



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	8/23/16
Permit #	E11-2016-00648
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

link to ^{gas-}E11-2016-00648

Street Address	216 RANDOLPH SQUARE LANE	District	
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PROPERTY OWNERSHIP

Name	MARK SISK	Phone	
Mailing Address	216 RANDOLPH SQUARE RECUMON VA 23233		

APPLICANT

Name	RIC SEABORN	Phone	804 389-4242
E-Mail Address	RICSEABORN@MANALINELECTRICAL.NET		

CONTRACTOR

Name	MANALIN ELECTRICAL CONTRACTORS		Phone		
Mailing Address	P.O. BOX 147 ROCKVILLE VA 23146		E-mail address:		
Gas Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number	Expiration	License Type:	Class:
		2705018630	12/31/16	ELEC	B

DESCRIPTION OF WORK

INSTALL 20 KW GENERATOR + 100 AMP ATS			
# of Baths	Service Size	Power Company	Inquiry #

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

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

_____(Signature)

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

_____(Notary) My commission expires _____

Signature of Applicant Ric Seaborn Value of Work: 8500

Approval Fisher Date 8-23-16 Permit fee: 62.73 / 1.23

Issue date: 8-23-16

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 8-16-16

Application Accepted: Aug 15, 2016

GPIN: 6841-74-2459

Issued: 8-25-16

TM# 13-9-0-1-0

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

OWNER INFORMATION	Site Address <u>3745 Broad St Rd Gum Spring VA, 23065</u>		District		
	Owner <u>Carrie Ann Drenkhahn</u>		Phone # <u>(804) 416-0801</u>		
	Address <u>Same</u>				
	Proposed Use	Current Use	Existing Buildings on Property <u>HOUSE & STORAGE SHED</u>		
	Proposed Occupant Load (Commercial)	Acreage <u>2 AC.</u>	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District	
	Front Setback <u>89.5' off ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	C.U. Permit	Variance
	Side Setback <u>20'</u>	Side Setback <u>35' off driveway</u>	COA		Flood Zone
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 8-17-2016

Applicant/Contact: Melvin Beverley

Phone: (804) 694-9005

Email:

CONTRACTOR INFORMATION	Contractor <u>owner</u>		Phone		
	Address				
	Contractor License Number		Type	Expiration	
Description of Work	Scope of Work: <u>Covering existing deck, adding 8x22 and 8x8 open deck, on each side of existing deck.</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>240</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>240</u>	# of Bedrooms
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK

Building \$6000.00

Excludes All Trades Permits

Application Fee	\$ <u>39.00</u>
Zoning Fee	\$ <u>2500</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>.78</u>
RED Total	\$ <u>64.78</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.

BP-2016-00658

received 8-23-16

BUILDING PERMIT APPLICATION
Goochland County Department Of Building Inspection
P O Box 119
Goochland VA 23063
(804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 8-23-16
Application Accepted: BP201600658
GPIN: 6788-04-8457
Issued:

Issued: 8-25-16

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

OWNER INFORMATION	Site Address 2426 Bridgewater Dr		District		
	Owner Daniel Keeton		Phone #		
	Address SAME				
	Proposed Use Single Family	Current Use Same	Existing Buildings on Property Home		
	Proposed Occupant Load (Commercial)	Acreage 3.6	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Bridgewater		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District RR	
	Front Setback 55' From ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 15'/35'	Side Setback 15'/35'	C O A N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.				

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

Planning & Zoning Officer: David J. [Signature] Date: 8/23/16

Applicant/Contact: _____ Phone: _____
Email: _____

CONTRACTOR INFORMATION	Contractor Keeton Home Co.		Phone 8043049117	
	Address 3872 Factory Mill Rd Maidens VA.			
	Contractor License Number 2705009921	Type CLASS A Bui	Expiration 4-30-18	

Description of Work	Scope of Work: Construct Deck 12' x 21'				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft. 252	# of Bedrooms

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

VALUE OF WORK	
Building	6500 ⁰⁰
Excludes All Trades Permits	

Application Fee	\$ 41.25
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$.83
R&D Total	\$ 67.08

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

X

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 7/20/2016
 Application Accepted: BP-2016-00553
 GPIN: 6840-34-9559
 Issued: 8-24-16

TM# 20-20-0-19-0

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

OWNER INFORMATION	Site Address <u>3425 Cedar Plains Rd.</u>		District	
	Owner <u>Tyler Woodward</u>		Phone #	
	Address <u>3425 Cedar Plains Rd</u>			
	Proposed Use <u>Office/Bar Room</u>	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District <u>A-1</u>	
	Front Setback <u>75' from ROW</u>	Center Line Setback	Rear Setback <u>5'</u>	C.U. Permit <u>N/A</u>
	Side Setback <u>5'</u>	Side Setback <u>5'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer David Floyd Date 8/1/16

Applicant/Contact: Jonathan Hurd Phone 757-288-9723
 Email: Jon@SereneConstruction.com

CONTRACTOR INFORMATION	Contractor <u>Serene Construction, LLC</u>		Phone <u>804-218-6188</u>	
	Address <u>3028 Moss Side Ave. Richmond, VA 23273</u>			
	Contractor License Number <u>2705149861</u>	Type <u>Class A - Builder</u>	Expiration <u>1-31-17</u>	

Description of Work	Scope of Work: <u>Construct a detached accessory building with bathroom and bar sink.</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	<u>1</u>	<u>722</u>	<u>592 SF</u>	<u>130 SF</u>	<u>0</u>

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

VALUE OF WORK	
Building	<u>\$50,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>237.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>4.74</u>
RLD 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.
Jonathan Hurd

BUILDING PERMIT APPLICATION Goochland County Department Of Building Inspection P O Box 119 Goochland VA 23063 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay TM: 56.17.4	Application Date: 8-18-16
	Application Accepted: BP-2016-00 000 643
	GPIN: 6795-48-5716
	Issued: 8-24-16

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

OWNER INFORMATION	Site Address 1090 Dawson Road		District		
	Owner Gary Rogliano		Phone #		
	Address 1090 Dawson Road				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District A-2		
	Front Setback 55' from Property	Center Line Setback	Rear Setback 5' 750	C.U. Permit N/A	Variance N/A
	Side Setback 5' 750	Side Setback 5' 365	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David [Signature] Date: 8/18/16

Applicant/Contact:	Ultimate Pools / Steve Jones	Phone:	749-4706
Email:			

CONTRACTOR INFORMATION	Contractor:	Ultimate Pools	Phone:	749-4706
	Address:	2175 LAWREN LN Rockville, VA 23146		
	Contractor License Number:	2705026339	Type:	RFL RBC CAL
			Expiration:	2-28-17

Description of Work	Scope of Work: Inground 20x50 pool with auto cover Astun ² - 1341				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	5000
Excludes All Trades Permits	

Application Fee	\$ 230.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 4.74
RCD Total	\$ 260.74

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.



