

# 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: 64.9.1

Application Date: 1-24-17

Application Accepted: BP-2017-00055

GPIN: 0029-90-4673

Issued: 1-26-17

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<br>437 BLAIR ROAD                     |                            | District<br>DOVER  |  |
|                   | Owner<br>RICHARD M. LEDBETTER & ROBERT O. KELLOGG  |                            | Phone #<br>1-614-579-6544  |  |
|                   | Address<br>437 BLAIR ROAD, RICHMOND, VA 23238-6420 |                            |  |  |
|                   | Proposed Use<br>RESIDENTIAL                        | Current Use<br>RESIDENTIAL | Existing Buildings on Property<br>YES                                      |  |
|                   | Proposed Occupant Load (Commercial)                | Acreage                    | Commercial Use<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |  |  |   |                    |                 |
|--------------------------------------|--|--|---|--------------------|-----------------|
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision<br>None  | Proffer<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount:<br>N/A  | Date Paid:<br>N/A  |                 |
|                                      | New Street Address   |  | Zoning District<br>A-2  |                    |                 |
|                                      | Front Setback<br>75' from Road   | Center Line Setback  | Rear Setback<br>35'   | C.U. Permit<br>N/A | Variance<br>N/A |
|                                      | Side Setback<br>20'  | Side Setback<br>20'  | COA<br>N/A  | Flood Zone<br>N/A  |                 |
|                                      | APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> |  | COMMENTS: *Front set back is nonconforming. Porch may not encroach on the road closer than existing front step. |                    |                 |

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: 1/25/17

Applicant/Contact: MELVIN R. TAYLOR Phone: 804-839-7141

Email: mrtconstructionco@comcast.net

|                        |  |                       |
|------------------------|--|-----------------------|
| CONTRACTOR INFORMATION | Contractor<br>MRT CONSTRUCTION CO, INC                           | Phone<br>804-743-5690 |
|                        | Address<br>7101 IRON BRIDGE ROAD, NORTH CHESTER FIELD, VA. 23234 |                       |
|                        | Contractor License Number<br>2701-1036657                        | Type<br>CBR RBL       |

|                     |  |                         |                  |                           |                    |
|---------------------|--|-------------------------|------------------|---------------------------|--------------------|
| Description of Work | Scope of Work: WOOD FRAME FRONT PORCH ADDITION |                         |                  |                           |                    |
|                     | SEWER<br>Public/Private                        | WATER<br>Public/Private | # of Bathrooms   |                           |                    |
|                     | # of Floors<br>1                               | Total Sq. Ft.<br>288    | Finished Sq. Ft. | Unfinished Sq. Ft.<br>288 | # of Bedrooms<br>0 |

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

|                             |              |
|-----------------------------|--------------|
| VALUE OF WORK               |              |
| Building                    | \$ 27,000.00 |
| Excludes All Trades Permits |              |

|                      |           |
|----------------------|-----------|
| Application Fee      | \$ 133.50 |
| Zoning Fee           | 25.00     |
| Septic/Well Fee      | \$        |
| State Levy Fee       | 2.67      |
| <del>BLD</del> Total | \$ 161.17 |

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

[Signature]

# 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: 67-10-0-25-0

Application Date: 1-17-17

Application Accepted: BP-2017-00035

GPIN: 7733-16-7530

Issued: 1-26-17

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<br>3 roads end Lane       |                          | District  |
| Owner<br>Gregg Trepp                   |                          | Phone #<br>804-307-6059   |
| Address<br>3 roads end Lane            |                          |   |
| Proposed Use<br>Residence              | Current Use<br>Residence | Existing Buildings on Property<br>1   |
| Proposed Occupant Load<br>(Commercial) | Acreage                  | Commercial Use<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

TO BE COMPLETED BY ZONING DEPARTMENT

|   |   |                 |             |
|---|---|-----------------|-------------|
| Subdivision   | Proffer<br><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: John Durham Phone 804-908-2257

Email: J.DurhamCarpentry@Hotmail.com

|  |                       |
|--|-----------------------|
| Contractor<br>John Durham                                  | Phone<br>804-908-2257 |
| Address<br>2539 Cherry tree Lane N. Chesterfield, Va 23235 |                       |
| Contractor License Number<br>1705137003                    | Type<br>BLD           |
| Expiration<br>4-30-18                                      |                       |

|   |  |                          |                    |                    |
|---|--|--------------------------|--------------------|--------------------|
| Description of Work<br>Scope of Work: Enclose existing porch at master Bedroom. Add new powder room at 1st Floor ^ to enlarge 2nd story |  |                          |                    |                    |
| SEWER<br><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private  | WATER<br><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | # of Bathrooms<br>5      |                    |                    |
| # of Floors<br>3  | Total Sq. Ft.<br>4421  | Finished Sq. Ft.<br>4421 | Unfinished Sq. Ft. | # of Bedrooms<br>5 |

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

VALUE OF WORK

|                             |        |
|-----------------------------|--------|
| Building                    | 36,000 |
| Excludes All Trades Permits |        |

|                 |          |
|-----------------|----------|
| Application Fee | \$174.00 |
| Zoning Fee      | \$       |
| Septic/Well Fee | \$       |
| State Levy Fee  | \$3.48   |
| BLD Total       | \$177.48 |

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]*

# 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

TX# 13-9-0-20

Application Date: 1/5/17

Application Accepted: BP-2017-00013

GPIN: 6841-6A-8176

Issued: 1-25-17

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<br>✓ 3747 Broad Street Rd. Gum Spring VA 23065   |                     | District<br>✓   |             |
|                                      | Owner<br>✓ Richard Sneed & Stacy Sneed  |                     | Phone #<br>✓ 804 301 91031  |             |
|                                      | Address<br>✓ 3747 Broad Street Rd Gum Spring VA 23065   |                     |   |             |
|                                      | Proposed Use<br>RESIDENCE   | Current Use<br>SAME | Existing Buildings on Property  |             |
|                                      | Proposed Occupant Load (Commercial)   | Acreage<br>✓ 2.84   | Commercial Use<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |             |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision   |                     | Proffer<br><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: Richard Sneed Phone 804 301 91031  
 Email: rick.sneed@aol.com

|                        |                           |  |       |            |
|------------------------|---------------------------|--|-------|------------|
| CONTRACTOR INFORMATION | Contractor<br>OWNER       |  | Phone |            |
|                        | Address                   |  |       |            |
|                        | Contractor License Number |  | Type  | Expiration |

|                     |   |                      |                           |                    |
|---------------------|---|----------------------|---------------------------|--------------------|
| Description of Work | Scope of Work: CONVERT EXISTING GARAGE SPACE TO BEDROOM & BATH.<br>+ Add 10x10 deck |                      |                           |                    |
|                     | SEWER Public/Private  | WATER Public/Private | # of Bathrooms            |                    |
|                     | # of Floors   | Total Sq. Ft.<br>288 | Finished Sq. Ft.<br>✓ 288 | Unfinished Sq. Ft. |

