

Issued: 3/13/17



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office
P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: <u>3/13/17</u>	Application No.: <u>AP-2017-00193</u>	Fee: \$25.00
Zoning Approval: <u>Yes</u>	No: _____	Date: <u>3/13/17</u>

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: George Poulton
 Address: 1231 MANAKIN RD
 E-mail: _____

Telephone: _____
 Cell phone: 399 8897
 FAX: _____

Name of Applicant: Christopher Lind J.
 Address: 2100 B Southlake Blvd
 E-mail: CHRISTOPHERLIND99@COMCAST.NET

Telephone: 379-9409
 Cell phone: _____
 FAX: _____
2705018846
2701871973

Property Information

Street Address: 1233 MANAKIN RD
 GPIN Number: 57-1-0-51-0 7715-18-5080
 Existing Use: Residential

Zoning: A-2
 Acreage: 4.931

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

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

Pool Pavilion

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 3 roads end Lane			District	
	Owner Greg Frepp			Phone # 804-307-6059	
	Address 3 roads end Lane				
	Proposed Use Residence		Current Use Residence	Existing Buildings on Property 1	
	Proposed Occupant Load (Commercial)		Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C.U. Permit	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: John Durham Phone 804-908-2257

Email: JDurhamCarpentry@Hotmail.com

CONTRACTOR INFORMATION	Contractor John Durham		Phone 804-908-2257	
	Address 2539 Cherry tree Lane N. Chesterfield, Va 23235			
	Contractor License Number 2705137003		Type BLD	Expiration 4-30-18

Description of Work	Scope of Work: Enclose existing porch at master Bedroom. Add new powder room at 1st Floor ^ to enlarge 2nd story				
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	5	# of Bathrooms	
	# of Floors 3	Total Sq. Ft. 211	Finished Sq. Ft. 211	Unfinished Sq. Ft.	# of Bedrooms 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.

John Durham

Revised 3/9/17 Add Va path to movement - MUAIR, NCEP

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

Issued 3-10-17

Application Date: 02.23.17
 Application Accepted: BP-2017-00151
 Old Map Number: 55-15-0-15-0
 GPIN: 6785-78-0193

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 1504 Old Oaks Lane Crozier, VA 23039		District		
	Owner Robert & Pamela Steelman		Phone # (804) 316-0503		
	Address 1504 Old Oaks Lane Crozier, VA 23039				
	Proposed Use Residential Home	Current Use Residential Home	Existing Buildings on Property Home		
	Proposed Occupant Load (Commercial) N/A	Acreage 3.0	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Old Oaks		Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address			Zoning District A-2	
	Front Setback 75' from Red	Center Line Setback	Rear Setback 5'	C.U. Permit N/A	Variance N/A
	Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 3/6/17

Applicant/Contact: Chrissy Perkins Phone: (804) 784-1200
 Email: cperkins@homemasons.com

CONTRACTOR INFORMATION
 Contractor: HomeMasons, Inc. Phone: (804) 784-1200
 Address: 286 River Road West Manakin-Sabot, VA 23103
 Contractor License Number: 2705020224 Type: Class A Contractor-CBC RBC Expiration: 3-31-2017

Description of Work	Scope of Work: Exterior-Patio roof addition roof over existing patio				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK		Application Fee	\$ 19.50
Building	\$ 15,000	Zoning Fee	25.00
Excludes All Trades Permits		Septic/Well Fee	\$
		State Levy Fee	\$ 1.59
		RLR Total	\$ 106.09

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

Signature of Applicant: [Signature]

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

ISSUED: 3-9-17

Application Date: 2/27/17
 Application Accepted: BP-2017-00160
 Old Map Number: 42-1-0-50-0
 GPIN: 6767-03-4917

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 3001 River Road West		District	
	Owner Goochland Free Clinic & Family Services		Phone # 804-556-6260	
	Address P.O. Box 116, Goochland, VA 23063			
	Proposed Use Construction Trailer	Current Use N/A	Existing Buildings on Property N/A	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
	New Street Address		Zoning District B-2	
	Front Setback 55' from Row	Center Line Setback	Rear Setback 50'	C.U. Permit
	Side Setback 10' - W. Side	Side Setback 30' - E. Side	COA N/A	Variance N/A
	Flood Zone N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 2/28/17