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	8/22/16
Permit #	EL-2016-0065
Old Map #	
G-Pin	0841-47-3072

LOCATION

Street Address 3945 Broad ^{street} Rd Gum Spring, VA 23065	District
--	----------

PROPERTY OWNERSHIP

Name Janie & Mary Oats	Phone 804-339-6816
Mailing Address 3945 Broad Street Rd Gum Spring, VA 23065	

APPLICANT

Name Michael & Son Services	Phone 434-262-2375
E-Mail Address kristen.kuznear@michaelsanson.com	

CONTRACTOR

Name Michael & Son Services	Phone 434-262-2375
Mailing Address 8553 Seminole Trail Puchersville VA 22968	License Type Class A
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Class A
State License Number 2710019013	Expiration 12-31-2016
Contractors 27A1038423	

DESCRIPTION OF WORK

Replace 20AMP Panel, Install 22KW ATS generator & Pappahannock Electric			
# of Baths	Service Size	Power Company	Inquiry #

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

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

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

_____(Owner)

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

_____(Notary) My commission expires _____

Signature of Applicant [Signature]

Approval Gray Fisher Date 8/22/16

Value of work: ~~12,500.00~~ 12,500.00

Permit fee: 81.09

Issue date: 8/22/16

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued: 8-19-16

Application Date: 8-12-16

Application Accepted: BP-2016-00627

Old Map Number: 42-1-123

GPIN: 6757-98-9715

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

OWNER INFORMATION	Site Address 1945 SANDY HOOK Rd, GOOCHLAND, VA, 23902		District	
	Owner BODDIE NOELL ENTERPRISES		Phone # 252-937-2800	
	Address 1021 NOELL LANE (PO Box 1908), ROCKY MOUNT, NC., 27804			
	Proposed Use RESTAURANT	Current Use RESTAURANT.	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C,U. Permit
	Side Setback	Side Setback	C O A	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: RICH BENACQUISTO Phone 423 623 2700 x111
 Email: RBENACQUISTO@CMI PRODUCTS.COM

CONTRACTOR INFORMATION	Contractor CMI LLC	Phone 423-623 2700
	Address 356 INDUSTRIAL Rd, NEWPORT, TN., 37821	
	Contractor License Number 2705139409	Type Expiration 4-30-2017

Description of Work	Scope of Work: INTERIOR REMODEL FOR HARDEES			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft. # of Bedrooms

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

Building	VALUE OF WORK \$ 20,510
Excludes All Trades Permits	

Application Fee	\$ 186.84
Zoning Fee	\$ -----
Septic/Well Fee	\$ -----
State Levy Fee	\$ 3.74
RLD Total	\$ 190.58

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]

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 7-28-16
 Application Accepted: BP-2016-00582
 GPIN: 7718-00-3099
 Issued:

TM# 46-1-0-97-E

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

OWNER INFORMATION

Site Address	<u>2556 Manakin Rd</u>		District	<u>Dover</u>
Owner	<u>Dillard E. Ferguson JR</u>		Phone #	<u>804 467-1737</u>
Address	<u>2556 Manakin Rd Manakinscot Va 23103</u>			
Proposed Use	Current Use	Existing Buildings on Property		
		<u>House</u>		
Proposed Occupant Load (Commercial)	Acreage	Commercial Use		
	<u>1.080</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Street Address		Zoning District	
		<u>A-2</u>	
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
<u>75' from ROW</u>	<u>---</u>	<u>5' 200</u>	<u>N/A</u>
Side Setback	Side Setback	COA	Flood Zone
<u>5' 50</u>	<u>5' 50</u>	<u>N/A</u>	<u>N/A</u>
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: [Signature] Date: 7/29/16

Applicant/Contact: Chris Winder Phone: 540-872-6942
 Email: PoolBlDr1va@aol.com

CONTRACTOR INFORMATION

Contractor	<u>Chris S. Winder</u>	Phone	<u>540-872-6942</u>
Address	<u>12115 Shannon Hill Ln Louisa Va 23093</u>		
Contractor License Number	<u>2706117925</u>	Type	<u>B</u>
		Expiration	<u>9-30-16</u>

Description of Work

Scope of Work: Inground Pool - 18 x 36

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	<u>648</u>		<u>648</u>	

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

VALUE OF WORK	
Building	<u>38,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>183.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>3.66</u>
RLD	\$ <u>211.66</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 [Signature]

LIEN AGENT INFORMATION

Please check one of the following:

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

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

Name: Darvin Satterwhite Telephone: (804) 556-4012

Mailing Address: 3013 River Rd West, Goochland, VA 23063

OWNER'S AFFIDAVIT

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

Owner's Signature

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

(Notary)

ASBESTOS CERTIFICATION FOR RENOVATION OR DEMOLITION OF COMMERCIAL STRUCTURES

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

OWNER'S SIGNATURE _____

PERMIT FEE SCHEDULE

Residential fee is based on the building value of the job. \$ 0 to \$ 4000 of value... \$ 30.00 + \$ 4.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee
Commercial fee is based on the building value of the job. \$ 0 to \$ 4000 of value.... \$ 30.00 + \$ 9.50 per \$ 1000 above \$ 4000
Add 2% State Levy to fee
RLD \$ 100.00
Septic & well \$ 40.80 For Commercial & Residential
Septic only \$ 25.44 for Commercial & Residential
Zoning Commercial \$ 100.00
Zoning Residential SFD \$50.00 all other structures are \$ 25.00

OFFICE USE ONLY

USE _____ # STORIES _____ CONSTRUCTION TYPE _____ OCCUPANY LOAD _____ CODE EDITION _____
FIRE SPRINKLER _____ FIRE ALARM _____

APPROVAL Lewis Beck DATE 8/01/2016
Code Official

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 08-11-2016
 Application Accepted: BP-2010-006025
 Old Map Number: 47-12-A-6B
 GPIN: 7717-29-8546

Issued 8-18-2010

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

OWNER INFORMATION	Site Address 2356 Hampden Row Rockville, VA 23146		District		
	Owner Leslie and Jim Campbell		Phone # 804-339-6726		
	Address 2356 Hampden Row Rockville, VA 23146				
	Proposed Use Residential	Current Use Residential	Existing Buildings on Property Residential house		
	Proposed Occupant Load (Commercial)	Acreage 5.17000	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District A2		
	Front Setback 55' from ROW	Center Line Setback -	Rear Setback 35'	C.U. Permit None	Variance None
	Side Setback 20'	Side Setback 20'	C O A	Flood Zone	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: Daniel Floyd Date: 8/11/16

Applicant/Contact: Michael Paris Phone: 804-543-7444
 Email: * m.paris@classicconstructionext.com

CONTRACTOR INFORMATION
 Contractor: Classic Construction Phone: 804-796-5690
 Address: 11662 Busy Street North Chesterfield, VA 23236
 Contractor License Number: 2705062408 Type: Class A Expiration: 4-30-2017

Description of Work
 Scope of Work: Construct a Sunroom (14x14')

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. 196	Finished Sq. Ft. 196	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK
 Building: PTAC 37,700
 Excludes All Trades Permits

Application Fee	\$ <u>181.65</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>3.63</u>
Total	\$ <u>210.28</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: al AP

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

T.M. 2(5)2

Application Date: 8-15-2010

Application Accepted: BP-2010-00628

GPIN: 0814-03-2210

Issued: 8-18-2010

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

OWNER INFORMATION	Site Address 5008 Fleming Crossroads Ln Kentz Store		District		
	Owner James L Wheeler		Phone # 540 223 1529		
	Address 5008 Fleming Crossroads Ln Kentz Store VA 23084				
	Proposed Use	Current Use	Existing Buildings on Property Hous		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: —	Date Paid: —	
	New Street Address		Zoning District RR		
	Front Setback 55' From ROW	Center Line Setback —	Rear Setback 15'	C.U. Permit N/A	Variance N/A
	Side Setback 5'	Side Setback 5'	C O A N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Taylor Date: 8/16/10

Applicant/Contact: James L Wheeler Phone: 540 223 1529
 Email: Jim.WGA.F@gmail.com

CONTRACTOR INFORMATION	Contractor OWNER		Phone	
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: <u>Install 15'x30' Above ground swimming pool.</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 450	Finished Sq. Ft.	Unfinished Sq. Ft. 450	# of Bedrooms

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

VALUE OF WORK	
Building	<u>6800</u>
Excludes All Trades Permits	

Application Fee	\$ <u>67.60</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>85</u>
TOTAL Total	\$ <u>108.45</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.