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

|                             |              |
|-----------------------------|--------------|
| VALUE OF WORK               |              |
| Building                    | ✓ \$1,000.00 |
| Excludes All Trades Permits |              |

|                  |                 |
|------------------|-----------------|
| Application Fee  | \$ 39.00        |
| Zoning Fee       | \$              |
| Septic/Well Fee  | \$              |
| State Levy Fee   | \$ .78          |
| <b>RLD Total</b> | <b>\$ 39.78</b> |

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  
1-17-17

**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-2017-00041  
 Old Map Number: 20-20-08-0  
 GPIN: 6840-22-4659

Issued: 1-24-17

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>3336 South Lane Sandy Hook VA 23153</u> |                        |   | District                       |                       |
|  | Owner <u>Taylor James / Brittany James</u>              |                        |   | Phone # <u>804-432-2799</u>    |                       |
|  | Address <u>3336 South Lane Sandy Hook VA 23153</u>      |                        |   |                                |                       |
|  | Proposed Use  |                        | Current Use   | Existing Buildings on Property |                       |
| Proposed Occupant Load (Commercial)  |   | Acreage                | Commercial Use<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                       |
| TO BE COMPLETED BY ZONING DEPARTMENT   | Subdivision <u>Bolling Lagne Pl.</u>                    |                        | Proffer<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        |                                | Amount: <u>N/A</u>    |
|  | New Street Address                                      |                        | Zoning District <u>A-1</u>  |                                | Date Paid: <u>N/A</u> |
|  | Front Setback <u>55' from Row</u>                       | Center Line Setback    | Rear Setback <u>5'</u>  | C.U. Permit <u>N/A</u>         | Variance <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 Taylor Date 1/19/17

Applicant/Contact: Taylor James Phone 804-432-2799

Email: Taylor.David.James@gmail.com Phone

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

|                     |   |                          |                      |                               |                |
|---------------------|---|--------------------------|----------------------|-------------------------------|----------------|
| Description of Work | Scope of Work: <u>18' x 20' PIFEAS MENTAL <sup>carport</sup> <del>BOARDING</del> for storage of vehicle</u> |                          |                      |                               |                |
|                     | SEWER Public/Private  |                          | WATER Public/Private |                               | # of Bathrooms |
|                     | # of Floors   | Total Sq. Ft. <u>360</u> | Finished Sq. Ft.     | Unfinished Sq. Ft. <u>360</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>\$2,200 - 5,400.00</u> |
| Excludes All Trades Permits |                           |

|                      |                 |
|----------------------|-----------------|
| Application Fee      | \$ <u>36.30</u> |
| Zoning Fee           | \$ <u>25.00</u> |
| Septic/Well Fee      | \$              |
| State Levy Fee       | \$ <u>73</u>    |
| <del>RLD</del> Total | \$ <u>62.03</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

# 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: 33-1-0-5-B

Application Date: 1-11-17

Application Accepted: BP-2017-00023

GPIN: 60798-25-02660

Issued: 1-24-17

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                        | 1468 Pony Farm Rd. Oilville, Va. 23129 |  | District |
| Owner                               | Erle P. Anderson                       |  | 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  | Proffer   | Amount:      | Date Paid:  |
| None   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N/A          | N/A         |
| New Street Address   | Zoning District   |              |             |
|  | A-2   |              |             |
| Front Setback  | Center Line Setback   | Rear Setback | C.U. Permit |
| 75' from ROW   |   | 5'           | N/A         |
| Side Setback   | Side Setback  | COA          | Flood Zone  |
| 5'   | 5'  | 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: David Floyd Date: 1/11/17

Applicant/Contact: Clay P. Carter Phone: 804-512-5338

Email: Claypcarter@gmail.com

|  |                |
|--|----------------|
| Contractor                               | Phone          |
| Carolina Corports Inc. <del>OSBROS</del> | 1-800-670-4262 |
| Address                                  |                |
| 187 Cardinal Ridge Trail Dobson NC 27017 |                |
| Contractor License Number                | Expiration     |
| <del>61558</del> 2705116290              | 7/31/2017      |
| Type                                     |                |
| Class B                                  |                |

|                     |  |                         |                  |                    |               |
|---------------------|--|-------------------------|------------------|--------------------|---------------|
| Description of Work | Scope of Work:                                     |                         |                  |                    |               |
|                     | 30x40 Detached garage with a 12x40 lean to on side |                         |                  |                    |               |
|                     | SEWER<br>Public/Private                            | WATER<br>Public/Private | # of Bathrooms   |                    |               |
|                     | # of Floors  | Total Sq. Ft.           | Finished Sq. Ft. | Unfinished Sq. Ft. | # of Bedrooms |
|                     | 1680   |                         | 1680             |                    |               |

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

**VALUE OF WORK**

|                             |                                 |
|-----------------------------|---------------------------------|
| Building                    | <del>\$29,000</del> \$54,600.00 |
| Excludes All Trades Permits |                                 |

|                 |           |
|-----------------|-----------|
| Application Fee | \$ 257.90 |
| Zoning Fee      | \$ 25.00  |
| Septic/Well Fee | \$        |
| State Levy Fee  | \$ 5.15   |
| R&D             | \$ 287.85 |
| Total           |           |

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.

*CF/CS*

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

Application Date: **received 1-12-17**  
 January 3, 2017  
 Application Accepted: **BP-2017-00037**  
 Old Map Number: **44-1-0-14-0**  
 GPIN: **6777-60-2153**

**Issued 1-24-17**

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.

|   |  |   |   |                           |
|---|--|---|---|---------------------------|
| <b>OWNER INFORMATION</b>                    | Site Address<br>2009 Sheppard Town Rd, Crozier, VA 23039                                 |   | District<br>Crozier                     |                           |
|   | Owner<br>Randall and Juanita Hagen   |   | Phone #<br>804-784-2339                 |                           |
|   | Address<br>2009 Sheppard Town Rd, Crozier, VA 23039                                      |   |   |                           |
|   | Proposed Use<br>Garage   | Current Use<br>None   | Existing Buildings on Property<br>House |                           |
| Proposed Occupant Load (Commercial)         | Acreage<br><b>25</b>   | Commercial Use<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                           |
| <b>TO BE COMPLETED BY ZONING DEPARTMENT</b> | Subdivision<br><b>N/A</b>  | Proffer<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        | Amount:<br><b>N/A</b>                   | Date Paid:<br><b>N/A</b>  |
|   | New Street Address   |   | Zoning District<br><b>A-2</b>           |                           |
|   | Front Setback<br><b>15' from 120W</b>  | Center Line Setback   | Rear Setback<br><b>5'</b>               | C.U. Permit<br><b>N/A</b> |
|   | Side Setback<br><b>5'</b>  | Sign Setback<br><b>5'</b>   | COA<br><b>N/A</b>                       | Flood Zone<br><b>N/A</b>  |
|   | 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 **1/18/17**