Applicant/Contact: Mike Ferrara Phone: 804-282-5300
 Email: mferrara@houriganconstruction.com

CONTRACTOR INFORMATION	Contractor Hourigan Construction	Phone 804-282-5300
	Address 411 East Franklin St., Suite 411, Richmond, VA 23219	
	Contractor License Number 270101019A	Type Class A

Description of Work	Scope of Work: Provide construction trailer for Hourigan site-office			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 240	Finished Sq. Ft.	Unfinished Sq. Ft. 240

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

VALUE OF WORK	
Building	\$ 3704.14
Excludes All Trades Permits	

Application Fee	\$ 80.60 30.60
Zoning Fee	\$ 50.00
Septic/Well Fee	\$
State Levy Fee	\$
RLD Total	\$ 80.60

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

Signature of Applicant: [Signature]

received

BUILDING PERMIT APPLICATION

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

TSS1100.3317

Application Date: 3-27-17 3-27-17
Application Accepted: BP-2017-00161
Old Map Number: 32-5-0-A-0
GPIN: 6778-86-0415

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 2467 Dog Gone Rd.		District		
	Owner George Kefalas		Phone # (804) 556-3076		
	Address 2467 Dog Gone Rd., Maidens, VA 23102				
	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 None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District A-2		
	Front Setback 55' from ROW	Center Line Setback	Rear Setback 5'	C.U. Permit N/A	Variance N/A
	Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone	N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date: 2/28/17

Applicant/Contact: George Kefalas / Owner Phone: (804) 556-3076

CONTRACTOR INFORMATION	Contractor		Phone	
	Address			
	Contractor License Number		Type	Expiration

Description of Work	Scope of Work: PreFab storage shed 14x24 for lawnmower + equipment				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 336	Finished Sq. Ft.	Unfinished Sq. Ft. 336	# of Bedrooms

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

VALUE OF WORK	
Building	7,156.93 9,240
<i>Excludes All Trades Permits</i>	

Application Fee	\$ 53.58
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.07
RED Total	\$ 79.65

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: 64.22.B.4.0

Application Date: 3/9/17

Application Accepted: BP-2017-00184

GPIN: 7733-18-7700

Issued: 3.9.17

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		13295 BECKFORD LN.		District
	Owner		DAVID & BARBARA PITTS		Phone #
	Address				
	13295 BECKFORD LN.				
	Proposed Use	Current Use	Existing Buildings on Property		
RESIDENCE		1			
Proposed Occupant Load (Commercial)	Acreage	Commercial Use			
	3+	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer	Amount:	Date Paid:	
	RIVERGATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	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: JOHN EZEEL Phone 804-405-6462

Email: EZEELINC@901.COM

CONTRACTOR INFORMATION	Contractor	EZEEL G. INC.		Phone
	Address	2300 DORA LN. / N. CITIES FORGIVEN, VA 23235		
	Contractor License Number	Type	Expiration	
	021547A	A	7-31-2017	

Description of Work	Scope of Work: REMOVE EXISTING SUPPORT WALL, ADD BEAM, REMOVE NEW WALLS TO EXTEND ROOM INTO UNFINISHED AREA. STRUCTURE & FINISH. ADDITIONAL 260 SQFT. FINISHED OF FAMILY ROOM				
	SEWER (Public/Private)	WATER (Public/Private)	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	3		Additional 260		6

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

VALUE OF WORK	
Building	\$ 14,000
Excludes All Trades Permits	

Application Fee	\$ 75.00
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ 1.50
RLD Total	\$ 76.50

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

X *[Signature]*

BUILDING PERMIT APPLICATION

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

TM: 5-1-0-61-0

Application Date: 2/14/17

Application Accepted: BP-2017-00129

GPIN: 6823-35-5620

Issued: 3.8.17

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 5061 Broad Street Rd Louisa		District 1
Owner Brad & Donna Reynolds		Phone # 804-519-8317
Address same		
Proposed Use Wedding Venue	Current Use Wedding Venue	Existing Buildings on Property Morton Barn
Proposed Occupant Load (Commercial) 150	Acreage 1 acre	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
New Street Address —		Zoning District A-1	
Front Setback 100' from Row	Center Line Setback —	Rear Setback 5'	C.U. Permit CH-2016-00008
Side Setback 5'	Side Setback 5'	COA N/A	Variance N/A
Flood Zone N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: David Floyd Date: 2/15/17