James L Wheeler



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

73108
Generator
received
8-17-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	8-12-2016
Permit #	E11-2016-00641
Old Map #	
G-Pin	

LOCATION

Street Address 2171 Elk Hill Road	District
--------------------------------------	----------

PROPERTY OWNERSHIP

Name Brian Russell	Phone 804-457-4152
Mailing Address 2171 Elk Hill Road	

APPLICANT

Name Hill Electrical	Phone 804-746-3122
E-Mail Address HillElectrical@HillElectrical.net	

CONTRACTOR

Name Hill Electrical LLC	Phone 804-746-3122
Mailing Address P.O. Box 158	License Type Electrical
Class A	
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701009472
Expiration 1-2017	

DESCRIPTION OF WORK

Install 22KW generator and 200 amp transfer switch			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Value of work: 2,000.00

Signature of Applicant MOR
Lisher 8-18-16

Permit fee: 30.60
8-18-16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	8-17-16
Permit #	E11-2016-00629
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Link to gas1-2016-00629

Street Address	2141 Withers Lane	District	
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PROPERTY OWNERSHIP

Name	E V Clarke	Phone	804 400 9250
Mailing Address	2141 Withers Lane		

APPLICANT

Name	Jim Cary	Phone	804 513 3739
E-Mail Address	jimcary1634@msn.com		

CONTRACTOR

Name	Timberline Enterprises inc	Phone	804 513 3739						
Mailing Address	1634 Indian Pipe Ct Powhatan Va 23139		E-mail address:						
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705086042	Expiration	06/30/2016 2018	License Type:	BLD/ELE	Class:	A

DESCRIPTION OF WORK

install 22 kw generator			
# of Baths	Service Size	Power Company	Inquiry #

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

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

_____(Signature)

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

_____(Notary)

My commission expires _____

Value of Work: 8350.00

Signature of Applicant *James L Cary*
Approval *fisher* Date *8-17-16*

Permit fee: *62.73 / 1.23*
Issue date: *8-17-16*

BUILDING PERMIT APPLICATION

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

Issued 8-17-2010

Application Date:

July 28, 2016

Application Accepted:

BP-2010-00575

Old Map Number:

7713-97-5415

GPIN:

TM #63-1-0-78-0

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

OWNER INFORMATION

Site Address <i>301 Flag Station Road</i>		District
Owner <i>Mr. and Mrs. James Brody</i>		Phone # <i>804-513-3264</i>
Address <i>8901 Ginger Way Court Henrico, Va. 23229</i>		
Proposed Use <i>Single family residence</i>	Current Use	Existing Buildings on Property <i>existing house to be demolished</i>
Proposed Occupant Load (Commercial)	Acreage <i>9.645 acres</i>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address		Zoning District <i>A2</i>	
Front Setback <i>75' from ROW</i>	Center Line Setback	Rear Setback <i>35'</i>	C.U. Permit <i>N/A</i>
Side Setback <i>20'</i>	Side Setback <i>20'</i>	COA <i>N/A</i>	Flood Zone <i>N/A</i>
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer *Dan...* Date *7/28/16*

Applicant/Contact: *Rick Kastelberg* Phone *804-350-3951*

Email: *wfkberg@gmail.com*

CONTRACTOR INFORMATION	Contractor <i>Mako Builders Inc</i>	Phone <i>804-350-3951</i>
	Address <i>7677 Hill Drive Richmond, Va. 23225</i>	
	Contractor License Number <i>2701016164</i>	Type <i>Class A Contractor</i>

Description of Work	Scope of Work: <i>Construction of new single family residence Attached garage unfinished basement</i>				
	SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input type="checkbox"/> Public <input type="checkbox"/> Private	# of Bathrooms <i>4</i>		
	# of Floors <i>2</i>	Total Sq. Ft. <i>6375</i>	Finished Sq. Ft. <i>4833</i>	Unfinished Sq. Ft. <i>1542</i>	# of Bedrooms <i>5</i>

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

1282

VALUE OF WORK	
Building	<i>\$ 600,000.00</i>
Excludes All Trades Permits	

Application Fee	\$ <i>2712.00</i>
Zoning Fee	\$ <i>50.00</i>
Septic/Well Fee	\$ <i>40.00</i>
State Levy Fee	\$ <i>55.04</i>
RLD	<i>2857.04</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 *William F. Kastelberg IV President*

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued 8-17-2016

Application Date: 8/10/2016
 Application Accepted: 8/10/16
 Old Map Number: 47.38.96
 GPIN: 7716-86-0983

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

OWNER INFORMATION	Site Address <u>LOT # 96, PHASE TWO, SECTION 3</u>		District	
	Owner <u>TERRY S. MARTIN</u>		Phone # <u>610-730-2678</u>	
	Address <u>1347 HOUNSLOW DRIVE MANAKIN SABOT VA 23103</u>			
	Proposed Use <u>PORCH</u>	Current Use <u>Patio</u>	Existing Buildings on Property <u>Yes</u>	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision <u>PARKE @ SADDLECREEK</u>		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address		Zoning District		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
Side Setback	Side Setback	C O A	Flood Zone	
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: MALCOLM STATION Phone 804-767-9450
 Email: STATION2261@GMAIL.COM

Contractor: MALCOLM STATION Phone 804-767-9450
 Address: 13480 INDEPENDENCE RD ASHLAND VA 23005
 Contractor License Number: 2705041367 Type: A Expiration: 2/29/2018

Description of Work: SCREENED PORCH w/ roof & lighting & fan

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors <u>1</u>	Total Sq. Ft.	Finished Sq. Ft. <u>432</u>	Unfinished Sq. Ft. <u>432</u>	# of Bedrooms

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

VALUE OF WORK		Total: <u>\$133.63</u>	Application Fee	\$ <u>108.63</u>
Building	<u>21,000</u>		Zoning Fee	\$ <u>25.00</u>
Excludes All Trades Permits			Septic/Well Fee	\$ <u>—</u>
			State Levy Fee	\$ <u>2.13</u>
			RLD	\$ <u>—</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: Malcolm Station

BUILDING PERMIT APPLICATION

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

Application Date: 7/25/16

Application Accepted: BP-2016-00567

Old Map Number: 26-1-600

GPIN: 6719-13-2303

Issued 8-17-16

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

OWNER INFORMATION

Site Address 23987 Hodensville - Fife Road	District
Owner Goochland Fire Dept / Goochland Co.	Phone # 804 556-5834
Address 1800 Sandy Hook Rd. Goochland, Va. 23063	
Proposed Use Communications	Current Use N/A
Existing Buildings on Property no	
Proposed Occupant Load (Commercial) N/A	Acreeage 16,405 sq. ft.
Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision N/A	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: \$ 313,410.00	Date Paid:
New Street Address		Zoning District A-1	
Front Setback 75' from Road	Center Line Setback	Rear Setback 5'	C.U. Permit CU-2015-00013
Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A
Variance N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: [Signature] Date: 7/28/16