Applicant/Contact: **Kammie Wilson** Phone **804-539-1169**  
 Email: **dkwilson5388@aol.com**

CONTRACTOR INFORMATION  
 Contractor: **Douglas Wilson t/a Wilson Construction** Phone **804-539-1169**  
 Address: **5388 Old Columbia Rd, Goochland, VA 23063**  
 Contractor License Number: **2705030747 & 2710022392** Type: **class A & Tradesman** Expiration: **09-30-2017 & 08-31-2017**

Description of Work:  
**Scope of Work: detached with unfinished storage area**  
 Construct 2 bay garage in wooded area in front of home. Garage to have electrical and plumbing run for water and lights. **(52x28)**

|                |                |                  |                    |
|----------------|----------------|------------------|--------------------|
| SEWER          | WATER          | # of Bathrooms   |                    |
| Public Private | Public Private | none             | <b>52x28</b>       |
| # of Floors    | Total Sq. Ft.  | Finished Sq. Ft. | Unfinished Sq. Ft. |
| <b>2</b>       | <b>1456</b>    | <b>0</b>         | <b>1456</b>        |
|                |                | # of Bedrooms    |                    |
|                |                | <b>0</b>         |                    |

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

| VALUE OF WORK               |                            |
|-----------------------------|----------------------------|
| Building                    | <b>22,000.00 40,040.00</b> |
| Excludes All Trades Permits |                            |

|                  |                  |
|------------------|------------------|
| Application Fee  | \$ <b>192.18</b> |
| Zoning Fee       | \$ <b>25.00</b>  |
| Septic/Well Fee  | \$               |
| State Levy Fee   | \$ <b>3.84</b>   |
| <b>RLD Total</b> | \$ <b>221.02</b> |

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: *Kammie Wilson* / *[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 Accepted:

BP-2017-00012

Old Map Number:

27-9-0-A-0

GPIN:

6719-83-2818

Issued: 1-18-17

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<br><i>2517 Daniel Town Road</i>        | District   |
| Owner<br><i>Mr Jimmy Rose Jr Trustee</i>            | Phone #<br><i>757-646-1092</i>   |
| Address<br><i>6105 Bay Street Richmond VA 23226</i> |  |
| Proposed Use<br><i>Residence</i>                    | Current Use  |
| Proposed Occupant Load (Commercial)                 | Commercial Use<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

TO BE COMPLETED BY ZONING DEPARTMENT

|  |  |                               |                           |
|--|--|-------------------------------|---------------------------|
| Subdivision<br><i>None</i>   | Proffer<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount:<br><i>N/A</i>         | Date Paid:<br><i>N/A</i>  |
| New Street Address   |  | Zoning District<br><i>A-1</i> |                           |
| Front Setback<br><i>15' from Road</i>  | Center Line Setback  | Rear Setback<br><i>35'</i>    | C.U. Permit<br><i>N/A</i> |
| Side Setback<br><i>20'</i>   | Side Setback<br><i>20'</i>   | COA<br><i>N/A</i>             | Flood Zone<br><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: *David Spurr* Date: *1/9/17*

Applicant/Contact: *Barney Robbins* Phone: *804-314-8606*

Email: *HF Robbins Sr @ aol.com*

|   |                                |
|---|--------------------------------|
| Contractor<br><i>H.F. Robbins Sr Construction Company</i>         | Phone<br><i>804-737-2592</i>   |
| Address<br><i>606 E. Nine Mile Road Highland Springs VA 23075</i> |                                |
| Contractor License Number<br><i>27010 28 291</i>                  | Expiration<br><i>7-31-2018</i> |
| Type<br><i>Class A</i>  |                                |

|   |                            |                              |                                 |               |
|---|----------------------------|------------------------------|---------------------------------|---------------|
| Description of Work<br><i>Add a Front Porch to the existing house covered</i> |                            |                              |                                 |               |
| SEWER<br>Public/Private   | WATER<br>Public/Private    | # of Bathrooms               |                                 |               |
| # of Floors   | Total Sq. Ft.<br><i>80</i> | Finished Sq. Ft.<br><i>0</i> | Unfinished Sq. Ft.<br><i>80</i> | # of Bedrooms |

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

VALUE OF WORK

|                             |                 |
|-----------------------------|-----------------|
| Building                    | <i>\$20,000</i> |
| Excludes All Trades Permits |                 |

|                  |                  |
|------------------|------------------|
| Application Fee  | \$ <i>102.00</i> |
| Zoning Fee       | \$ <i>25.00</i>  |
| Septic/Well Fee  | \$               |
| State Levy Fee   | \$ <i>2.04</i>   |
| <b>NET Total</b> | \$ <i>129.04</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.

*H.F. Robbins Sr*

# 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: 1-4-17

Application Accepted: BP-2017-00008

Old Map Number: 64-9-0-1-0

GPIN: 1724-90-4673

*Issued: 1-11-2017*

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<br><u>437 BLAIR ROAD</u>                        |  | District<br><u>DOVER</u>                         |                           |
|                                      | Owner<br><u>RICHARD M. LEDBETTER &amp; ROBERT O. KELLOGG</u> |  | Phone #<br><u>1-64-579-6544</u>                  |                           |
|                                      | Address<br><u>437 BLAIR ROAD, RICHMOND, VA 23238-6420</u>    |  |  |                           |
|                                      | Proposed Use<br><u>RESIDENTIAL</u>                           | Current Use<br><u>RESIDENTIAL</u>  | Existing Buildings on Property<br><u>YES</u>     |                           |
| Proposed Occupant Load (Commercial)  | Acreage  | Commercial Use<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |  |                           |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision<br><u>None</u>                                   | Proffer<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount:<br><u>N/A</u>                            | Date Paid:<br><u>N/A</u>  |
|                                      | New Street Address   |  | Zoning District<br><u>A-2</u>                    |                           |
|                                      | Front Setback<br><u>75' from ROW</u>                         | Center Line Setback  | Rear Setback<br><u>35'</u>                       | C.U. Permit<br><u>N/A</u> |
|                                      | Side Setback<br><u>20'</u>                                   | Side Setback<br><u>30'</u>   | COA<br><u>N/A</u>                                | Flood Zone<br><u>N/A</u>  |
|                                      | APPROVED <input checked="" type="checkbox"/>                 | REJECTED <input type="checkbox"/>  | COMMENTS: <u>SETBACKS APPROVED BY A. BARNES.</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: [Signature] Date: 1/5/17