Applicant/Contact: Donna Reynolds Phone: 804-519-8317

Email: flagr15061@yahoo.com

CONTRACTOR INFORMATION

Contractor JA Allen Construction Inc	Phone 434-981-9608
Address PO Box 507 Louisa VA 23093	
Contractor License Number 2705D91696	Type CLASS A
Expiration 1/31/2019	

Description of Work

Scope of Work:
Building new 40x72 Pole Barn for Event Venue
Special

SEWER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	WATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Public	# of Bathrooms 2
# of Floors 1	Total Sq. Ft. 3445	Finished Sq. Ft. 2880	Unfinished Sq. Ft. 585
		# of Bedrooms 0	

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

VALUE OF WORK \$129,600.00 + 2880
 Building \$185,900 (Excludes All Trades Permits) \$80,000
 Total Value: \$155,925.00

Application Fee	\$1223.20
Zoning Fee	\$100.00
Septic/Well Fee	\$25.00
State Levy Fee	\$24.96
TOTAL	\$1373.16

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.

Donna Reynolds

**Revised 3-3-17 Add Overhang 565 sq ft. to two sides of venue.

BUILDING PERMIT APPLICATION

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

TM: 5-1-0-61-0

Application Date: 2/14/17

Application Accepted: BP-2017-00128

GPIN: 6823-35-5620

Issued: 3.8.17

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 5061 Broad Street Rd Louisa	District 1
Owner Brad & Donna Reynolds	Phone # 804-519-8317
Address Same	
Proposed Use Wedding Venue	Current Use Wedding venue
Existing Buildings on Property Morton Barn	
Proposed Occupant Load (Commercial) 150	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A
New Street Address ---		Zoning District A-1	
Front Setback 100' from POW	Center Line Setback ---	Rear Setback 5'	C.U. Permit CU-2016-00008
Side Setback 5'	Side Setback 5'	COA N/A	Variance N/A
Flood Zone N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: David Floyd Date: 2/15/17

Applicant/Contact: Donna Reynolds Phone: 804-519-8317

Email: flaqurl5061@yahoo.com

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

Description of Work	Scope of Work: <u>Convert Existing Barn into Special Event Venue</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	\$100. ⁰⁰
Excludes All Trades Permits	

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

Donna Reynolds

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

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

Application Date: 2-7-17
 Application Accepted: BP-2017-00098
 GPIN: 6787-84-4290
 Issued: 3-8-17

Tax Map # 15-1-0-31-0

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

OWNER INFORMATION	Site Address <u>1981 CARDWELL RD.</u>		District
	Owner <u>BETHEL METHODIST CHURCH</u>		Phone #
	Address <u>OKVILLE VA 23129</u>		
	Proposed Use <u>CHURCH</u>	Current Use <u>CHURCH</u>	Existing Buildings on Property <u>YES</u>
	Proposed Occupant Load (Commercial)	Acreeage <u>1.91</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision <u>None</u>	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: <u>N/A</u>	Date Paid: <u>N/A</u>	
	New Street Address		Zoning District <u>A-2</u>		
	Front Setback <u>75' From Row</u>	Center Line Setback	Rear Setback <u>35'</u>	C.U. Permit <u>N/A</u>	Variance <u>N/A</u>
	Side Setback <u>20'</u>	Side Setback <u>20'</u>	COA <u>N/A</u>	Flood Zone <u>N/A</u>	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Boyd Date 2/8/17

Applicant/Contact: LEIGH GORDON Phone

Email: GORDON BROTHERS CONSTRUCTION @ YAHOO.COM

CONTRACTOR INFORMATION	Contractor <u>GORDON BROTHERS CONST.</u>	Phone <u>804-972-3877</u>
	Address <u>1820 ROCK CASTLE RD. GOOCHLAND VA, 23063</u>	
	Contractor License Number <u>2705744137</u>	Type <u>"A"</u>

Description of Work	Scope of Work: <u>BUILD ADDITION 8'x22' TO ALLOW EXPANSION OF EXISTING WARMING KITCHEN. RENOVATE (2) HALF BATHROOMS USING EXISTING SPACE FOR BATHROOMS</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms
	<u>N/A</u>	<u>N/A 190</u>	<u>180</u>		<u>N/A</u>

