

received

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: 5-26-16 5-23-16
Application Accepted: BP-2016-00388
GPIN: 7717-0A-8447
Issued: 12.13.16

TM: 46-1-0-118-BZ

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>463 Massie's Court Manakin Sabot</u>		District <u>VA 23103</u>	
	Owner <u>F. ROLAND MILLICAN JR</u>		Phone # <u>804-641-4200</u>	
	Address			
	Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subdivision <u>N/A</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>N/A</u>	Date Paid: <u>N/A</u>	
New Street Address		Zoning District <u>A-2</u>		
Front Setback <u>55' from ROW</u>	Center Line Setback <u>---</u>	Rear Setback <u>35'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</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 12/2/16

Applicant/Contact: ROLAND MILLICAN Phone 804-641-4200

Email:

CONTRACTOR INFORMATION	Contractor <u>owner</u>	Phone
	Address <u>8527 MAYLAW DR SUITE 106 RICHMOND, VA 23294</u>	
	Contractor License Number	Type Expiration

Description of Work	Scope of Work:				
	<u>SFD WORK ON EXISTING WORK ON BASEMENT</u>				
	SEWER Public/Private <u>Private</u>	WATER Public/Private <u>Private</u>	# of Bathrooms <u>2</u>		
	# of Floors <u>2</u>	Total Sq. Ft. <u>1329</u>	Finished Sq. Ft. <u>1319</u>	Unfinished Sq. Ft. <u>1177</u>	# of Bedrooms <u>2</u>

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

VALUE OF WORK 1192

Building	<u>90,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>417.00</u>
Zoning Fee	\$ <u>50.00</u>
Septic/Well Fee	\$ <u>40.00</u>
State Levy Fee	\$ <u>9.14</u>
RLD Total	\$ <u>516.14</u>

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

X F. Roland Millican

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: 18.14.8

Application Date: 8-31-16

Application Accepted: BP-20110-00695

GPIN: 6821-50-9607

Issued: 12.5.16

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 3344 Tiller Lane		District
Owner Aaron Goodwin		Phone #
Address 1186 Lickinghole Rd Goochland Va 23063		
Proposed Use	Current Use	Existing Buildings on Property
Proposed Occupant Load (Commercial)	Acreage 5.008	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 R/W	Center Line Setback —	Rear Setback 35'	C.U. Permit N/A
Side Setback 20'	Side Setback 20'	COA N/A	Variance 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: 9/2/16

Applicant/Contact: Nathan Sanacka Phone: 540-478-3110

Email: ~~Nathan Sanacka~~ Nathanbroch@gmail.com

CONTRACTOR INFORMATION	Contractor Blue Ridge Custom Homes	Phone
	Address 1186 Lickinghole Rd Goochland VA 23063	
	Contractor License Number 2705 086712	Type A

Description of Work	Scope of Work: New single family home attached garage w/ bonus above room				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2.5		
	# of Floors 2	Total Sq. Ft. 2414	Finished Sq. Ft. 2419 2443	Unfinished Sq. Ft. 2261	# of Bedrooms 4

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

VALUE OF WORK	4695 2414
Building	250,000 \$265,837.50 storm water \$200.00
Excludes All Trades Permits	

Application Fee	\$1208.26
Zoning Fee	\$0.00
Septic/Well Fee	\$40.00
State Levy Fee	\$24.97
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: \$11623.23

X Nathan Sanacka

LIEN AGENT INFORMATION

See e-mail in file for new agent info

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: Kerns + Kastenbaum, PLC

Name: Title Alliance of Richmond Telephone: 804-237-8577

Mailing Address: 6600 West Broad St Richmond 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 Michael R. Bushong DATE 12.2.16

Code Official

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

Application Date: 11/19/16
 Application Accepted: BP-2016-00906
 Old Map Number: 58-26-6
 GPIN: 7715-25-4837;2.038

Issued 12.21.16

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 360 First Flite Lane, Goochland VA 23103		District Dover		
	Owner William & Kimberly Way		Phone # 804-306-1826		
	Address 118 Libbie Ave, Richmond VA 23226				
	Proposed Use Residential	Current Use N/A	Existing Buildings on Property N/A		
	Proposed Occupant Load (Commercial)	Acreage 2.038	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Fairway Estates		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address		Zoning District A-2		
	Front Setback 75' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Requires Survey locating 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: [Signature] Date 11/15/16

Applicant/Contact: Thomas Mahoney Phone: 804-387-3170
 Email: mahoneythomas58@gmail.com

CONTRACTOR INFORMATION	Contractor Thomas Eland Homes		Phone 804-387-3170	
	Address 14204 Chimney House Rd Middleburg VA 23112			
	Contractor License Number 2705012663	Type Class A CBC RBC	Expiration 7/31/2018	

Description of Work	Scope of Work: Attached garage				
	Single Family Home New Construction				
	SEWER Public/Private	WATER Public/Private	3 1/2		# of Bathrooms
	# of Floors 2	Total Sq. Ft. 4,777	Finished Sq. Ft. 3,418	Unfinished Sq. Ft. 1,359	# of Bedrooms 4

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

VALUE OF WORK	
Building	490,300.00
Excludes All Trades Permits	

Application Fee	\$ 228.35
Zoning Fee	\$ 20.00
Septic/Well Fee	\$ 40.00
State Levy Fee	\$ 45.18
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] 2,453.52