Applicant/Contact: MELVIN R. TAYLOR MRT CONST Phone: 804-839-7141  
 Email: mrtconstructionco@comcast.net

|                        |  |                              |
|------------------------|--|------------------------------|
| CONTRACTOR INFORMATION | Contractor<br><u>MRT CONSTRUCTION CO, INC.</u>                         | Phone<br><u>804-743-5690</u> |
|                        | Address<br><u>7101 IRON BRIDGE ROAD, NORTH CHESTERFIELD, VA. 23234</u> |                              |
|                        | Contractor License Number<br><u>2701-1036657</u>                       | Type<br><u>CBR RBC</u>       |

|                     |   |                             |                                |                                |                           |
|---------------------|---|-----------------------------|--------------------------------|--------------------------------|---------------------------|
| Description of Work | Scope of Work: <u>ADDING WOOD FRAME BEDROOM ADDITION BY 987 SQ FT</u> |                             |                                |                                |                           |
|                     | SEWER<br>Public/Private   | WATER<br>Public/Private     | ADDING <u>1</u>                | # of Bathrooms                 |                           |
|                     | # of Floors<br><u>1</u>   | Total Sq. Ft.<br><u>987</u> | Finished Sq. Ft.<br><u>987</u> | Unfinished Sq. Ft.<br><u>0</u> | # of Bedrooms<br><u>1</u> |

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

|                             |                     |
|-----------------------------|---------------------|
| VALUE OF WORK               |                     |
| Building                    | <u>\$110,000.00</u> |
| Excludes All Trades Permits |                     |

|                 |                  |
|-----------------|------------------|
| Application Fee | \$ <u>507.00</u> |
| Zoning Fee      | \$ <u>25.00</u>  |
| Septic/Well Fee | \$               |
| State Levy Fee  | \$ <u>10.14</u>  |
| PLD Total       | \$ <u>542.14</u> |

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

Signature of Applicant: Melvin R. Taylor, President MRT CONST.

**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: 1-11-17

Application Date: 01/03/2017  
 Application Accepted: BP-2017-00007  
 Old Map Number: 63-38-0-26-0  
 GPIN: 7724-13-1778

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 418 Regina Lane, 23238  |                                  | District  |                    |                   |
|                                      | Owner MR. & MRS. Gordon MacGill  |                                  | Phone # 804-822-5191  |                    |                   |
|                                      | Address 418 Regina Lane 23238  |                                  |   |                    |                   |
|                                      | Proposed Use<br>PRIMARY RESIDENCE  | Current Use<br>PRIMARY RESIDENCE | Existing Buildings on Property<br>SINGLE FAMILY HOME                                  |                    |                   |
|                                      | Proposed Occupant Load<br>(Commercial)<br>N/A  | Acreage<br>.8                    | Commercial Use<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                    |                   |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision<br>Cockspur Park   |                                  | Proffer<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        | Amount:<br>N/A     | Date Paid:<br>N/A |
|                                      | New Street Address   |                                  | Zoning District R-3   |                    |                   |
|                                      | Front Setback<br>40' from ROW  | Center Line Setback              | Rear Setback<br>25'   | C.U. Permit<br>N/A | Variance<br>N/A   |
|                                      | Side Setback<br>10'/25'  | Side Setback<br>10'/25'          | COA<br>N/A  | Flood Zone<br>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: 1/5/17

Applicant/Contact: MATT MARTIN Phone: 804-822-5191  
 Email: mmartin@jamesriverconstruction.com

|                        |  |                      |                         |  |
|------------------------|--|----------------------|-------------------------|--|
| CONTRACTOR INFORMATION | Contractor<br>JAMES RIVER CONSTRUCTION, LLC.           |                      | Phone<br>804-822-5191   |  |
|                        | Address<br>8728 FOREST HILL AVENUE, RICHMOND, VA 23235 |                      |                         |  |
|                        | Contractor License Number<br>2705 062194A              | Type<br>BLDA C6C/RBC | Expiration<br>4-30-2017 |  |

|                     |   |                         |                           |               |
|---------------------|---|-------------------------|---------------------------|---------------|
| Description of Work | Scope of Work:<br>ADDING ROOF, COLUMNS TO EXISTING SUB TO CREATE A COVERED PORCH<br>14' x 22' |                         |                           |               |
|                     | SEWER<br>Public/Private   | WATER<br>Public/Private | # of Bathrooms            |               |
|                     | # of Floors   | Total Sq. Ft.<br>308    | Finished Sq. Ft.          | # of Bedrooms |
|                     |   |                         | Unfinished Sq. Ft.<br>308 |               |

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

|                             |  |                          |
|-----------------------------|--|--------------------------|
| VALUE OF WORK               |  | Application Fee \$ 89.67 |
| Building \$ 17,260.00       |  | Zoning Fee \$ 25.00      |
| Excludes All Trades Permits |  | Septic/Well Fee \$       |
|                             |  | State Levy Fee \$ 1.79   |
|                             |  | RLD Total \$ 116.46      |

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

Application Date: 12-30-17

Application Accepted: BP-2017-00003

GPIN: 7734-01-1053

Issued: 1-11-17

Tax Map 64-28-F-4-0

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<br>212 Wild Plum Richmond VA. 23238                              |                     |   | District  |            |            |
|                                      | Owner<br>Pam Martha   |                     |   | Phone #<br>804-839-6317   |            |            |
|                                      | Address<br>212 Wild Plum Richmond VA. 23238                                   |                     |   |   |            |            |
|                                      | Proposed Use<br>Home  |                     | Current Use<br>Home   | Existing Buildings on Property<br>Yes   |            |            |
|                                      | Proposed Occupant Load (Commercial)   |                     | Acreage   | Commercial Use<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |            |
| TO BE COMPLETED BY ZONING DEPARTMENT | Subdivision   |                     | Proffer<br><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: TOM HOMER Phone 804-426-7846

Email: TOM@lanebuilt.com

|                        |  |  |                       |                         |
|------------------------|--|--|-----------------------|-------------------------|
| CONTRACTOR INFORMATION | Contractor<br>LANE HOMES + REMODELING              |  | Phone<br>804-784-0012 |                         |
|                        | Address<br>12536 PATTERSON AVE. RICHMOND VA. 23238 |  |                       |                         |
|                        | Contractor License Number<br>2701-29125            |  | Type<br>A             | Expiration<br>1-31-2017 |

|                     |  |  |                         |                         |                    |
|---------------------|--|--|-------------------------|-------------------------|--------------------|
| Description of Work | Scope of Work: ENCLOSE EXISTING SCREEN PORCH AND ADD PATIO <i>panels per patio</i>   |  |                         |                         |                    |
|                     | SEWER<br><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | WATER<br><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | # of Bathrooms          |                         |                    |
|                     | # of Floors<br>1   | Total Sq. Ft.<br>209   | Finished Sq. Ft.<br>209 | Unfinished Sq. Ft.<br>— | # of Bedrooms<br>— |

