,600

Building Only - Excludes All Trades Permits

Value of Work	\$24,000	Application Fee	\$ <u>180.00</u>
		State Levy Fee	\$ <u>3.60</u>
		Zoning Fee	\$ <u>100.00</u>
		RLD	\$ _____
		SWP	\$ _____
		Total	\$ <u>283.60</u>

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

Signature of Applicant: Karen Cancro Date: _____
Digital signed by Karen Cancro Date: 2023.10.11 12:39:49 -0400



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: 10/9/2023 10/10/23

Permit Number: 692-0023-00536

GPIN/Tax Map: 68-4-0-8-0/TB33-85-4836

Issued: 10/27/23

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 304 Randolph Square Parkway	
	Owner Shane and Sarah Maley	Phone #
	Address 304 Randolph Square Parkway	Email
APPLICANT INFORMATION	Applicant/Contact Warren Montague	Phone # 804-784-4776
	Address 310 River Road West	Email jwarrenmontague@gmail.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>Behind Main Bldg.</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>RPUD</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: _____			
Planning & Zoning Officer <u>David Floyd</u>		Date <u>10/16/23</u>		

CONTRACTOR INFORMATION	Contractor John W. Montague Jr. Inc.	Phone 8047844776
	Address 310 River Road west	Email jwarrenmontague@gmail.com
	Contractor License Number 2701014152	Type A

DESCRIPTION OF WORK	Scope of Work: Pool House				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>0</u>	# of Bedrooms <u>0</u>	# of floors <u>1</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft. <u>179</u>	Unfinished Sq. Ft. <u>0</u>	Total Sq. Ft. <u>179</u>	

Building Only - Excludes All Trades Permits

Value of Work	80,000
---------------	---------------

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 _____ Date 10/9/2023

Application Fee	\$ <u>375</u>
State Levy Fee	\$ <u>744</u>
Zoning Fee	\$ <u>00</u>
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>1119</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: 10-11-23

Permit Number: PRK-2023-00534

GPIN/Tax Map: 6832-71-0238 1 12-13-0-6-0

Issued: 10-27-23

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.

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>4236 Three Chopt Rd, Gum Spring, VA 23065</u>	
	Owner <u>Keith D. & Ancha Poore</u>	Phone # <u>304-703-0925</u>
	Address <u>4236 Three Chopt Rd, Gum Spring, VA 23065</u>	Email <u>poorekd@gmail.com</u>

APPLICANT INFORMATION	Applicant/Contact <u>Keith Poore</u>		Phone # <u>304-703-0925</u>
	Address <u>4236 Three Chopt Rd, Gum Spring, VA 23065</u>		Email <u>poorekd@gmail.com</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Hamm Ln Oaks</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	Date Paid
	Front Setback <u>75' from P/Road</u>	Center Line Setback <u>100'</u>	Rear Setback <u>35'</u>	CUP/Variance/COA <u>RR</u>
	Side Setback <u>15' / 35'</u>	Side Setback <u>15' / 35'</u>	Flood Zone	

APPROVED REJECTED COMMENTS:

Planning & Zoning Officer: David Floyd Date: 10/16/23

CONTRACTOR INFORMATION	Contractor owner <u>Alpha Bear Construction LLC</u>		Phone <u>304-703-0925</u>
	Address <u>4236 Three Chopt Rd, Gum Spring, VA 23065</u>		Email <u>poorekd@gmail.com</u>
	Contractor License Number <u>2705159410</u>	Type	Expiration <u>1/31/24</u>

DESCRIPTION OF WORK	Scope of Work: <u>Dining Room addition 13'x16'6" + Closet 5'6" x 4'</u> <u>Deck addition 2 sided 5'6" x 18' & 5'6" x 13'</u>			
	Proposed Use <u>Dining Room</u>	Current Use <u>None</u>	Environmental Impacts (stream crossing, wetlands, amt land disturbed) <u>No</u>	
	SEWER <u>Public</u>	WATER <u>Public</u>	# of Bathrooms <u>2 1/2</u>	# of Bedrooms <u>4</u>
	Will a foundation be installed within 20 ft. of any septic system components including reserve drain fields? Yes / No	Finished Sq. Ft. <u>236</u>	Unfinished Sq. Ft. <u>170 deck</u>	Total Sq. Ft. <u>406</u>

Building Only - Excludes All Trades Permits		Application Fee	\$ <u>126.99</u>
Value of Work	<u>\$25,000.00</u>	State Levy Fee	\$ <u>2.49</u>
I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.		Zoning Fee	\$ <u>25.00</u>
		RLD	\$
		SWP	\$
		Total	\$ <u>151.99</u>
Signature of Applicant <u>Keith D Poore</u> Date <u>10/11/23</u>			