Applicant/Contact: Mark Bowles Phone: 540-886-6679

Email: mvtso@verizon.net

Contractor Mountain Valley Tower Service, Inc	Phone 540-886-6679
Address 2014 N. Augusta St Staunton, Va 24401	
Contractor License Number 2705070588 Class A	Type Contractors <input checked="" type="checkbox"/> A Bid, C/C, E/E, ESC, H/H
Expiration 9/30/16	

Description of Work Scope of Work: new tower site construction - Company 4				
SEWER Public/Private	WATER Public/Private	# of Bathrooms N/A		
# of Floors N/A	Total Sq. Ft. N/A	Finished Sq. Ft. N/A	Unfinished Sq. Ft. NA	# of Bedrooms N/A

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

VALUE OF WORK	
Building	313,410.00
80,000.00	
Excludes All Trades Permits	

fees waived, county project

Application Fee	\$ -
Zoning Fee	\$ -
Septic/Well Fee	\$ -
State Levy Fee	\$ -
RLD	\$ -

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]

BUILDING PERMIT APPLICATION

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

Issued 8-17-16

Application Date: *7/25/2016*

Application Accepted: *BP-2016-00568*

Old Map Number: *6-1-0-32-0*

GPIN: *6822-89-3977*

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

OWNER INFORMATION	Site Address <i>4810 Three Chopt Road Louisa, VA</i>		District <i>1</i>	
	Owner <i>County of Goochland</i>		Phone # <i>804 556 5834</i>	
	Address <i>1800 Sandy Hook Rd. Goochland, VA 23063</i>			
	Proposed Use <i>Communications</i>	Current Use <i>N/A</i>	Existing Buildings on Property <i>no</i>	
	Proposed Occupant Load (Commercial) <i>N/A</i>	Acreage <i>.22 less than 1 acre</i>	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>N/A</i>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <i>249,262.00</i>	Date Paid: <i>-</i>
	New Street Address		Zoning District <i>A1/B1</i>	
	Front Setback <i>75' from ROW</i>	Center Line Setback	Rear Setback <i>5'</i>	C.U. Permit <i>CU-2015-00002</i>
	Side Setback <i>Left 5'</i>	Side Setback <i>Right 35'</i>	COA <i>N/A</i>	Flood Zone <i>N/A</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: *[Signature]* Date *7/30/16*

Applicant/Contact: *Mark Bowles* Phone: *540-886-6679*

Email: *mvts@verizon.net*

CONTRACTOR INFORMATION	Contractor <i>Mountain Valley Tower Service, Inc.</i>		Phone <i>540-886-6679</i>	
	Address <i>2014 N. Augusta St. Staunton, VA 24401</i>			
	Contractor License Number <i>2705070588</i>	Class <i>A</i>	Type Contractors <i>Bld, CIG, EIC, ESC, H/H</i>	Expiration <i>9-30-16</i>

Description of Work	Scope of Work: <i>New tower site construction - Company C</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors <i>N/A</i>	Total Sq. Ft. <i>N/A</i>	Finished Sq. Ft. <i>N/A</i>	Unfinished Sq. Ft. <i>N/A</i>	# of Bedrooms <i>N/A</i>

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

VALUE OF WORK		Application Fee \$ _____ Zoning Fee \$ _____ Septic/Well Fee \$ _____ State Levy Fee \$ _____ RLD \$ _____
Building	<i>249,262.00</i>	
<i>Excludes All Trades Permits</i>		

no fee waived, county project

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]*



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	8/16/16
Permit #	E11-2016-00631
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address 4800 Old Fredericksburg Road, Mineral 23102	District
--	----------

PROPERTY OWNERSHIP

Name Wesley Ellis	Phone 804 640-3427
Mailing Address Same	

APPLICANT

Name Woodward, Inc. (Robert Hooe, Electrician)	Phone 804 357-4202
E-Mail Address woodwardinc@earthlink.net	

CONTRACTOR

Name Woodward, Inc.	Phone 804 784-3327			
Mailing Address 910 Three Chopt Road, Manakin-Sabot, VA 23103	E-mail address: woodwardinc@earthlink.net			
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705040641	Expiration 07/31/2017	License Type ELE H/H B	Class:

DESCRIPTION OF WORK

Install customer supplied Generac 22kw generator w/ 200amp ATS			
# of Baths	Service Size	Power Company	Inquiry #

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

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

_____(Signature)

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

_____(Notary)

My commission expires _____

Value of Work: 1,500.00

Permit fee: ~~\$1,500.00~~ 30.60 (0.60)

Signature of Applicant [Signature]

Approval FISHER Date 8/16/16

Issue date: 8/16/16



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date	8/16/16
Permit #	2016-00020
GPIN	
Tax Map	

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address 500 Broad Street Road, Manakin-Sabot 23103	District
---	----------

PROPERTY OWNERSHIP

Name Nancy Ellis	Phone 804 640-3427
Mailing Address Same	

APPLICANT

Name Woodward, Inc. (Robert Hooe, Electrician)	Phone 804 357-4202
E-Mail Address woodwardinc@earthlink.net	

CONTRACTOR

Name Woodward, Inc.	Phone 804 784-3327
Mailing Address 910 Three Chopt Road, Manakin-Sabot, VA 23103	
E-mail address: woodwardinc@earthlink.net	
Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705040641
Expiration 07/31/2017	License Type/Class ELE H/H B

DESCRIPTION OF WORK

Install customer supplied Generac 22kw generator w/ 200amp ATS			
# of Baths	Service Size	Power Company	Inquiry #

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

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

(Signature)

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

(Notary)

My commission expires _____

Signature of Applicant *Robert Hooe* 8/12/16

Approval FISHER Date 8/16/16

Value of Work: 1,500.⁰⁰

Permit fee: 30.00 (0.00)

Issue date: 8/16/16

on 2nd floor
 Revised: 8-12-16 Move master bath + closet location + add 198 finished sq ft
 TO BE COMPLETED BY ZONING DEPARTMENT

BUILDING PERMIT APPLICATION

Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

TM: 17.2.6

Application Date: 12.23.15

Application Accepted: 2015.00899

GPIN: 6810.47.3680

Issued: 2-3-2016

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

OWNER INFORMATION	Site Address 3084 HADENSVILLE PIFE RD		District GOOCHLAND		
	Owner GERSON & HILDA SERPA		Phone # 804-439-0374		
	Address SAME				
	Proposed Use RESIDENTIAL	Current Use RESIDENTIAL	Existing Buildings on Property HOUSE		
	Proposed Occupant Load (Commercial) -	Acreeage 4.96 ACRES	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District A-1		
	Front Setback 100'	Center Line Setback cf ROW	Rear Setback 35	C.U. Permit	Variance
	Side Setback 20'	Side Setback 5.6 off property line	COA	Flood Zone	
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/> COMMENTS: Need to survey locate new addition verify both sides		

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

Planning & Zoning Officer: Anita Danner Date: 1-28-2016

Applicant/Contact: GERSON & HILDA SERPA Phone: 804-439-0374

Email: hmpserpa@yahoo.com

CONTRACTOR INFORMATION	Contractor GERSON SERPA - Dream Home Repairs		Phone 804-439-0523	
	Address 3084 HADENSVILLE PIFE RD			
	Contractor License Number 2705146961	Type A BLD	Expiration 3/31/16	

Description of Work	Scope of Work: Convert existing bedrooms into laundry room + one bedroom ^{none} eliminate two to enlarge kitchen, great room addition, <u>add two bedrooms + two baths on 2nd level</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors 02	Total Sq. Ft. 1588	Finished Sq. Ft. 1408	Unfinished Sq. Ft. 180	# of Bedrooms 03

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

VALUE OF WORK		1736	1606
Building	\$ 97,370.00	\$110,240.00	
Excludes All Trades Permits			
Application Fee		\$ 450.17	
Zoning Fee		\$ 25.00	
Septic/Well Fee		\$	
State Levy Fee		\$ 9.00	
REB Total		\$ 484.17	

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.