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

|                             |             |
|-----------------------------|-------------|
| VALUE OF WORK               |             |
| Building                    | \$68,500.00 |
| Excludes All Trades Permits |             |

|                      |                  |
|----------------------|------------------|
| Application Fee      | \$ 320.24        |
| Zoning Fee           | \$ —             |
| Septic/Well Fee      | \$ —             |
| State Levy Fee       | \$ 6.41          |
| <b>R&amp;D Total</b> | <b>\$ 326.65</b> |

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

*Issued: 1-4-17*

Application Date: **received**

Application Accepted: **12-1-16**  
*BP-2016-00958*

Old Map Number: **30-8-0-25-0**

GPIN: **6758-69-8785**

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<br><i>2404 Cheney Creek Road, 23063</i> | District<br><i>Lickinghole Creek</i>                                       |
| Owner<br><i>Jason Lachniet</i>                       | Phone #<br><i>678-231-2651</i>   |
| Address<br><i>2404 Cheney Creek Road 23063</i>       |  |
| Proposed Use<br><i>Storage</i>                       | Current Use  |
| Proposed Occupant Load (Commercial)                  | Commercial Use<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

TO BE COMPLETED BY ZONING DEPARTMENT

|  |  |                               |                           |
|--|--|-------------------------------|---------------------------|
| Subdivision<br><i>Cheney Creek</i>   | Proffer<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount:<br><i>N/A</i>         | Date Paid:<br><i>N/A</i>  |
| New Street Address   |  | Zoning District<br><i>A-2</i> |                           |
| Front Setback<br><i>55' from Row</i>   | Center Line Setback<br><i>—</i>  | Rear Setback<br><i>5'</i>     | C.U. Permit<br><i>N/A</i> |
| Side Setback<br><i>5'</i>  | Side Setback<br><i>5'</i>  | COA<br><i>N/A</i>             | Flood Zone<br><i>N/A</i>  |
| APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <i>* Survey locate northern setback (listed @ 505')</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 *David Floyd* Date *12/1/16*

|  |                              |
|--|------------------------------|
| Applicant/Contact:<br><i>Jason Lachniet</i>      | Phone<br><i>678-231-2651</i> |
| Email:<br><i>Jason.Lachniet@swedishmatch.com</i> |                              |

|                        |  |                               |
|------------------------|--|-------------------------------|
| CONTRACTOR INFORMATION | Contractor<br><i>Owner contracted</i>  | Phone<br><i>same as above</i> |
|                        | Address<br><i>same as above</i>        |                               |
|                        | Contractor License Number<br><i>NA</i> | Type<br><i>NA</i>             |

|                     |  |                              |                              |                                   |
|---------------------|--|------------------------------|------------------------------|-----------------------------------|
| Description of Work | Scope of Work: <i>Building a 30x28 detached storage garage with storage loft</i> |                              |                              |                                   |
|                     | SEWER<br>Public/Private  | WATER<br>Public/Private      | # of Bathrooms               |                                   |
|                     | # of Floors  | Total Sq. Ft.<br><i>1232</i> | Finished Sq. Ft.<br><i>0</i> | Unfinished Sq. Ft.<br><i>1232</i> |
|                     |  |                              |                              | # of Bedrooms<br><i>0</i>         |

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

|                             |                  |
|-----------------------------|------------------|
| VALUE OF WORK               |                  |
| Building                    | <i>33,880.00</i> |
| Excludes All Trades Permits |                  |

|                  |                  |
|------------------|------------------|
| Application Fee  | \$ <i>164.46</i> |
| Zoning Fee       | \$ <i>25.00</i>  |
| Septic/Well Fee  | \$               |
| State Levy Fee   | \$ <i>3.29</i>   |
| <b>RLD Total</b> | \$ <i>192.75</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]*



# 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  
1-24-17

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      | 1/25/17       |
| Permit #  | EL-2017-00057 |
| Old Map # |               |
| G-Pin     | 6286-20-3674  |

## LOCATION

|   |          |
|---|----------|
| Street Address<br>1220 The Forest Crozier, VA 23039 | District |
|---|----------|

## PROPERTY OWNERSHIP

|  |       |
|--|-------|
| Name<br>Richard Burgess                              | Phone |
| Mailing Address<br>1220 The Forest Crozier, VA 23039 |       |

## APPLICANT

|   |                       |
|---|-----------------------|
| Name<br>Richard Medeiros                    | Phone<br>540-718-7505 |
| E-Mail Address<br>richieneverdark@gmail.com |                       |

## CONTRACTOR

|   |                             |
|---|-----------------------------|
| Name<br>Never Dark Whole House Generators                                     | Phone<br>434-975-3275       |
| Mailing Address<br>2293 Seminole Lane Charlottesville, VA 22901               | License Type<br>Contractors |
| Gas Certification<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Class<br>A                  |
| Slate License Number<br>2710025076  | Expiration<br>8-31-2018     |

## DESCRIPTION OF WORK

|  |              |               |           |
|--|--------------|---------------|-----------|
| wiring 20 kw automatic generators with 2 200amp            |              |               |           |
| service disconnect Transfer switch with load share modules |              |               |           |
| # 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 \_\_\_\_\_

Please sign

Signature of Applicant Richard Medeiros

Approval Fisher Date 1/25/17

Value of work: 4800

Permit fee: 30.60

Issue date: 1/25/17



# 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     | 1/27/17  |
| Permit # | 17-00005 |
| 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 | 1802 SHALLOW WELL RD | District |  |
|----------------|----------------------|----------|--|

### PROPERTY OWNERSHIP

|                 |  |       |  |
|-----------------|--|-------|--|
| Name            | ANN BOWLES                                   | Phone |  |
| Mailing Address | 1802 SHALLOW WELL RD, MANAKIN SPART VA 23103 |       |  |

### APPLICANT

|                |                                |       |              |
|----------------|--------------------------------|-------|--------------|
| Name           | RIC SEABORN                    | Phone | 804 389-4242 |
| E-Mail Address | RICHAARD@MANAKINELECTRICAL.NET |       |              |

### CONTRACTOR

|                   |  |                      |               |
|-------------------|--|----------------------|---------------|
| Name              | MANAKIN ELECTRICAL CONTRACTORS                           | Phone                | 804 389-4242  |
| Mailing Address   | P.O. BOX 147 ROCKVILLE, VA 23146                         | E-mail address:      | SAW@MECVA.COM |
| Gas Certification | YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number | 2705 018630   |
|                   |  | Expiration           | 12/31/18      |
|                   |  | License Type:        | ELE           |
|                   |  | Class:               | B             |