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: Philip L McDaniel Telephone: 804-794-7164

Mailing Address: 250 Browns Hill Ct, Midlothian VA 23114

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 + \$ 4.60 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 _____ DATE _____

Code Official

received 11-A-10

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

Application Date: 11-10-2016
 Application Accepted: BP-2016-00908
 Old Map Number: 57-1-43-C
 GPIN: 7715-02 - ~~XXXX~~ 5570

Issued 12.8.16

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		996 Manakin Rd		District	
	Owner		Joseph Sabatini		Phone #	
	Address		994 Manakin Rd Goochland VA 23103		(804) 784-5356	
	Proposed Use	Current Use	Existing Buildings on Property			
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use			
		5.578	<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 checked="" type="checkbox"/> No			
	New Street Address		Zoning District			
			A-2			
	Front Setback	Center Line Setback	Rear Setback,	C.U. Permit	Variance	
75' from Roli		25'	N/A	N/A		
Side Setback	Side Setback	C O A	Flood Zone			
20'	20'		N/A	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: Daniel Floyd Date: 11/15/16

Applicant/Contact: Marian Tessier Phone: 423-0314
 Email: mltester@gomsh.com

CONTRACTOR INFORMATION	Contractor	Main Street Homes		Phone	423-0314
	Address	PO BOX 461 Middleburg VA 23113			
	Contractor License Number	Type	Expiration		

Description of Work	Scope of Work: <u>New Single Family Dwelling w/ Attached GARAGE</u>				
	SEWER		WATER		# of Bathrooms
	Public/Private	Public/Private			3
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
2	3759	3105	654	4	

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

VALUE OF WORK		Total \$1,376.22	Application Fee	\$ 1162.18
Building	255,595		Zoning Fee	\$ 50.00
Excludes All Trades Permits			Septic/Well Fee	\$ 40.00
			State Levy Fee	\$ 24.04
			R-LB	\$ 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.

Signature of Applicant: Marian Tessier

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: Bon Air Title Telephone: (804) 320-1336
Mailing Address: 9211 Forest Hill Ave Richmond VA 23235

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 _____ DATE _____

Code Official

received
11-29-16

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

Application Date: 11-29-16
 Application Accepted: BY-2016-00939
 Old Map Number: 63-38-05-0
 GPIN: 7724-14-6155

ISSUED: 12.13.16

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 313 VICTORIA WAY RICHMOND, VA 23238		District		
	Owner DELSOL GROUP LLC		Phone # 804-740-7119		
	Address PO Box 29321 RICHMOND VA 23238				
	Proposed Use RESIDENCE	Current Use	Existing Buildings on Property N/A		
	Proposed Occupant Load (Commercial)	Acreage 0.46	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision CREEKMORE PARK	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: 2316.00	Date Paid: 9775 12.2.2016	
	New Street Address		Zoning District R-3		
	Front Setback 40' from ROW	Center Line Setback	Rear Setback 25'	C.U. Permit N/A	Variance N/A
	Side Setback 10'/25'	Side Setback 10'/25'	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: Donald Ford Date: 12/2/16

Applicant/Contact: DELSOL GROUP, LLC / DONALD WILSON Phone: 804-740-7119
 Email: DONALDWIL@AOL.COM

CONTRACTOR INFORMATION	Contractor DELSOL GROUP, LLC		Phone 804-740-7119	
	Address PO Box 29321 RICHMOND VA 23242			
	Contractor License Number 2705076637	Type CLASS A	Expiration 5/31/17	

Description of Work	Scope of Work: NEW RESIDENCE ^{SFD} w attached garage				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms 4
	# of Floors 3	Total Sq. Ft. 5207	Finished Sq. Ft. 3210	Unfinished Sq. Ft. 1997	# of Bedrooms 5

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

VALUE OF WORK		Total \$1,704.19	Application Fee \$ 1621.75
Building	\$ 357,722.50		Zoning Fee \$ 50.00
Excludes All Trades Permits			Septic/Well Fee \$
			State Levy Fee \$ 32.44
			RLD Total 1,704.19

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: Donald Wilson

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 38-98.01 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: SHAHEEN LAW FIRM, P.C. Telephone: 804-474-9414

Mailing Address: 8890 THREE CHOPT ROAD RICHMOND, VA 23229

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 _____ DATE _____

Code Official

Issued 12-5-16

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

LOT 38-1 PARKSIDE VILLAGE

Application Date: *11-30-16*

Permit Number: *BP-2016-00952*

Old Map Number: *48-17-38*

GPIN: *7738-10-7652*

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 7165 Yare Street		District		
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663		
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060				
	Proposed Use	Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Parkside Village</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: <i>\$5,981.00</i>	Date Paid: <i>Due</i>	
	New Street Address		Zoning District <i>RPUD</i>		
	Front Setback <i>30' From Pavement</i>	Center Line Setback <i>—</i>	Rear Setback <i>50' B/S</i>	C.U. Permit <i>N/A</i>	Variance <i>N/A</i>
	Side Setback <i>20' B/S</i>	Side Setback <i>20' B/S</i>	Census Track <i>N/A</i>	Flood Zone <i>N/A</i>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* Cash Proffer due before C.O. is issued.</i>				

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

Planning & Zoning Officer: *[Signature]* Date: *12/2/16*

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

Email: *bjames@eagleofva.com*

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC		Phone (804)741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060			
	Contractor License Number 2705096467A	Type CLASS A	Expiration 3-31-2017	