X Serpa

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 5.10.2016
 Application Accepted: BP-2016-00332
 Old Map Number: 58-48-8-20
 GPIN: 7115-56-1600

Issued 5-23-16

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

OWNER INFORMATION	Site Address 829 Lachlan Road Manakin Sabot, VA 23103		District Dover	
	Owner Boone Homes, Inc.		Phone # 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None	
Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District RPU10	
	Front Setback 30' off pavement	Center Line Setback	Rear Setback 50' B/S	The footage was listed incorrectly on the original app. plans haven't changed but these numbers reflect the correct footage.
	Side Setback 20' B/S	Side Setback	C O A	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

The footage was listed incorrectly on the original app. plans haven't changed but these numbers reflect the correct footage.

This application requires two copies of a site plan of the property showing the dimensions and shape distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for Planning & Zoning Officer Boone Date 5-1

Applicant/Contact: David Owen
 Email: dowen@boonehomes.net

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.	
	Address 129 Broad Street Road, Manakin Sabot, VA	
	Contractor License Number 2705 022198A	Type BLD

Description of Work	Scope of Work: New Single family home with attached Garage				
	SEWER Public/Private XXXX	WATER Public/Private XXXX	3.5		# of Bathrooms
	# of Floors 2	Total Sq. Ft. 481' 6002	Finished Sq. Ft. 433' 4962	Unfinished Sq. Ft. 480' 1040	# of Bedrooms 4

Add roof over patio
 Revised 8-11-16

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

VALUE OF WORK	
Building	\$343,000 <u>465,970.00</u> storm water
Excludes All Trades Permits	

Application Fee	\$1555.50
Zoning Fee	\$0.00
Septic Well Fee	\$200.00
State Levy Fee	\$31.11
RLD	\$100.00

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. \$ Total
 Signature of Applicant: [Signature] \$ 1936.61



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

received

4-4-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	3/30/16
Permit #	2016-00034
Old Map #	
G-Pin	

LOCATION

Street Address 1628 Sabot Creek Dr Manakin Sabot VA	District
--	----------

PROPERTY OWNERSHIP

Name Paul Zamecnik	Phone
Mailing Address P.O. Box 910 Midlothian VA 23113	

APPLICANT

Name Chris Humphrey	Phone 794-4877
E-Mail Address CHRIS@humphreyelectric.com	

CONTRACTOR

Name Humphrey Electric Co	Phone 794-4877
Mailing Address 724 Grove Rd Midlothian VA 23114	License Type ELE
Gas Certification YES <input type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701017076A
Expiration 5/17	Class A

DESCRIPTION OF WORK

Wire new residence Revised 8-15-16 to include 22 KW generator			
# of Baths	Service Size 400	Power Company VA Power	Inquiry # 10039546

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

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

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

Signature of Applicant Chris Humphrey Value of work: 27,040.00
 Approval Fisher Date 4-6-16 Permit fee: 149.94
 Issue date: 4-6-16

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5851 TDD 711 Va Relay

Issued 8-12-16

Application Date: **7/26/16**
 Application Accepted: **BP-2016-00564**
 Old Map Number: **29-1-125**
 GPIN: **6748-98-8910**

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

OWNER INFORMATION	Site Address 2491 Bicks Creek Rd. Goochland VA 23063		District	
	Owner Peter Eggers		Phone # 804-319-7127	
	Address 8905 Pepperidge Rd N. Chesterfield VA 23236			
	Proposed Use Demolition	Current Use None	Existing Buildings on Property House	
Proposed Occupant Load (Commercial)	Acres 4.9	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit
	Side Setback	Side Setback	COA	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			
	This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.			

Planning & Zoning Officer _____ Date _____

Applicant/Contact: **John Schermeyerhorn** Phone: **804 221 7314**
 Email: **montpeliergrading@gmail.com**

Contractor: **Montpelier Grading LLC** Phone: **804 221 7314**
 Address: **15224 Indian Springs Ln Montpelier, VA 23192**
 Contractor License Number: **2705115489** Type: **A** Expiration: **3/31/18**

Description of Work: **demo house. had to Ashcake Rd land fill**

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK
 Building **\$4,275**
 Excludes All Trades Permits

Application Fee	31.22
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$.64
Total	\$ 31.86

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 Schermeyerhorn** **7/25/16**

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

Issued 8-12-10

Application Date: 7/20/2010
 Permit Number: BP-2010-00559
 Old Map Number: 58-32-3-A
 GPIN: 7725-33-0619

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

OWNER INFORMATION	Site Address 15030 Capital One Drive, WC3 Richmond, VA 23238		District
	Owner Capital One - Ted Tremain		Phone # 855-375-0822
	Address 15050 Capital One Drive, WC1 Richmond, VA 23238		
	Proposed Use Business, B (No Change)	Current Use Business, B	Existing Buildings on Property Renovation of Existing Building
	Proposed Occupant Load (Commercial) 1914	Lot Size	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	Side Setback	Side Setback	Census Track	Flood Zone	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Howard Dunn Phone 610-368-5402

Email: hdunn@gilbaneco.com

CONTRACTOR INFORMATION	Contractor Gilbane Building Co.	Phone (804) 782-6518
	Address 1001 Boulders Parkway, Suite 101, Richmond, VA 23225	
	Contractor License Number	Type

Description of Work	Scope of Work: Renovation of existing 4 floor, 145,756sf office building. Replacing four(4) roof top units. Renovating all gang bathrooms.			
	DEMO PERMIT			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
4	156,720	145,756	10,964	N/A

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

VALUE OF WORK

Building	To Be Determined \$725,000.00
Excludes All Trades Permits	

Application Fee	\$ 6879.50
Septic/Well Fee	\$
State Levy Fee	\$ 137.59
Zoning Fee	\$
Total	\$ 7017.09

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

Signature of Applicant Howard L. Dunn



TRADES PERMIT APPLICATION

38346

\$30.60
~~\$35.10~~

Goochland County Building Inspection Department

P. O. Box 119

Goochland, VA 23063

(804) 556-5305 Fax (804) 556-5651 TDD (804) 556-5317

received
8-11-16

TYPE	
<input checked="" type="checkbox"/>	Electrical
<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Gas

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

Date	7/6/2016
Permit #	E11-2016
Map #	

LOCATION

Street Address 203 KINLOCH ROAD	District MANAKIN SABOT
------------------------------------	---------------------------

PROPERTY OWNERSHIP

Name JOHN MCCAMMON	Phone 804-708-0561
Mailing Address 203 KINLOCH ROAD MANAKIN SABOT VA 23103	

CONTRACTOR

Company Name James River Air Conditioning Co, Inc.		Phone (804) 358-9333	
Mailing Address 1905 Westmoreland Street		License Type HVA ELE GFC STB	Class A
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 10902	Expiration 9-30-17	

DESCRIPTION OF WORK

REPLACE 12KW GENERATOR WITH 20 KW generator			
# of baths	Service size	Power Company	Inquiry #