### DESCRIPTION OF WORK

|  |              |               |           |
|--|--------------|---------------|-----------|
| INSTALL 20KW GENERATOR AND 200 AMP SERVICE RATED     |              |               |           |
| AUTOMATIC TRANSFER SWITCH AND TWO LOAD CONTROL UNITS |              |               |           |
| # of Baths   | Service Size | Power Company | Inquiry # |
|  | 200A         |               |           |

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 | <u>Ric Seaborn</u> | Value of Work: | <u>7600-</u>   |
| Approval               | <u>Fisher</u>      | Permit fee:    | <u>58.14</u>   |
| Date                   | <u>1-27-17</u>     | Issue date:    | <u>1-27-17</u> |



# 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  
1-9-17

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      | 1-26-17       |
| Permit #  | 11-2017-00014 |
| Old Map # |               |
| G-Pin     |               |

### LOCATION

|   |          |
|---|----------|
| Street Address<br>2005 Sheppard Town Road Crozier, VA 23039 | District |
|---|----------|

### PROPERTY OWNERSHIP

|  |       |
|--|-------|
| Name<br>Susan Delaney  | Phone |
| Mailing Address<br>2005 Sheppard Town Road Crozier, VA 23039 |       |

### APPLICANT

|   |                       |
|---|-----------------------|
| Name<br>Richard Medeiros                    | Phone<br>540-718-1082 |
| E-Mail Address<br>richieneverdark@gmail.com |                       |

### CONTRACTOR

|  |                                    |
|--|------------------------------------|
| Name<br>Never Dark Whole House Generators  | Phone<br>434-975-3275              |
| Mailing Address<br>2293 Seminole Lane Charlottesville, VA 22901                          | License Type<br>Contractors        |
| Class<br>A   |                                    |
| Gas Certification<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number<br>2710025076 |
|  | Expiration<br>8-31-2018            |

### DESCRIPTION OF WORK 2705141802 7-31-17

|   |              |               |           |
|---|--------------|---------------|-----------|
| wiring 20Kw automatic generator with 200amp service disconnect<br>Transfer Switch with Load Share Modules |              |               |           |
| # 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 Richard Medeiros 12-29-16 Value of work: 1800

Approval Fisher Date 1-9-17 Permit fee: 30.60

Issue date: 1-9-17



# RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Department of Building Inspection

P. O. Box 119 Goochland, VA 23063

(804) 556-5815 Fax (804) 556-5654 TDD (804) 556-5317

|          |              |
|----------|--------------|
| Date     | 01/05/2017   |
| Permit # | 2017-00021   |
| GPIN     | 7715-41-1688 |
| 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 | 763 OAK SPRING LANE | District |  |
|----------------|---------------------|----------|--|

### PROPERTY OWNERSHIP

|                 |   |       |            |
|-----------------|---|-------|------------|
| Name            | TAMBERLYN HOWELL                        | Phone | 8049291374 |
| Mailing Address | 763 OAK SPRING LANE MANAKIN SABOT 23103 |       |            |

### APPLICANT

|                |                         |       |              |
|----------------|-------------------------|-------|--------------|
| Name           | WOODFIN HEATING         | Phone | 804-764-4533 |
| E-Mail Address | VPITTMAN@ASKWOODFIN.COM |       |              |

### CONTRACTOR

|                   |   |                      |                         |
|-------------------|---|----------------------|-------------------------|
| Name              | WOODFIN HEATING   | Phone                | 804-764-4533            |
| Mailing Address   | 1823 N. HAMILTON STREET RICHMOND, VA 23230                          | E-mail address:      | VPITTMAN@ASKWOODFIN.COM |
| Gas Certification | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number | 2701037820              |
| Expiration        | 11/2017   | License Type:        | CONTRACTOR Class: A     |

### DESCRIPTION OF WORK

|   |              |               |           |
|---|--------------|---------------|-----------|
| INSTALL 22KW PROPANE GAS GENERATOR, 200 AMP ATS SURGE PROTECTOR |              |               |           |
| # of Baths  | Service Size | Power Company | Inquiry # |
|   | 200          | Dom           |           |

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] Value of Work: 9400.00

Approval: [Signature] Date: 1-10-17 Permit fee: 67.32

Issue date: 1-10-17



# 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     | 01/05/2017     |
| Permit # | E11-2017-00022 |
| GPIN     | 7733-67-2214   |
| 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 | 66W, SQUARE DRIVE | District |  |
|----------------|-------------------|----------|--|

### PROPERTY OWNERSHIP

|                 |                                     |       |            |
|-----------------|-------------------------------------|-------|------------|
| Name            | CHARLES AND ELIZABETH CARY          | Phone | 8047847378 |
| Mailing Address | 66 W SQUARE DRIVE RICHMOND VA 23238 |       |            |

### APPLICANT

|                |                         |       |              |
|----------------|-------------------------|-------|--------------|
| Name           | WOODFIN HEATING         | Phone | 804-764-4533 |
| E-Mail Address | VPITTMAN@ASKWOODFIN.COM |       |              |

### CONTRACTOR

|                   |   |                      |                         |
|-------------------|---|----------------------|-------------------------|
| Name              | WOODFIN HEATING   | Phone                | 804-764-4533            |
| Mailing Address   | 1823 N. HAMILTON STREET RICHMOND, VA 23230                          | E-mail address:      | VPITTMAN@ASKWOODFIN.COM |
| Gas Certification | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number | 2701037820              |
| Expiration        | 11/2017   | License Type:        | CONTRACTOR Class: A     |

### DESCRIPTION OF WORK

|   |              |               |           |
|---|--------------|---------------|-----------|
| INSTALL 16 <sup>yw</sup> PROPANE GAS GENERATOR 100 AMP ATS w/ SURGE PROTECTOR SUB PANEL |              |               |           |
| # of Baths  | Service Size | Power Company | Inquiry # |
|   |              | Dom           |           |

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 |         | Value of Work: | 9370.00 |
| Approval               |         | Permit fee:    | 67.32   |
| Date                   | 1-10-17 | Issue date:    | 1-10-17 |



# 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     | 01/05/2017     |
| Permit # | E11-2017-00620 |
| 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 | 3773 WHITEHALL ROAD | District |  |
|----------------|---------------------|----------|--|

### PROPERTY OWNERSHIP

|                 |   |       |            |
|-----------------|---|-------|------------|
| Name            | DONNA SALMON                            | Phone | 8045564925 |
| Mailing Address | 3773 WHITHALL ROAD SANDY HOOK, VA 23153 |       |            |