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE AND UNFINISHED BASEMENT				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	2	5181	2675	2506	3

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

VALUE OF WORK		Application Fee	\$ <i>1515.01</i>
Building	\$333,880.00	Septic/Well Fee	\$
		State Levy Fee	\$ <i>30.29</i>
<i>Excludes All Trades Permits</i>		Zoning Fee	\$ <i>50.00</i>
		Total	\$ <i>1595.30</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: *[Signature]*

Issued 12.5.16

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
LOT 33-1 PARKSIDE VILLAGE

Application Date: 12-01-16
 Permit Number: BP-2010-00953
 Old Map Number: 48.17.33
 GPIN: 7738-10-8966

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 7175 Yare Street			District	
	Owner EAGLE CONSTRUCTION OF VA., LLC			Phone # 804-741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060				
	Proposed Use		Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)		Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Parkside Village		Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ 5,981.00	Date Paid: Due
	New Street Address			Zoning District RPUD	
	Front Setback 30' from Paveement	Center Line Setback	Rear Setback 50' B/S	C.U. Permit N/A	Variance N/A
	Side Setback 15' from Paveement	N. Setback	Side Setback 20' B/S	Census Track N/A	Flood Zone N/A
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: * Cash Proffer done before C.O. is issued.		

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: 12/2/16

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

Email: bjames@eagleofva.com

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC			Phone (804)741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060				
	Contractor License Number 2705096467A		Type CLASS A	Expiration 3-31-2017	

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE WITH UNFINISHED BASEMENT				
	SEWER Public/Private	WATER Public/Private	2.5	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	2	5319	2699	2620	3

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

VALUE OF WORK	
Building	\$340,765.00
Excludes All Trades Permits	

Application Fee	\$ 1546.52
Septic/Well Fee	\$
State Levy Fee	\$ 30.91
Zoning Fee	\$ 50.00
Total	\$ 1627.43

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]

Issued 12.7.16
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
LOT 32-2 PARKSIDE VILLAGE

Application Date: 12-01-16
 Permit Number: BP-2016-00954
 Old Map Number: 48.18.32
 GPIN: 7738-11-7942

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 7212 Shenfield Avenue			District		
	Owner EAGLE CONSTRUCTION OF VA., LLC			Phone # 804-741-4663		
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060					
	Proposed Use		Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)		Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>Parkside Village</u>		Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount: <u>\$ 5981.00</u>	Date Paid: <u>Due</u>
	New Street Address			Zoning District <u>R P U D</u>		
	Front Setback <u>30' from Pavement</u>	Center Line Setback <u>—</u>	Rear Setback <u>50' B/S</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>	
	Side Setback <u>30' B/S</u>	Side Setback <u>20' B/S</u>	Census Tract <u>N/A</u>	Flood Zone <u>N/A</u>		
	APPROVED <input checked="" type="checkbox"/>		REJECTED <input type="checkbox"/>		COMMENTS: <u>* Cash Proffer Due Before C.O. is issued.</u>	

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 Dennis Floyd Date 12/2/16

Applicant/Contact: **BERTON JAMES** Phone: (804)217-6910
 Email: bjames@eagleofva.com

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC			Phone (804)741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060				
	Contractor License Number 2705096467A		Type CLASS A	Expiration 3-31-2017	

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	2	2644	2084	560	3

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

VALUE OF WORK	
Building	\$153,660.00
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <u>705.03</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>14.07</u>
Zoning Fee	\$ <u>50.00</u>
Total	\$ <u>769.10</u>

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

Signature of Applicant *Berton James*

Issued 12-15-16
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

Application Date: *12-01-16*
 Permit Number: *BP-2016-00962*
 Old Map Number: *48-18-30*
 GPIN: *7738-11-8889*

LOT 30-2 PARKSIDE VILLAGE

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 7208 Shenfield Avenue		District	
	Owner EAGLE CONSTRUCTION OF VA., LLC		Phone # 804-741-4663	
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <i>Parkside Village</i>	Proffer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount: <i>\$5981.00</i>	Date Paid: <i>1 Due</i>
	New Street Address		Zoning District <i>RPUD</i>	
	Front Setback <i>30' from Pave mt</i>	Center Line Setback	Rear Setback <i>50' B/S</i>	C.U. Permit <i>N/A</i>
	Side Setback <i>20' B/S</i>	Side Setback <i>20' B/S</i>	Census Tract <i>N/A</i>	Flood Zone <i>N/A</i>
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>		COMMENTS: <i>* Cash Proffer due before C.O. is issued.</i>	

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

Planning & Zoning Officer: *Daniel Floyd* Date: *12/7/16*

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

Email: *bjames@eagleofva.com*

CONTRACTOR INFORMATION	Contractor EAGLE CONSTRUCTION OF VA., LLC		Phone (804)741-4663
	Address 2250 OLD BRICK ROAD, SUITE 220 GLEN ALLEN, VA 23060		
	Contractor License Number 2705096467A	Type CLASS A	Expiration 3-31-2017

Description of Work	Scope of Work: NEW DWELLING WITH ATTACHED GARAGE				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	2	3438	2881	557	3

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

VALUE OF WORK	
Building	\$236,962.50
<i>Excludes All Trades Permits</i>	

Application Fee	\$ <i>1078.50</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>21.57</i>
Zoning Fee	\$ <i>50.00</i>
Total	\$ <i>1150.07</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: *[Signature]*