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

I _____ OF (address) _____ AFFIRM THAT I AM THE OWNER OF A CERTAIN TRACT OR PARCEL OF LAND LOCATED AT _____ 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)

SIGNED AND ACKNOWLEDGED BY _____ IN THE CITY OR COUNTY OF _____ VIRGINIA ON THE _____ DAY OF _____, 20____ IN THE PRESENCE OF THE UNDERSIGNED NOTARY. _____ (NOTARY) MY COMMISSION EXPIRES _____

Signature of Applicant: HAJ
Approval: Fisher Date: 8-11-16
Cost of Job: 2000
Permit Fee: _____
Issue Date: 8-11-16

Revised 8.9.16 finish storage area & 5th bedroom

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued 4.18.2016

Application Date: 4.14.2016
 Application Accepted: BP-2016-00245
 Old Map Number: 58.48.8.14
 GPIN: 7M15-56-5277

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

OWNER INFORMATION	Site Address 833 Elmslie Lane, Manakin Sabot, VA 23103		District Dover	
	Owner Boone Homes, Inc.		Phone # 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Proposed Use New Home	Current Use Vacant lot	Existing Buildings on Property None	
Proposed Occupant Load (Commercial) N/A	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District RDUD		
Front Setback 30' off pavement	Center Line Setback	Rear Setback 50 B/S	C.U. Permit	Variance
Side Setback 20' B/S	Side Setback	C O A	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Verify front setback				

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

Planning & Zoning Officer: Anita Barnes Date: 4-14-2016
 5-19-2016 Revised

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

Email: ddown@boonehomes.net

CONTRACTOR INFORMATION	Contractor Boone Homes, Inc.		Phone 804-784-6192	
	Address 129 Broad Street Road, Manakin Sabot, VA 23103			
	Contractor License Number 2705 022198A		Type BLD	Expiration 3/31/2018

Description of Work	Scope of Work: New Single family home with attached Garage average enlarge Revised 5.17.16 raised patio			
	SEWER Public/Private XXXX	WATER Public/Private XXXX	5.5 # of Bathrooms	
	# of Floors 2	Total Sq. Ft. 5467	Finished Sq. Ft. 4643 4987	Unfinished Sq. Ft. 824 480

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

Building	VALUE OF WORK \$430,000	444,295.00	Storm Water
Excludes All Trades Permits			
		Application Fee	\$1947.00
		Zoning Fee	\$50.00
		Septic Well Fee	\$200.00
		State Levy Fee	\$38.94
		RLD	\$100.00

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. Total: \$2335.94

Signature of Applicant: *[Signature]*

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Application Date: 8-5-16
 Application Accepted: BP-2016-00605
 GPIN: 6719-83-2818
 Issued: 8-9-2016

TM# 27-9-0-A-0

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

OWNER INFORMATION	Site Address <u>2517 Danielstown Road</u>		District		
	Owner <u>Dec Rose</u>		Phone # <u>757-681-4160</u>		
	Address <u>1249 N. Inlynnview Road VB 23454</u>				
	Proposed Use <u>Residence</u>	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreeage <u>80</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District <u>A-1</u>		
	Front Setback <u>75' From ROW</u>	Center Line Setback	Rear Setback <u>35'</u>	C.U. Permit <u>None</u>	Variance <u>None</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date 8/8/16

Applicant/Contact: H.F. Robbins Jr Phone 804-314-8606
 Email: HFRobbins Jr @ aol.com

CONTRACTOR INFORMATION	Contractor <u>H.F. Robbins Sr Construction Company</u>		Phone <u>804-737-2542</u>	
	Address <u>606 E. Nine mile Road Highland Springs VA 23075</u>			
	Contractor License Number <u>2701028291</u>		Type <u>Class A</u>	Expiration <u>7/31/18</u>

Description of Work	Scope of Work: <u>Garage Addition Florida Room Addition</u> <u>Porch Addition</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors <u>1</u>	Total Sq. Ft. <u>704</u>	Finished Sq. Ft. <u>640</u>	Unfinished Sq. Ft. <u>64</u>	# of Bedrooms

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

VALUE OF WORK	
Building	<u>10,000</u> 10,000 <u>80,000</u>
Excludes All Trades Permits	

Fee
404.44

Application Fee	\$ <u>372.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>7.44</u>
R&D	\$ <u>404.44</u>

I hereby acknowledge that I have read this application and know that it



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	8-9-16
Permit #	ELI-2016-00616
Old Map #	
G-Pin	

LOCATION

ISSUED 8-9-16

Street Address	District
503 Hunt Field Rd	

PROPERTY OWNERSHIP

Name	Phone
John Stewart	708-0533
Mailing Address	
503 Hunt Field Rd	

APPLICANT

Name	Phone
Mike Loring	400-9227
E-Mail Address	
mloring@master-electrical.com	

CONTRACTOR

Name	Phone	
Master Electrical Services		
Mailing Address	License Type	Class
1735 Arlington Rd, Richmond, 23230		A
Gas Certification	State License Number	Expiration
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2705067673	3-18

DESCRIPTION OF WORK

Install 20 Kw generator with 200 Amp ATS			
# of Baths	Service Size	Power Company	Inquiry #

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

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

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

Signature of Applicant: [Signature] Value of work: 5,000
Permit fee: 44.37

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

Issued 8-8-2016

Application Date: 6/15/2016

Application Accepted: 3P-2016-00447

Old Map Number: S8.32.3A

GPIN: 7725-33-0619-9999

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

OWNER INFORMATION	Site Address 15080 Capital One Drive			District Dover		
	Owner Capital One Bank			Phone #		
	Address ATTN: Real Estate Admin, 14601 Sweitzer Lane, Laurel, MD 20707					
	Proposed Use Bank with Coffee Bar		Current Use Business	Existing Buildings on Property Existing building on Capital One Campus		
	Proposed Occupant Load (Commercial) 159 (interior) 60 (Exterior)		Acreage 286.944 acres	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Paid:	
	New Street Address			Zoning District		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance	
	Side Setback	Side Setback	C O A	Flood Zone		
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Mark R. Baker Phone: 804-874-6275

Email: markbaker@bakerdevelopmentresources.com

CONTRACTOR INFORMATION	Contractor To Be Decided Hourigan Construction		Phone 804-277-2905	
	Address 4429 Bonney Rd			
	Contractor License Number 2701010019		Type Class A	Expiration 5-31-2018

Description of Work	Scope of Work: Up-fit of 3,388 SF of interior tenant space for use as bank with coffee bar, indoor and outdoor cafe seating area, meeting rooms, multi-function space, 2 aATMs, etc., utilizing existing restrooms in the building.				
	SEWER <input checked="" type="checkbox"/> Public/Private		WATER <input checked="" type="checkbox"/> Public/Private		# of Bathrooms No new bathrooms are proposed
	# of Floors 1 floor in 2-story bldg	Total Sq. Ft. 3,388 SF	Finished Sq. Ft. 3,388 SF	Unfinished Sq. Ft. N/A	# of Bedrooms N/A

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

VALUE OF WORK	
Building	302,000.00
Excludes All Trades Permits	

Application Fee	\$2861.00
Zoning Fee	\$-----
Septic/Well Fee	\$-----
State Levy Fee	\$57.22
REG Total	\$2918.22

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 _____

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

TM: 5.15.6

Application Date: 7/29/10

Application Accepted: BP-2010-00584

GPIN: 0823-31-8574

Issued: 8-5-2010

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

OWNER INFORMATION	Site Address 4137 Hidden Acres Dr. Louisa Va. 23093		District		
	Owner John Redavid		Phone #		
	Address Same				
	Proposed Use side deck	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District A-1		
	Front Setback 55' from ROW	Center Line Setback -	Rear Setback 35'	C.U. Permit None	Variance None
	Side Setback 20'	Side Setback 20'	COA None	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date: 8/4/16

Applicant/Contact: John Redavid Phone: 631-375-4218

Email:

Contractor <u>owner</u>	Phone	
Address		
Contractor License Number	Type	Expiration

Description of Work	Scope of Work: <u>6' x 16' side deck</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. <u>96</u>	Finished Sq. Ft. <u>96</u>	Unfinished Sq. Ft. <u>96</u>	# of Bedrooms

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

VALUE OF WORK

Building	<u>50000 \$960.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>30.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>.60</u>
TOTAL	\$ <u>55.60</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.