Rec: 10-11-23



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: 9-25-23

Permit Number: BPR-2023-00530

GPIN/Tax Map: 0728-11-5812/28-200-2-0

Issued: 10-30-23

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	<u>2267 Chapel Hill Road Goochland VA 23063</u>		
	Owner	<u>Lori LYNN</u>	Phone #	<u>804-399-4006</u>
	Address	<u>2267 Chapel Hill Road Goochland, VA 23063</u>	Email	<u>LLSCHELIN@MSN.COM</u>
APPLICANT INFORMATION	Applicant/Contact	<u>Lori LYNN</u>		
	Address	<u>2267 Chapel Hill Road Goochland VA 23063</u>	Phone #	<u>804-399-4006</u>
			Email	<u>LLSCHELIN@MSN.COM</u>

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	<u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount	_____	Date Paid	_____	
	Front Setback	<u>75' from P4/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>Dennis Floyd</u>		Date	<u>10/13/23</u>			

CONTRACTOR INFORMATION	Contractor	<u>Old World Carolina Carports</u>	Phone	<u>1-800-670-4262</u>
	Address	<u>187 Cardinal Ridge Trail Dobson, NC 27017</u>	Email	<u>Permitting@carolina-carports.com</u>
	Contractor License Number	<u>2705116290</u>	Type	<u>Class B</u>
			Expiration	<u>1/31/25</u>

DESCRIPTION OF WORK	Scope of Work: <u>We are adding a Metal Garage Building</u>				
	Proposed Use	Current Use	Environmental Impacts (stream crossing, wetlands, amt land disturbed)		
	<u>Garage / Storage</u>	<u>N/A</u>	<u>N/A</u>		
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms	# of Bedrooms	# of floors
		<u>1</u>	<u>0</u>	<u>1</u>	
Will a foundation be installed within 20 ft. of any septic system components? Yes (No)	Finished Sq. Ft.	Unfinished Sq. Ft.	Total Sq. Ft.		
<u>No</u>	<u>N/A</u>	<u>1800</u>	<u>1800</u>		

Building Only - Excludes All Trades Permits

Value of Work	<u>\$50,000.-</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 Lm Lynn Date _____

Application Fee	\$ <u>23.700</u>
State Levy Fee	\$ <u>4.74</u>
Septic/Well Fee	\$ <u>25.00</u>
Zoning Fee	\$ _____
RLD	\$ _____
SWP	\$ _____
Total	\$ <u>26674</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: Rec: 10-11-23

Permit Number: BPK-2023-0529

GPIN/Tax Map: 6768-99-0439 / 31-1-0-38-A

Issued: 10-31-23

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	<u>2660 Poorhouse Rd, Goochland Va, 23063</u>		
	Owner	<u>Melvin K Dolan</u>	Phone #	<u>804-396-5891</u>
APPLICANT INFORMATION	Address	<u>2660 Poorhouse Rd, Goochland Va, 23063</u>		
	Applicant/Contact	<u>Same</u>	Email	<u>Brendadolan912@gmail.com</u>
	Address			
		Phone #		
		Email		

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>75' from PLYWOOD</u>	Center Line Setback	<u>100'</u>	Rear Setback	<u>5'</u>	CUP/Variance/COA	<u> </u>
	Side Setback	<u>4' 5' 5'</u>	Side Setback, R/S	<u>35' / 11' 0"</u>	Flood Zone	<u> </u>		<u>A2</u>
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS:					
Planning & Zoning Officer	<u>[Signature]</u>			Date	<u>10/16/23</u>			

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

DESCRIPTION OF WORK	Scope of Work:					
	<u>48 x 25 x 10 ft Metal 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> </u>	<u>1,200</u>	<u>1,200</u>	<u>1,200</u>			

Building Only - Excludes All Trades Permits

Value of Work	<u>\$15,500.00 / \$33,000</u>	Application Fee	\$ <u>160.50</u>
		State Levy Fee	\$ <u>3.21</u>
		Zoning Fee	\$ <u>25.00</u>
		RLD	\$ <u> </u>
		SWP	\$ <u> </u>
		Total	\$ <u>188.71</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 10/11/2023



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 10/13/2023 10/23/23
Permit # EK-23-001082
GPIN
Tax Map

LOCATION

Street Address
711 Big Woods Place, Manakin-Sabot, VA 23103

PROPERTY OWNERSHIP

Name John and Jana Barnes, III	Phone 917.743.3137
Mailing Address 711 Big Woods Place, Manakin-Sabot, VA 23103	Email

APPLICANT

Name Jessica Fisher	Phone 804.518.3060
Address 23194 Airport St. N. Dinwiddie, VA 23803	Email info@haleyessgenerators.com

CONTRACTOR

Name Hale's Electrical Service	Phone 804.518.3060
Mailing Address 23194 Airport Street North Dinwiddie, VA 23803	Email info@haleyessgenerators.com
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705117246
	Expiration 2/29/2024
	License Type AES ELE FAS
	Class A

DESCRIPTION OF WORK

Install 26kW generator; Has an existing 2-200A SE ATS previously installed/inspected by others			
# of Bathrooms	Service Size 400A	Power Company DOM	Inquiry #
Value of Work (required) \$4327			

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: Jessica Fisher Date: 10/13/2023

Approval: <u>Fisher</u>	Office Use Only
Permit Fee: <u>\$102</u>	Approval date: <u>10/25/23</u>
	Issued date: _____

(owner's statement on back)