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

VALUE OF WORK	
Building	<u>\$ 60,000.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>560.00</u>
Zoning Fee	\$ <u>50.00</u>
Septic/Well Fee	\$
State Levy Fee	\$ <u>11.24</u>
RTD TOTAL	\$ <u>623.24</u>

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

X Leigh Gordon

42-1-12A

BUILDING PERMIT APPLICATION

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

Application Date:

5-25-2016

Application Accepted:

BP-2016-00387

GPIN:

6757-45-1465

Issued:

Issued: 6-8-16

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

OWNER INFORMATION

Site Address 1813 CEDAR POINT RD Goochland, VA 23063		District
Owner FRED DUNNAN		Phone # 804-556-6090
Address 1813 CEDAR POINT RD. Goochland, VA 23063		
Proposed Use HOME (NEW)	Current Use HOME	Existing Buildings on Property TRAILER & BARN (MOBILE HOME TO BE REMOVED)
Proposed Occupant Load (Commercial)	Acreage 2.236	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address S.A.M.E		Zoning District A-2	
Front Setback 55' off ROW	Center Line Setback	Rear Setback 35	C.U. Permit
Side Setback 20	Side Setback 20	COA	Flood Zone
APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: Existing single to be removed - 60 days after C.O.			

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 Office: [Signature] Date: 5-27-2016

Applicant/Contact: FRED DUNNAN Phone: 556-6090 / 334-6892

CONTRACTOR INFORMATION	Contractor owner	Phone
	Address	
	Contractor License Number	Type
		Expiration

Description of Work	Scope of Work: SINGLE FAMILY DWELLING; existing single wide to be removed				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms 2		
	# of Floors 2	Total Sq. Ft. 2192	Finished Sq. Ft. 1246	Unfinished Sq. Ft. 930	# of Bedrooms 2

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

2376

VALUE OF WORK

Building	\$127,985.00
----------	--------------

Excludes All Trades Permits

Application Fee	\$587.93
Zoning Fee	\$50.00
Septic/Well Fee	\$
State Levy Fee	\$11.76
RLD Total	\$649.69

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]

** REVISID 3-7-17 Add 184 sq ft finished storage room to 2nd floor **

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: 30-15-0-2-0

Application Date: 3.6.17

Application Accepted: BP-2017-00178

GPIN: 6759-90-5645

Issued: 3.7.17

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 3100 Mayo's woods ct	District	
Owner Maxwell Shelton	Phone #	
Address 3100 Mayo's woods ct		
Proposed Use	Current Use	Existing Buildings on Property
Proposed Occupant Load (Commercial)	Acreage 4.56	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision Mayo Woods	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____	Date Paid: _____
New Street Address _____		Zoning District A-2	
Front Setback 55' from ROW	Center Line Setback _____	Rear Setback 35'	C.U. Permit _____
Side Setback 20'	Side Setback 20'	COA _____	Flood Zone _____
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: David Floyd Date: 3/6/17

Applicant/Contact: Denny Queenberry Phone: 804-241-3920

Email: dqueenberry@gmail.com

Contractor <u>Denny Queenberry Delta Decks LLC</u>	Phone <u>804-241-3920</u>
Address <u>2538 Fairwinds Rd</u>	
Contractor License Number <u>2705161359</u>	Expiration <u>2-28-2019</u>
Type <u>HFC</u>	

Description of Work <u>build 14x41 deck</u>				
SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. <u>574</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>574</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>12,000</u>
Excludes All Trades Permits	

Application Fee	\$ _____
Zoning Fee	\$ <u>25.00</u>
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>1.32</u>
STC Total	\$ <u>92.32</u>

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

X Denny Queenberry

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 3.6.17

Application Date: 02.23.2017

Application Accepted: BP-2017-00152

Old Map Number: 62-18-0-22-0

GPIN: 7704-73-3121

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		459 Dover Knoll Manakin-Sabot 23103		District	
	Owner		Carrol Hurst		Phone #	
	Address		459 Dover Knoll Manakin-Sabot, VA 23103			
	Proposed Use	Current Use	Existing Buildings on Property			
	Residential Home	Residential Home	Home			
Proposed Occupant Load (Commercial)	Acreage	Commercial Use				
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer		Amount:	Date Paid:
	Boscobel Country		<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	Variance	
55' from R/W		35'	N/A	N/A		
Side Setback	Side Setback	COA	Flood Zone			
20'	20'	N/A	N/A			
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:						