12-20-16

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# 57-10-027-0

Application Date: 12/20/16

Application Accepted: BP-2016-01012

GPIN: 7705-86-5894

Issued: 12-29-16

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 1674 Devon Way, Manakin-Sabot 23103		District		
	Owner Mitch + Leigh Johnson		Phone # 804-921-5035		
	Address 1674 Devon Way				
	Proposed Use Single Family	Current Use Single Family	Existing Buildings on Property House + Garage		
	Proposed Occupant Load (Commercial)	Acreage 4.43	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Auburn Chase		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address		Zoning District A-2		
	Front Setback 75' from Row	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	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:				
	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: Dave Floyd Date: 12/21/16

Applicant/Contact: Kenneth Kosteck Phone: 804-337-8100

Email: build@maisonrva.com

CONTRACTOR INFORMATION	Contractor Maison RVA		Phone 804-337-8100	
	Address 4409 Stuart Ave, Richmond VA, 23221			
	Contractor License Number 2705156280	Type CBC, RBC, Class A	Expiration 4-30-17	

Description of Work	Scope of Work: Expansion of master bedroom, addition of master bath, relocation + remodel of laundry + guest bath, remodel of kitchen including removal of a structural wall to include open living space				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 3 adding 1 for 4 in total		
	# of Floors 3	Total Sq. Ft. 528	Finished Sq. Ft. 528 sqft	Unfinished Sq. Ft. 0	# of Bedrooms 3
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	\$120,000
Excludes All Trades Permits	

Application Fee	\$ 552.00
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 11.04
RLD Total	\$ 588.04

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

* Kenneth Kosteck

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

Issued TX# 48-2-A-6-0

Application Date: *12-22-16*

Application Accepted: *BP-2016-01016*

GPIN: *7726-67-883*

Issued: *12-29-16*

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 <i>12654 FRAIN LN Goochland Va</i>		District
Owner <i>Patrick Matthews</i>		Phone # <i>(804) 677-8738</i>
Address <i>12654 FRAIN LN Goochland Va</i>		
Proposed Use <i>Expanding Pool House</i>	Current Use <i>Pool House/GARAGE</i>	Existing Buildings on Property <i>YES</i>
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	
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: *Pinnacle Builders Inc. (Russell Martin)* Phone *(804) 357-8058*

Email:

CONTRACTOR INFORMATION	Contractor <i>Pinnacle Builders Inc.</i>	Phone <i>(804) 357-8058</i>
	Address <i>1950 ATKINSON RD MINERAL VA 23117</i>	
	Contractor License Number <i>2705029817A</i>	Type <i>BLD</i>

Description of Work	Scope of Work: <i>Convert existing garage space to pool house</i>			
	<u>SEWER</u> Public/Private	<u>WATER</u> Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft.	Finished Sq. Ft. <i>308 sq ft</i>	Unfinished Sq. Ft.
			# of Bedrooms	

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

VALUE OF WORK	
Building	<i>\$13,500.00</i>
Excludes All Trades Permits	

Application Fee	\$ <i>74.74</i>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <i>1.46</i>
RLB Total	\$ <i>74.20</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]

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: 12.19.16
 Application Accepted: BP-2016-01011
 Old Map Number: 28-16-07-0
 GPIN: 6739-71-5787

Issued: 12.22.16

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: 4125 RIDDLES BRIDGE		District		
	Owner: MICHAEL POOLE		Phone #: 691-7117		
	Address: 4125 RIDDLES BRIDGE ROAD GOOCHLAND, VA				
	Proposed Use	Current Use	Existing Buildings on Property: 3		
	Proposed Occupant Load (Commercial)	Acres: 10.4514	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision: Riddles Bridge	Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District: A-1		
	Front Setback: 75' from ROW	Center Line Setback	Rear Setback: 5'	C.U. Permit: N/A	Variance: N/A
	Side Setback: 35' from ROW	Side Setback: 5'	COA: N/A	Flood Zone: N/A	
	APPROVED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	COMMENTS: 35' from ROW for High Ridge Lane.		

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: 12/21/16

Applicant/Contact: MICHAEL POOLE Phone: 691-7117
 Email: MICHAEL.POOLE@SWEZ-VA.COM

CONTRACTOR INFORMATION	Contractor: HOME OWNER		Phone
	Address		
	Contractor License Number	Type	Expiration

Description of Work	Scope of Work: Work stop - detached 32 x 46 garage unfinished building for work shop			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 1472	Finished Sq. Ft.	Unfinished Sq. Ft. 1472

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

VALUE OF WORK: 40,480.00
 Building: \$25,000 - 30,000
 Excludes All Trades Permits

Application Fee	\$ 194.16
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 3.88
RTD Total	\$ 223.04

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

Signature of Applicant: [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

Application Date: 12.20.16

Application Accepted: BP-2016-01009

Old Map Number: 58-28-1A

GPIN: 1716-30-6159

Issued 12.21.16

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 1248 Hermitage Rd		District	
	Owner Hermitage Country Club Inc.		Phone # 804-784-5234	
	Address 1248 Hermitage Rd. Manakin Sabot, VA. 23103			
	Proposed Use N/A	Current Use Golf Cart Storage	Existing Buildings on Property	
	Proposed Occupant Load (Commercial) N/A	Acreage N/A	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
	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: Tim Hume Phone 804-708-8927