X John Redavid



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

ISSUED: 8-4-16

Office Use Only

Application File Date: <u>7/29/16</u>	Application No.: <u>AP-2016-00585</u>	Fee: \$25.00
Zoning Approval: Yes <input checked="" type="checkbox"/> <u>David King</u>	No: <input type="checkbox"/>	Date: <u>7/29/16</u>

Zoning Application Type: *Please appropriate check box*

Residential Accessory Structure – 256 sq. feet or less – structures over 256 sq. feet require a building permit

Farm Use Structure – Attached Farm Use Affidavit shall be completed and signed by property owner

Application Requirements

- Applicant shall submit two (2) sets of sealed surveyed site plans showing proposed location of building on property with setbacks clearly marked
- Applicant is responsible for locating the property lines and clearly marking them for inspection purposes and to assure setbacks are not violated

Applicant/Owner Information

Name of Property Owner: John Redavid Telephone: 631-375-4218
 Address: 4137 Hidden Acres Dr Cell phone: _____
Louisa Va. 23093 FAX: _____
 E-mail: _____

Name of Applicant: Same Telephone: _____
 Address: _____ Cell phone: _____
 E-mail: _____ FAX: _____

Property Information

Street Address: 4137 Hidden Acres Zoning: A-1
 GPIN Number: 6823-31-8574 Acreage: 8.39
 Existing Use: _____
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 240
2. Written Description of Proposed Physical Improvements:
Shed



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

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

Date 08/4/2016

Permit # E11-2016-0060E

GPIN 6768-087271

Tax Map

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

LOCATION

Street Address 3049 Poorhouse Rd.	District
--------------------------------------	----------

PROPERTY OWNERSHIP

Name Jackie Harris	Phone
-----------------------	-------

Mailing Address 3049 Poorhouse Rd.

APPLICANT

Name MW BUTLER ELECTRICAL, LLC.	Phone 804-746-2240
------------------------------------	-----------------------

E-Mail Address JENNIFER@MWBUTLERELECTRICAL.COM

CONTRACTOR

Name MW BUTLER ELECTRICAL, LLC.	Phone 804-746-2240
------------------------------------	-----------------------

Mailing Address 8420 MEADOWBRIDGE RD ~ SUITE G MECHANICSVILLE, VA 23116	E-mail address: JENNIFER@MWBUTLERELECTRICAL.COM
--	--

Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705110673 A	Expiration 01/31/2018	License Type: ELECTRIC	Class: A
--	--------------------------------------	--------------------------	---------------------------	-------------

DESCRIPTION OF WORK

wire 20kw generator w/ 2w amp ATS			
# of Baths	Ice Size	Power Company	Inquiry #
	200	Dominion	NIA

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

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

I affirm that I am not subject to licensure as a contractor or subcontractor as required by section 54.1.1111 of the Code of Virginia.

(Signature)

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

(Notary) My commission expires _____

Signature of Applicant [Signature]

Approval [Signature] Date 8-5-16

Value of Work: ~~\$2,100.00~~ 1,900.00

Permit fee: ~~\$30.00~~ 35.19

Issue date: 8-5-16

BUILDING PERMIT APPLICATION
 Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

TM: 9.11.7.B

Application Date: 8/2/16
 Application Accepted: BP-2010-00595
 GPIN: 5891-96-3088
 Issued: 8-5-2010

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

OWNER INFORMATION

Site Address 5995 COMMUNITY HOUSE RD. COLUMBIA, VA 23038		District	
Owner MS. MAGARIE ANDREWS		Phone # 457-3530	
Address 5995 COMMUNITY HOUSE RD. COLUMBIA, VA 23038			
Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage 4.35 AC	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address		Zoning District A-1	
Front Setback 75' From ROW	Center Line Setback	Rear Setback 35'	C.U. Permit None
Side Setback 20'	Side Setback 20'	COA N/A	Flood Zone N/A
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: David Floyd Date: 8/1/16

Applicant/Contact: GREGORY B. BLANCHARD Phone: _____
 Email: _____

CONTRACTOR INFORMATION	Contractor <u>BLANCHARD ASSOCIATES</u>	Phone <u>804-457-9426</u>
	Address <u>6020 COMMUNITY HOUSE RD. COLUMBIA, VA 23038</u>	
	Contractor License Number <u>2705093 245</u>	Type <u>RBC / RBE</u>

Description of Work	Scope of Work: <u>BACK DECK 4' x 15'6" SW</u>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. <u>6972</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>6972</u>
				# of Bedrooms

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

VALUE OF WORK	
Building	<u>\$3200.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>30.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>.600</u>
REG Total	\$ <u>85.600</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.

X M. B. B.

BUILDING PERMIT APPLICATION

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

7-21-16

Application Accepted:
 BP-2016-00557
 Old Map Number:
 TM# 44-1-0-46-0
 GPIN:
 6787-64-5163

ISSUED: 8-4-16

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

OWNER INFORMATION	Site Address 1552 SHERRARD TOWN RD			District		
	Owner GOOCHLAND COUNTY SCHOOL BOARD			Phone # (804) 556-5360		
	Address P.O. Box 169 GOOCHLAND, VA 23063					
	Proposed Use MOBILE CLASSROOMS		Current Use	Existing Buildings on Property 2		
	Proposed Occupant Load (Commercial) 60		Acreage 1/4 ACRE	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount:	
	New Street Address		Zoning District A-2			
	Front Setback 100'	Center Line Setback 4' ROW	Rear Setback 35'	C.U. Permit	Variance	
	Side Setback 20'	Side Setback 20'	C O A 1'	Flood Zone		
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					

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

Planning & Zoning Officer: APRIL B Date: 8-1-2016

Applicant/Contact: ROBERT LAWRENCE Phone: (804) 556-5360
 Email: RLAWRENCE@GLND.K12.VA.US

CONTRACTOR INFORMATION	Contractor		Phone	
	Address			
	Contractor License Number		Type	Expiration

Description of Work	Scope of Work: TRAILER #2, SET + INSTALL MOBILE CLASSROOM.				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 1536	Finished Sq. Ft. 1536	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	\$18,316.80
Excludes All Trades Permits	

Application Fee	\$106.01
Zoning Fee	\$50.00
Septic/Well Fee	\$
State Levy Fee	\$3.32
TOTAL	\$219.33

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.