### APPLICANT

|                |                         |       |              |
|----------------|-------------------------|-------|--------------|
| Name           | WOODFIN HEATING         | Phone | 804-764-4533 |
| E-Mail Address | VPITTMAN@ASKWOODFIN.COM |       |              |

### CONTRACTOR

|                   |   |                      |                         |
|-------------------|---|----------------------|-------------------------|
| Name              | WOODFIN HEATING   | Phone                | 804-764-4533            |
| Mailing Address   | 1823 N. HAMILTON STREET RICHMOND, VA 23230                          | E-mail address:      | VPITTMAN@ASKWOODFIN.COM |
| Gas Certification | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number | 2701037820              |
|                   |   | Expiration           | 11/2017                 |
|                   |   | License Type:        | CONTRACTOR Class: A     |

### DESCRIPTION OF WORK

*\* THIS IS A REPLACEMENT SYSTEM \**

|  |              |               |           |
|--|--------------|---------------|-----------|
| INSTALL 22KW PROPANE GAS GENERATOR, EXISTING 100 AMP ATS, <i>6 16KW GEN,</i> |              |               |           |
| REPLACE 16 CIRCUIT PANEL WITH 24 CIRCUIT PANEL, SURGE PROTECTOR              |              |               |           |
| # of Baths   | Service Size | Power Company | Inquiry # |
|  | 200A         | DOM           |           |

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]*

Value of Work: 9400.00

Permit fee: 67.32

Approval *[Signature]* Date 1-10-17

Issue date: 1-10-17



# 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

1-11-17

|          |               |
|----------|---------------|
| Date     | 01/05/2017    |
| Permit # | 11-2017-00019 |
| 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 | <b>906 HOCKETT ROAD</b> | District |
|----------------|-------------------------|----------|

### PROPERTY OWNERSHIP

|                 |   |       |                   |
|-----------------|---|-------|-------------------|
| Name            | <b>EVELYN JACKSON</b>                       | Phone | <b>8047080412</b> |
| Mailing Address | <b>906 HOCKETT ROAD MANAKIN SABOT 23103</b> |       |                   |

### APPLICANT

|                |                                |       |                     |
|----------------|--------------------------------|-------|---------------------|
| Name           | <b>WOODFIN HEATING</b>         | Phone | <b>804-764-4533</b> |
| E-Mail Address | <b>VPITTMAN@ASKWOODFIN.COM</b> |       |                     |

### CONTRACTOR

|                   |   |                          |                                |
|-------------------|---|--------------------------|--------------------------------|
| Name              | <b>WOODFIN HEATING</b>  | Phone                    | <b>804-764-4533</b>            |
| Mailing Address   | <b>1823 N. HAMILTON STREET RICHMOND, VA 23230</b>                   | E-mail address:          | <b>VPITTMAN@ASKWOODFIN.COM</b> |
| Gas Certification | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number     | <b>2701037820</b>              |
| Expiration        | <b>11/2017</b>  | License Type: CONTRACTOR | Class: <b>A</b>                |

### DESCRIPTION OF WORK

|  |              |               |              |
|--|--------------|---------------|--------------|
| <b>INSTALL 22KW PROPANE GAS GENERATOR, 200 AMP ATS SURGE PROTECTOR</b> |              |               |              |
| # of Baths   | Service Size | Power Company | Inquiry #    |
|  | <b>200</b>   | <b>Dom</b>    | <b>_____</b> |

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 1-10-17

Value of Work: 9400.00  
Permit fee: 67.32  
Issue date: 1-10-17



# 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     | 01/16/17        |
| Permit # | 2/15/2017-00032 |
| 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 | 316 PERROW LANE | District |  |
|----------------|-----------------|----------|--|

### PROPERTY OWNERSHIP

|                 |   |       |            |
|-----------------|---|-------|------------|
| Name            | DAVE MEYER                              | Phone | 8043939989 |
| Mailing Address | 316 PERROW LANE MANAKIN SABOT, VA 23103 |       |            |

### APPLICANT

|                |                         |       |              |
|----------------|-------------------------|-------|--------------|
| Name           | WOODFIN HEATING         | Phone | 804-764-4533 |
| E-Mail Address | VPITTMAN@ASKWOODFIN.COM |       |              |

### CONTRACTOR

|                   |   |                      |                         |
|-------------------|---|----------------------|-------------------------|
| Name              | WOODFIN HEATING   | Phone                | 804-764-4533            |
| Mailing Address   | 1823 N. HAMILTON STREET RICHMOND, VA 23230                          | E-mail address:      | VPITTMAN@ASKWOODFIN.COM |
| Gas Certification | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | State License Number | 2701037820              |
| Expiration        | 11/2017   | License Type:        | CONTRACTOR Class: A     |

### DESCRIPTION OF WORK

|  |              |               |           |
|--|--------------|---------------|-----------|
| INSTALL 22 KW PROPANE GAS GENERATOR, 2-200 AMP ATS |              |               |           |
| 2- SURGE PROTECTORS                                |              |               |           |
| # of Baths   | Service Size | Power Company | Inquiry # |
|  | 400          | DOM           |           |

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

Value of Work: 9370.00

Permit fee: 67.32

Approval Date 1-17-17

Issue date: 1-17-17



# 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     | 1/17/17      |
| Permit # | 2112016-1019 |
| 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<br>801 Rockcastle Rd Goochland | District |
|---|----------|

### PROPERTY OWNERSHIP

|                         |       |
|-------------------------|-------|
| Name<br>SARA GERTHON    | Phone |
| Mailing Address<br>Same |       |

### APPLICANT

|  |                       |
|--|-----------------------|
| Name<br>JAMIE ATKINS                           | Phone<br>804 921 3193 |
| E-Mail Address<br>JAMIE@ATKINSELECTRICALVA.COM |                       |

### CONTRACTOR

|   |                                    |                       |                      |             |
|---|------------------------------------|-----------------------|----------------------|-------------|
| Name<br>ATKINS ELECTRIC INC   | Phone<br>804 921 3193              |                       |                      |             |
| Mailing Address<br>14200 Gorb H. Church Rd Amelia VA 23002                    | E-mail address:                    |                       |                      |             |
| Gas Certification<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number<br>2205145020 | Expiration<br>3/31/18 | License Type:<br>EIE | Class:<br>A |

### DESCRIPTION OF WORK

|                            |                     |               |           |
|----------------------------|---------------------|---------------|-----------|
| INSTALLING 22 KW GENERATOR |                     |               |           |
| # of Baths                 | Service Size<br>400 | 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: 2400.00

Permit fee: 35.19

Signature of Applicant *[Signature]*

Approval *[Signature]* Date 1-17-17

Issue date: 1-17-17



# 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     | 1-20-17       |
| Permit # | 0112017-00045 |
| 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 | 2175 Gardwell road | District |  |
|----------------|--------------------|----------|--|