Email: timh@hermitagecountryclub.com

CONTRACTOR INFORMATION	Contractor		Phone	
	Address			
	Contractor License Number		Type	Expiration

Description of Work	Scope of Work: <u>Replace 3' door w Double 4' door.</u> <u>- Cart barn -</u>				
	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		Application Fee	\$ <u>30.00</u>
Building	\$ <u>2500</u>	Zoning Fee	\$ _____
Excludes All Trades Permits		Septic/Well Fee	\$ _____
		State Levy Fee	\$ <u>60</u>
		SLD Total	\$ <u>30.60</u>

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

Signature of Applicant: Tim Hume

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: 12.20.16

Application Accepted: BP-2016-0091de

Old Map Number: 58.32.3.A.0

GPIN: 7725-33-0619

Issued 12.20.16

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 <u>15040 Capital One Drive</u>			District	
	Owner <u>Capital One - Ted Tremain</u>			Phone # <u>855-375-0822</u>	
	Address <u>15084 Capital One Drive</u>				
	Proposed Use <u>Business B</u>		Current Use <u>Business B</u>		Existing Buildings on Property
	Proposed Occupant Load (Commercial) <u>No Change from Existing</u>		Acreage		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		
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	Variance
	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 Taylor- Gilbane Building Company Phone 919-697-7008

Email: jntaylor@gilbaneco.com

CONTRACTOR INFORMATION	Contractor <u>Gilbane Building Company</u>			Phone <u>804-782-6518</u>	
	Address <u>1001 Boulders Parkway, Suite 101, Richmond, VA</u>				
	Contractor License Number <u>2701004552</u>		Type <u>A</u>		Expiration <u>10/31/2018</u>

Description of Work	Scope of Work: <u>Installation of video wall and millwork + new Diffusers</u> <i>for Building 4 Fourth Floor</i>				
	SEWER Public/Private		WATER Public/Private		# of Bathrooms
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
		<u>6000 sq. ft.</u>	<u>6000 sq. ft.</u>		

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

VALUE OF WORK	
Building	\$81,000
Excludes All Trades Permits	

Application Fee	\$ <u>761.50</u>
Zoning Fee	\$
Septic/Well Fee	\$
State Levy Fee	\$ <u>15.23</u>
RLD Total	\$ <u>776.73</u>

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

Signature of Applicant: *[Signature]*

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: 12-15-16

Application Accepted: DP-2016-01002

GPIN: 7716-86-0063

Issued: 12.19.16

Tax Map # 47-38-0-75-0

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>1322 Hounslow Dr</u>		District
Owner	<u>Ryland S. Jenkins</u>		Phone # <u>804 338-3509</u>
Address	<u>1322 Hounslow Dr</u>		
Proposed Use	Current Use	Existing Buildings on Property	
<u>Bedroom</u>	<u>STORAGE</u>	<u>UNFINISHED BONUS RM</u>	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
<u>THE PARKS AT SADDLECREEK</u>	<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: OWNER Ryland S. Jenkins Phone 804 338-3509

Email: DSLR5900@gmail.com

CONTRACTOR INFORMATION

Contractor	Phone
Address	<u>1322 Hounslow Dr. Manakin Sabot, VA 23103</u>
Contractor License Number	Type Expiration

Description of Work

Scope of Work:
FINISH UNFINISHED ROOM OVER GARAGE TO A Bedroom. ENCLOSE EXISTING ELECTRICAL FURNANCE. ADD ~~ELECTRIC~~ OUTLETS

SEWER Public/Private	WATER Public/Private	# of Bathrooms	
# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.
	<u>240</u>	<u>240</u>	

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

VALUE OF WORK

Building	<u>\$ 2000.00</u>
Excludes All Trades Permits	

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

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

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: 46.26.9

Application Date: 12/12/16

Application Accepted: BP-2016-00988

GPIN: 7707-55-3996

Issued: 12.19.16

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: 2330 Windy Run Rd		District	
	Owner: Michael & Katelyn Alsop		Phone #	
	Address			
	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: Windy Run		Proffer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	New Street Address		Amount: N/A	
	Zoning District: A-2		Date Paid: N/A	
	Front Setback: 75' from road	Center Line Setback	Rear Setback: 5'	C.U. Permit: N/A
	Side Setback: 5'	Side Setback: 5'	COA: 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: David Floyd Date: 12/13/16

Applicant/Contact: _____ Phone: _____

Email: _____

CONTRACTOR INFORMATION	Contractor: Southern Traditions		Phone: 804-576-9988	
	Address: P.O. box 4314 Glen Allen Va 23058			
	Contractor License Number: 2705082094A		Type: A	Expiration: 2/28/18

Description of Work	Scope of Work: retaining wall 6' tall at highest end				
	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	\$15,200
Excludes All Trades Permits	

Elaine Reeder

Application Fee	\$35.40
Zoning Fee	\$25.00
Septic/Well Fee	\$
State Levy Fee	\$.71
RLD Total	\$61.11

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.

received
10-13-16

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: 12.19.16

Application Date: 10-13-16
Application Accepted: PD-2016-00833
Old Map Number: 40-1-0-17-0
GPIN: 7707-15-0286-9999