[Handwritten Signature]

BUILDING PERMIT APPLICATION

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

ISSUED: 8.4.2016

7-21-16

Application Accepted: DP-2016-00556

Old Map Number: 44-1-0-46-0

GPIN: 6787-64-5163

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

OWNER INFORMATION	Site Address 1552 SHEPPARD TOWN RD.		District	
	Owner GOOCHLAND COUNTY SCHOOL BOARD		Phone #	
	Address P.O. Box 169 GOOCHLAND, VA 23063			
	Proposed Use MOBILE CLASSROOMS	Current Use	Existing Buildings on Property 2	
	Proposed Occupant Load (Commercial) 60	Acreage 1/4 ACRE	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District A-2	
	Front Setback 100' CE ROW	Center Line Setback	Rear Setback 35	C.U. Permit None	Variance None
	Side Setback 20	Side Setback 20	C O A N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>	COMMENTS: Temporary use CUP required within 12 months	

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

Planning & Zoning Officer: A. Balala Date: 8-1-2016

Applicant/Contact: ROBERT LAWRENCE Phone: (804) 556-5360

Email: RLAWRENCE@GND.K12.VA.US

CONTRACTOR INFORMATION	Contractor		Phone	
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: TRAILER # 1, SET + INSTALL MOBILE CLASSROOM				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 1530	Finished Sq. Ft. 1530	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	\$ 18,316.80
Excludes All Trades Permits	

Application Fee	\$ 166.01
Zoning Fee	\$ 50.00
Septic/Well Fee	\$
State Levy Fee	\$ 3.32
RED Total	\$ 219.33

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.

[Handwritten Signature]

BUILDING PERMIT APPLICATION

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

ISSUED: 8-1-2016

Application Date: 7-27-16

Application Accepted: BP-2016-00571

Old Map Number: 58-48-8-46-0

GPIN: 7715-47-7780

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

OWNER INFORMATION	Site Address 884 Kempston Lane, Manakin Sabot, Va 23103		District		
	Owner Jeff Duffy		Phone # 804-396-5569		
	Address 884 Kempston Lane, Manakin Sabot, Va 23103				
	Proposed Use Pergola	Current Use	Existing Buildings on Property House		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
	New Street Address		Zoning District RPUD		
	Front Setback 30' from Powerlines	Center Line Setback	Rear Setback 5'	C.U. Permit N/A	Variance N/A
	Side Setback 5'	Side Setback 5'	C O A N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: Jeff Duffy Phone: 804-396-5569

Email: Jduffy@cedweb.com

CONTRACTOR INFORMATION	Contractor Owner	Phone
	Address	
	Contractor License Number	Type

Description of Work: Construct a 9x15 Pergola kit

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. 135 sqft	Finished Sq. Ft.	Unfinished Sq. Ft. 135 sqft	# of Bedrooms

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

VALUE OF WORK		Application Fee \$ 36.75
Building	5500	Zoning Fee \$ 25.00
Excludes All Trades Permits		Septic/Well Fee \$
		State Levy Fee \$.73
		REL Total \$ 62.48

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: _____



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

received
7-29-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	8-1-16
Permit #	E11-2 016-00589
Old Map #	44-15-1-23-0
G-Pin	

LOCATION

Street Address	1914 Buffalo Creek Rd	District	
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PROPERTY OWNERSHIP

Name	Catherine Foster	Phone	624-1907
Mailing Address	1914 Buffalo Creek Rd Crozier, VA 23039		

APPLICANT

Name	H.O. Feild Electric	Phone	365-0263
E-Mail Address	service@hofec.com		

CONTRACTOR

Name	H.O. Feild Electric		Phone	365-0263	
Mailing Address	PO Box 6321 Ashland, VA 23005		License Type	E1e	
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123991	Expiration	8/31/18
			Class	B	

DESCRIPTION OF WORK

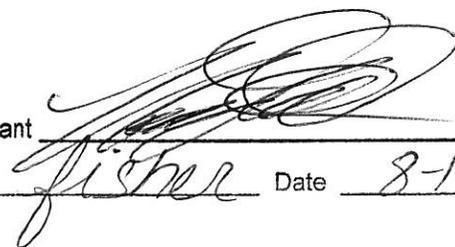
Install 22 kW generator w/ 200 amp ^{transfer} switch			
# of Baths	Service Size	Power Company	Inquiry #
	200	Dominion	

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

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

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

_____(Notary) My commission expires _____

Signature of Applicant 
Approval Fisher Date 8-1-16

Value of work: \$ 9,500
Permit fee: \$ 67.32 / 1.32
Issue date: 8-1-16

BUILDING PERMIT APPLICATION

Goochland County Department Of Building Inspection
 P O Box 119
 Goochland VA 23063
 (804) 556-5815 Fax (804) 556-5651 TDD 711 Va Relay

TM: 58.34.3.4

Application Date: 7-27-16

Application Accepted: BP-2016-00573

GPIN: 7715-76-3644

Issued: 8-1-2016

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

OWNER INFORMATION

Site Address	208 KINLOCH ROAD - MANAKIN SABOT		District
Owner	George + JOY KIRKLAND		Phone # 407-459-0576
Address	208 Kinloch Road		
Proposed Use	Current Use	Existing Buildings on Property	
Home	Home	Yes	
Proposed Occupant Load (Commercial)	Acresage	Commercial Use	
	LOT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New Street Address		Zoning District	
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
Side Setback	Side Setback	C O A	Flood Zone
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer _____ Date _____

Applicant/Contact: TOM Homer Phone 804-426-7846

Email: TOM @ laneBUILT .com

CONTRACTOR INFORMATION	Contractor	LANE HOMES + REMODELING		Phone	804-784-0012
	Address	12536 PATTERSON AVE. RICHMOND VA. 23238			
	Contractor License Number	Type	Expiration		
	2701-029-125 A	A			

Description of Work	Scope of Work: ADD wine closet in UNFINISHED PART of BASEMENT (108 sq ft)				
	ADD BATH ROOM in FINISHED BONUS ROOM over GARAGE.				
	ADD - Bar sink in BASEMENT ^ attached				
	SEWER	WATER	/ new		# of Bathrooms
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private				
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms	

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

VALUE OF WORK		Application Fee	\$ 227.55
Building	\$ 47,900.00	Zoning Fee	\$ _____
Excludes All Trades Permits		Septic/Well Fee	\$ _____
		State Levy Fee	\$ 4.55
		RED Total	\$ 232.10

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

X. Thomas G. Homer



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department
P. O. Box 119 Goochland, VA 23063
(804) 556-5815 Fax (804) 556-5651 TDD (804) 556-5317

received
7-29-16

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	8-1-16
Permit #	ELI-2016-00588
Old-Map #	
G-Pin	

LOCATION

Street Address	835 Elmslie Ln	District	
----------------	----------------	----------	--

PROPERTY OWNERSHIP

Name	Bob Zincke	Phone	708-9822
Mailing Address	835 Elmslie Ln Manakin-Sabot, VA 23103		

APPLICANT

Name	H.O. Feild Electric	Phone	365-0263
E-Mail Address	service@hofec.com		

CONTRACTOR

Name	H.O. Feild Electric	Phone	365-0263
Mailing Address	PO Box 6321 Ashland, VA 23005	License Type	Ele
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123491
		Expiration	8/31/16
		Class	B

DESCRIPTION OF WORK

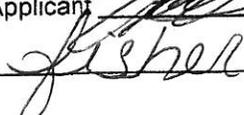
Install 22 KW generator, add add a 200 amp transfer switch next to existing transfer switch			
# of Baths	Service Size	Power Company	Inquiry #
	400	Dominion	

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

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

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

_____(Notary) My commission expires _____

Signature of Applicant 
Approval  Date 8-1-16

Value of work: \$ 9,500
Permit fee: \$ 67.32 / 1.32
Issue date: 8-1-16