### PROPERTY OWNERSHIP

|                 |                    |       |              |
|-----------------|--------------------|-------|--------------|
| Name            | Al Taylor          | Phone | 804-784-3747 |
| Mailing Address | 2175 Gardwell road |       |              |

### APPLICANT

|                |                                   |       |              |
|----------------|-----------------------------------|-------|--------------|
| Name           | Keivona Brogden                   | Phone | 804-340-5827 |
| E-Mail Address | Keivona.brogden@michaelandson.com |       |              |

### CONTRACTOR

|                   |  |                      |                                   |
|-------------------|--|----------------------|-----------------------------------|
| Name              | Michael and son services                                 | Phone                | 804-340-5827                      |
| Mailing Address   | 1407 Cummings dr   | E-mail address:      | Keivona.brogden@michaelandson.com |
| Gas Certification | YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number | 2701038403                        |
|                   |  | Expiration           | 12/31/18                          |
|                   |  | License Type:        | A                                 |
|                   |  | Class:               |                                   |

### DESCRIPTION OF WORK

|  |              |               |           |
|--|--------------|---------------|-----------|
| running an electrical line to a 17kw Briggs and Stratton 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 \_\_\_\_\_

Signature of Applicant

Value of Work: 8000.00

Permit fee: 58.14/1.14

Approval Date 1-20-17

Issue date: 1-20-17



# 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      | 1-18-17 |
| Permit #  | 16-912  |
| Old Map # |         |
| G-Pin     |         |

## LOCATION

|                |                        |          |    |
|----------------|------------------------|----------|----|
| Street Address | 1631 SABOT CREEK DRIVE | District | 01 |
|----------------|------------------------|----------|----|

## PROPERTY OWNERSHIP

|                 |   |       |              |
|-----------------|---|-------|--------------|
| Name            | MISHRA MUNMAYA K & BIDULATA SAR               | Phone | 804-683-1728 |
| Mailing Address | 1631 SABOT CREEK DRIVE MANAKIN SABOT VA 23103 |       |              |

## APPLICANT

|                |                          |       |              |
|----------------|--------------------------|-------|--------------|
| Name           | Marcie Haynie            | Phone | 804-276-5580 |
| E-Mail Address | jmelectrical@comcast.net |       |              |

## CONTRACTOR

|                   |   |                      |            |              |              |  |
|-------------------|---|----------------------|------------|--------------|--------------|--|
| Name              | Haynie Electrical Services Inc dba J&M Electrical Services          |                      |            | Phone        | 804-276-5580 |  |
| Mailing Address   |   |                      |            | License Type | Class        |  |
| Gas Certification | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number | 2705099807 | Expiration   | 10/31/2017   |  |
|                   |   |                      |            | ELEC         | A            |  |

## DESCRIPTION OF WORK

|   |              |               |           |
|---|--------------|---------------|-----------|
| INSTALL 22KW AUTOMATIC STANDBY GENERATOR WITH 1 200AMP ATS 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 \_\_\_\_\_

Signature of Applicant

*M. Haynie*

Value of work:

\$10,500.00

Permit fee:

\$71.91

Approval

*Fisher*

Date

1-18-17

Issue date:

1-18-17



# 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                           |
| Permit # <u>011-2017-00048</u> |
| 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<br><u>843 ELMSLIE LANE MANAKEN SABOT 23103</u> | District<br><u>link to gas 2017-48</u> |
|---|--|

### PROPERTY OWNERSHIP

|  |                          |
|--|--------------------------|
| Name<br><u>Rich COSTANZO</u>                                       | Phone<br><u>380-9594</u> |
| Mailing Address<br><u>843 ELMSLIE LANE MANAKEN SABOT VA. 23103</u> |                          |

### APPLICANT

|   |                          |
|---|--------------------------|
| Name<br><u>JEFFREY LUCK</u>                   | Phone<br><u>370-1681</u> |
| E-Mail Address<br><u>ARCESSLUCK@GMAIL.COM</u> |                          |

### CONTRACTOR

|   |  |                                |                             |                    |
|---|--|--------------------------------|-----------------------------|--------------------|
| Name<br><u>LUCK ELECTRICAL</u>  | Phone<br><u>370-1681</u>                       |                                |                             |                    |
| Mailing Address<br><u>439 HOLLAND CREEK RD. LOWESSA VA. 23093</u>             | E-mail address:<br><u>ARCESSLUCK@GMAIL.COM</u> |                                |                             |                    |
| Gas Certification<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | State License Number<br><u>2705068261</u>      | Expiration<br><u>6-30-2018</u> | License Type:<br><u>ELE</u> | Class:<br><u>B</u> |

### DESCRIPTION OF WORK

|  |              |               |           |
|--|--------------|---------------|-----------|
| <u>INSTALL STAND BY GENERATOR 22KW. FOR BACK UP POWER TO DWELLING.</u> |              |               |           |
| # 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 [Signature]

Value of Work: \$ 8500.00

Permit fee: 62.73

Approval [Signature] Date 1-26-17

Issue date: 1-26-17

1-26-17



# 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      | 1-26-17        |
| Permit #  | E11-2017-00068 |
| Old Map # |                |
| G-Pin     |                |

### LOCATION

|                |                          |          |  |
|----------------|--------------------------|----------|--|
| Street Address | 1467 Indys Run Rd, 23102 | District |  |
|----------------|--------------------------|----------|--|

### PROPERTY OWNERSHIP

|                 |                              |       |  |
|-----------------|------------------------------|-------|--|
| Name            | Susan Brett and Lisa Strauss | Phone |  |
| Mailing Address |                              |       |  |

### APPLICANT

|                |                                |       |              |
|----------------|--------------------------------|-------|--------------|
| Name           | Thomas Adams                   | Phone | 804-368-7837 |
| E-Mail Address | adams electrical inc@gmail.com |       |              |

### CONTRACTOR

|                   |   |                      |              |                      |
|-------------------|---|----------------------|--------------|----------------------|
| Name              | Adams Electrical + Security Systems, Inc                            |                      | Phone        | 804-368-7837         |
| Mailing Address   | P.O. Box 1285, Ashland, VA 23005                                    |                      | License Type | Class                |
| Gas Certification | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | State License Number | Expiration   | Tradesman Electrical |
|                   |   | 2105018702           | 12-31-2018   | B                    |

### DESCRIPTION OF WORK

|  |              |               |           |
|--|--------------|---------------|-----------|
| Whole house generator - wire and install |              |               |           |
| # 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: Thomas Adams  
 Value of work: \$1,500  
 Permit fee: 30.60  
 Date: 1-27-17