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 878 BROAD ST RD		District	
	Owner GTP TOWERS VIII LLC		Phone #	
	Address 750 PARK OF COMMERCE BLD, BOCA RATON, FL 33487			
	Proposed Use TELECOMMUNICATIONS	Current Use TELECOMMUNICATIONS FACILITY	Existing Buildings on Property Commercial Use	
Proposed Occupant Load (Commercial) NA	Acreage 2.359	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:	
New Street Address		Zoning District A-2		
Front Setback 100' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
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: 10/14/16

Applicant/Contact: **VERIZON WIRELESS C/O KELSEY CHASE** Phone: **804.357.3131**
Email: **KCHASE@NBCLLC.COM**

Contractor: **SBA NETWORK SERVICES LLC** Phone: _____
Address: **8051 CONGRESS AVE, BOCA RATON, FL 33487**
Contractor License Number: **2705143663** Type: **CEC** Expiration: **2018.05.31**

Description of Work: **VERIZON WIRELESS COLLOCATION AT EXISTING FACILITY - INSTALLATION OF ANTENNAS AND EQUIPMENT IN EXISTING FENCED COMPOUND**

SEWER NA	WATER NA	# of Bathrooms NA		
Public/Private	Public/Private	# of Floors	Finished Sq. Ft.	Unfinished Sq. Ft.
NA	12' x 30' LEASE SPACE	NA	NA	NA

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

VALUE OF WORK	
Building	60,000
Excludes All Trades Permits	

Application Fee	\$ 500.00
Zoning Fee	\$ 200.00
Septic/Well Fee	\$ _____
State Levy Fee	\$ 11.24
RLD Total	\$ 773.24

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

Signature of Applicant: KELSEY CHASE

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: 12/02/2016 **received**
 Application Accepted: **BP-2016-00972**
 Old Man Number: **58-32-3-A-01**
 GPIN: **7725-33-0619-9999**

Issued: 12.16.16

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 Capital One/ the Village-Knuckle 3-4 15035 Capital One Drive, Richmond, VA 23238			District		
	Owner Deidre O'Conner / Capital One			Phone # (571) 449-0727		
	Address 15000 Capital One Drive, Richmond, VA 23238					
	Proposed Use		Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)		Acreage	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			
	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: Emily Covey Phone (804) 433-4160
 Email: emilyc@dpr.com

Contractor Information: Contractor DPR Construction, A General Partnership Phone (804) 433-4160
 Address 5500 Cox Road, Suite M
 Contractor License Number 2705137646 Type Class A Expiration 11-30-2016 **2018**

Description of Work	Scope of Work: <i>for the village Knuckle 3-4</i> Selective interior demolition to include but not limited to floors, walls, ceilings, restrooms, skin, and cut openings for glass & skylights, etc. -				
	SEWER Public/Private	WATER Public/Private	N/A	# of Bathrooms 2	
	# of Floors 1	Total Sq. Ft. 17,200	Finished Sq. Ft. 17,200	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	\$158,800
<i>Excludes All Trades Permits</i>	

Application Fee	\$ \$1500.60
Zoning Fee	\$ N/A
Septic/Well Fee	\$ N/A
State Levy Fee	\$ \$30.01
RED Total	\$ N/A 1,530.61

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 *Emily Covey*

received
12-13-16

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: 12.16.16

Application Date: _____
 Application Accepted: BP-2016-00989
 Old Map Number: 58-d-C-2-0
 GPIN: 1716-23-5026

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

TO BE COMPLETED BY ZONING DEPARTMENT

Site Address <u>17 Quail Run Rd</u>		District	
Owner <u>Corby & Ally Talton</u>		Phone # <u>804-363-3031</u>	
Address <u>17 Quail Run Rd</u>			
Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	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 <u>R-3</u>	
Front Setback <u>40' from ROW</u>	Center Line Setback	Rear Setback <u>25'</u>	C.U. Permit <u>N/A</u>
Side Setback <u>10/25'</u>	Side Setback <u>10/25'</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: [Signature] Date: 12/14/16

Applicant/Contact: John Miller / Millmar Const. Phone: 804-640-8443
 Email: Smiller@millmarconstruction.com

CONTRACTOR INFORMATION	Contractor <u>Millmar-Construction Homes</u>	Phone <u>804-640-8443</u>
	Address <u>P.O. box 313 Manakin Sabot</u>	
	Contractor License Number <u>2705053462</u>	Type <u>class A</u>

Description of Work	Scope of Work: <u>Construct screen porch addition</u>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms <u>N/A</u>	
	# of Floors	Total Sq. Ft. <u>380</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>380</u>
				# of Bedrooms <u>N/A</u>

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

VALUE OF WORK		Application Fee	\$ <u>234.79</u>
Building	\$ <u>49,500</u>	Zoning Fee	\$ <u>25.00</u>
Excludes All Trades Permits		Septic/Well Fee	\$ _____
		State Levy Fee	\$ <u>4.70</u>
		RED Total	\$ <u>264.44</u>

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

Signature of Applicant: [Signature]

PERMIT APPLICATION

County Building Inspection Department
P O Box 119

Goochland VA 23063

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

Issued 12.15.16

Application Date: 10/31/2016

Application Accepted: BP-2016-00882

Old Map Number: 20-1-0-84-B

GPIN: 6840-70-3247

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 3727 WHITEHALL ROAD		District LICKINGHOLE
Owner GRANT RILEY / KAREN WITT		Phone # 505-615-3844
Address SAME		
Proposed Use GARAGE	Current Use —	Existing Buildings on Property PRIMARY RESIDENCE SHED, SHED
Proposed Occupant Load (Commercial) —	Acreage 3.6	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 A-1	
Front Setback 25' from RW	Center Line Setback —	Rear Setback 5'	C.U. Permit N/A
Side Setback 5'	Side Setback 5'	COA N/A	Variance N/A
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: *[Signature]* Date: 11/7/16

Applicant/Contact: HOM, INC, MYRON SHENK Phone: 372-6730

Email: myron@buildmyhom.com / admin@buildmyhom.com

Contractor: HOM, INC. Phone: 372-6730
Address: PO BOX 741 PAWHTATAN, VA 23139
Contractor License Number: 2705153259 Type: CSC RBC Expiration: 3-31-18

Description of Work: CONSTRUCT 2-CAR GARAGE w/ rec room, detached office & bath on 2nd floor

SEWER Public/Private # of Floors 2	WATER Public/Private Total Sq. Ft. 1769	Finished Sq. Ft. 1147	Unfinished Sq. Ft. 622	# of Bathrooms 2	# of Bedrooms 0
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TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.

VALUE OF WORK

Building: \$94,770.00
Excludes All Trades Permits

Application Fee	\$438.46
Zoning Fee	\$25.00
Septic/Well Fee	\$25.00
State Levy Fee	\$9.27
Total	\$497.73

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: HOM, INC By *[Signature]*

received
12-6-16

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

Application Date:
Application Accepted: *BP-2016-00977*
Old Map Number: 48-1-0-58-ATW
GPIN: 7738-30-9741-9998

Issued 12.15.16

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 6013 Pouncey Tract Rd		District		
	Owner <i>American Towers LLC</i>		Phone #		
	Address PO Box 1990, Waynesboro, VA 22980				
	Proposed Use U	Current Use U	Existing Buildings on Property Cell Tower		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input 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 <i>M-2</i>	
	Front Setback <i>20' from RUL</i>	Center Line Setback	Rear Setback <i>10'</i>	C.U. Permit <i>N/A</i>	Variance <i>N/A</i>
	Side Setback <i>10'</i>	Side Setback <i>10'</i>	C O A <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 *12/8/16*

Applicant/Contact: Ben Pelletier Phone 757-784-3671
Email: bpelletier@nbcllc.com

CONTRACTOR INFORMATION	Contractor TSC Construction LLC		Phone 617-217-7001	
	Address 129 Brown Street, Johnson City, NY 13790			
	Contractor License Number 2705133520	Type Class A	Expiration 03-31-2018	

Description of Work	Scope of Work: Install (3) new antennas and (3) new RRU's to existing cell tower.				
	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	\$15,000
Excludes All Trades Permits	

Application Fee	\$ <i>134.50</i>
Zoning Fee	\$ <i>50.00</i>
Septic/Well Fee	\$
State Levy Fee	\$ <i>2.69</i>
RLD Total	\$ <i>187.19</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 *[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

TM: 20-1-50

Application Date:

12-7-2016

Application Accepted:

BP-2016-00974

GPIN:

6840-59-9475

Issued:

12.15.16

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 3082 ROCKY CREEK LANE	District
Owner MICHAEL PERRY JONES	Phone # 804-556-6520
Address P.O. Box 214 Gum Spring, VA. 23065	
Proposed Use RESIDENTIAL	Current Use RESIDENTIAL
Proposed Occupant Load (Commercial)	Existing Buildings on Property GARAGE AND SHED
Acreage 10 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 checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
New Street Address		Zoning District A-1	
Front Setback 55' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A
Side Setback 20'	Side Setback 30'	COA 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

David [Signature]

Date

12/9/16

Applicant/Contact:

ERVIN SHUMAKER

Phone

804-370-0740

Email:

EESLITTLE8@AOL.COM

CONTRACTOR INFORMATION

Contractor CEDAR RIDGE CONSTRUCTION	Phone 804-370-0740
Address P.O. Box 9 Gum Spring, VA. 23065	
Contractor License Number 2705086931	Type C
Expiration 07/31/2017	

Description of Work

Scope of Work:
14 X 14 ADDITION (LIVING ROOM)

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors 1	Total Sq. Ft. 196	Finished Sq. Ft. 196	Unfinished Sq. Ft. 0	# of Bedrooms 0

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

VALUE OF WORK

\$10,780.00

Building

\$9,789.00

Excludes All Trades Permits

Application Fee	\$100.51
Zoning Fee	\$25.00
Septic/Well Fee	\$
State Levy Fee	\$1.21
RLD Total	\$126.72

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

[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

Tax Map # 68-2-B-3-0

Application Date: 12-7-16

Application Accepted: BP-2016-00978

GPIN: 7733-66-5491

Issued: 12.12.16

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 8 EAST SQUARE LANE		District
	Owner EMMETT AND MAXINE RICHARDSON		Phone # 804-784-5602
	Address 8 EAST SQUARE LANE RICHMOND VA. 23238		
	Proposed Use	Current Use	Existing Buildings on Property
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision RANDOLF SQUARE		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address			Zoning District RPU D	
	Front Setback 30' from pavement	Center Line Setback	Rear Setback 50' B/S	C.U. Permit N/A	Variance N/A
	Side Setback 20' B/S	Side Setback 20' B/S	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: Daniel J. [Signature] Date: 12/9/16

Applicant/Contact: TOM HOMER - LANE HOMES	Phone 804-426-7846
Email: TOM @ lane built . com	

CONTRACTOR INFORMATION	Contractor LANE HOMES + REMODELING		Phone 804-784-0012
	Address 12536 PATTERSON AVE		
	Contractor License Number 2701-029-125 A	Type CLASS A	Expiration 1-31-2017

Description of Work	Scope of Work: ENLARGE SUNROOM BY 8' H ^{add} + NEW DECK 21 x 12				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 396	Finished Sq. Ft. 144	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	\$ 92,500.00
Excludes All Trades Permits	

Application Fee	\$ 422.26
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 8.56
BLD Total	\$ 461.82

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 signatures and initials]

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 12.9.16

Application Date: 12-6-16
 Application Accepted: BP-2016-00970
 Old Map Number: 57-3-2
 GPIN: 7706-32-1431

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 1409 MILLERS LANE			District		
	Owner BOB BAMBERGER			Phone # 928-3470		
	Address 1409 MILLERS LANE MANAYN SABOT 23103					
	Proposed Use SINGLE FAMILY DWELLING		Current Use SAME	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	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: _____ Phone _____
 Email: _____

CONTRACTOR INFORMATION	Contractor PROFESIONAL RESTORATION SERVICES		Phone 804-527-2095	
	Address 4965 COX ROAD GLEN ALLEN VA 23060			
	Contractor License Number 2705114576A		Type BUILDING	Expiration 4-30-17

Description of Work	Scope of Work: REPLACE TERMITE DAMAGE FLOOR JOIST LIKE WITH LIKE INSULATION SHEET ROCK/RAND				
	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		Application Fee	\$ 140.00
Building	30,000	Zoning Fee	\$
		Septic/Well Fee	\$
Excludes All Trades Permits		State Levy Fee	\$ 2.94
		-R.E.D.-	\$ 149.94

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]

received

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

Application Date: 11-30-16 ¹¹⁻²⁻¹⁶

Permit Number: BP-2016-00941

Old Map Number: 59-1-0-19-T

GPIN: 7726-87-2161-9998

Issued 12.9.16

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 1623 ~~1624~~ Three Chopt Road, Richmond, VA 23233 District Dover

Owner: Crown Castle USA Phone # N/A

Address 2023 Manakin Road, Manakin Sabot, VA 23103

Proposed Use same Current Use cell tower Existing Buildings on Property equipment shelter

Proposed Occupant Load (Commercial) see attached structural analysis Lot Size 1+/- ac. Commercial Use Yes No

TO BE COMPLETED BY ZONING DEPARTMENT

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

New Street Address _____ Zoning District M-2

Front Setback 75' From ROW Center Line Setback _____ Rear Setback 10' C.U. Permit N/A Variance N/A

Side Setback 10' Side Setback 10' Census Tract N/A Flood Zone N/A

APPROVED REJECTED 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 12/1/16

Applicant/Contact: Jeff Holland (agent - Verizon Wireless) Phone (757) 817-6628

Email: jholland@nbcllc.com

Contractor Crown Castle USA, Inc. Phone (804) 330-3316

Address 9011 Arboretum Parkway, Suite 100, Richmond, VA 23236

Contractor License Number 2705065997 Type B/D/E/C/E RBL Expiration 11/30/17

Scope of Work:
Swap out/replace nine (9) existing antennas, add nine (9) remote radio heads, add one (1) distribution box at the 179' RAD center on an existing 180' monopole tower.

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. 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	\$14,000.00
Excludes All Trades Permits	

Application Fee	\$ <u>125.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>2.50</u>
Zoning Fee	\$ <u>50.00</u>
Total	\$ <u>177.50</u>

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

Signature of Applicant [Signature]

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: 11-1-16
 Application Accepted: BP-2016-00880
 Old Map Number: 18-1-6E
 GPIN: 6811-90-0330

Issued 12-9-16

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 3318 Hadensville Fife Rd, <u>Goochland, VA 23063</u>		District Byrd		
	Owner Debra M. Loving		Phone # 804-457-4780		
	Address 3318 Hadensville Fife Rd				
	Proposed Use pole barn	Current Use new construction	Existing Buildings on Property residence		
	Proposed Occupant Load (Commercial)	Acreage 21.53	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>N/A</u>	Variance <u>N/A</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: 11/4/16

Applicant/Contact: Debra M. Loving Phone: 804-457-4780 (h) 690-4072 (c)
 Email: deb.lovings@yahoo.com

CONTRACTOR INFORMATION	Contractor <u>owner</u>		Phone
	Address <u>3318 Hadensville Fife Rd, Goochland, VA 23063</u>		
	Contractor License Number	Type	Expiration

Description of Work	Scope of Work: <u>construct 20x32' pole barn (3-bay carport) and 8x55' breezeway/shed roof with attached to existing SFD</u>				
	SEWER Public/Private	WATER Public/Private	0; n/a (no water supply)		# of Bathrooms
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	1	~1080	0 (pole barn)	1408 1,080	0 (pole barn)

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

VALUE OF WORK	
Building	<u>\$30,000</u>
Excludes All Trades Permits	

Application Fee	\$ <u>147.00</u>
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>2.94</u>
Total	\$ <u>174.94</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: Debra M. Loving