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

Planning & Zoning Officer: David Floyd Date: 3/6/17

Applicant/Contact: Chrissy Perkins Phone: (804) 784-1200
 Email: cperkins@homemasons.com

CONTRACTOR INFORMATION	Contractor		HomeMasons, Inc.		Phone	(804) 784-1200
	Address		286 River Road West Manakin-Sabot, VA 23123			
	Contractor License Number	2705020224	Type	Class A Contractor - CBC RBC	Expiration	3-31-2017
Description of Work	Scope of Work: New concrete terrace, site steps, pergula, on-grade terrace.					
	SEWER	WATER	# of Bathrooms			
	Public/Private	Public/Private				
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms	

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

VALUE OF WORK	
Building	\$ 70,837.00
Excludes All Trades Permits	

Application Fee	\$ 330.76
Zoning Fee	25.00
Septic/Well Fee	\$
State Levy Fee	\$ 6.02
GRAND TOTAL	362.38

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

Signature of Applicant: C. Perkins

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

Issued 8.3.17

Application Date: 2/3/17
 Application Accepted: BP-2017-00093
 Old Map Number: 58-32-3-A-0
 GPIN: 1725-33-0619

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

OWNER INFORMATION	Site Address 15000 Capital One Drive (Commons), Richmond, VA 23238			District		
	Owner Dwayne Hooper/ Capital One			Phone # (804) 248-8991		
	Address 15000 Capital One Drive, Richmond, VA 23238					
	Proposed Use		Current Use	Existing Buildings on Property		
Proposed Occupant Load (Commercial)		Acreage		Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: 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: Emily Covey		Phone (804) 433-4160
Email: emilyc@dpr.com		

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

Description of Work	Scope of Work: Selective demolition and re-installation of 6 double doors.				
	SEWER Public/Private	WATER Public/Private	N/A	# of Bathrooms	
	# of Floors 1	Total Sq. Ft. 1,800	Finished Sq. Ft. 1,800	Unfinished Sq. Ft. N/A	# of Bedrooms N/A

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

VALUE OF WORK		Application Fee \$ \$2,821.43
Building	\$297,835	Zoning Fee \$ N/A
Excludes All Trades Permits		Septic/Well Fee \$ N/A
		State Levy Fee \$ \$56.43
		\$\$\$ Total \$ 2877.86 2877.86

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

Signature of Applicant *Emily Covey*

received

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

Issued: 3-3-17

Application Date: 3-27-17 3-27-17
 Application Accepted: DP-2017-00161
 Old Map Number: 32-5-0-A-0
 GPIN: 0TT8-86-0415

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 2467 Dog Gone Rd.			District	
	Owner George Kefalas			Phone # (804) 556-3076	
	Address 2467 Dog Gone Rd. Maidens, VA. 23102				
	Proposed Use	Current Use	Existing Buildings on Property		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A		
New Street Address		Zoning District A-2			
Front Setback 55' from ROW	Center Line Setback	Rear Setback 5'	C.U. Permit N/A	Variance N/A	
Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A		
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:					

This application requires two copies of a site plan of the property showing the dimensions and shape of parcels, all new work and existing structures and setback distances from the front, sides and rear lot lines. Lot lines must be clearly marked prior to calling for a footing inspection.
 Planning & Zoning Officer: David Floyd Date: 2/28/17

Applicant/Contact: George Kefalas / OWNER Phone: (804) 556-3076
 Email:

CONTRACTOR INFORMATION	Contractor		Phone
	Address		
	Contractor License Number	Type	Expiration

Description of Work	Scope of Work: PreFab storage shed 14x24 <i>for Lawnmower + equipment</i>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 336	Finished Sq. Ft.	Unfinished Sq. Ft. 336	# of Bedrooms
	TWO COPIES OF CONSTRUCTION DRAWINGS AND TWO COPIES OF THE SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION.				

VALUE OF WORK	
Building	7,156.93 <i>9,240</i>
Excludes All Trades Permits	

Application Fee	\$ 53.58
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.07
RECD Total	\$ 79.65

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

Issued: 3-2-17



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

received
2/27/17

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: _____

Application No. AP-2017-0016a

Fee: \$25.00

Zoning Approval: Yes

No: _____

Date: 2/27/17

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Ray + Karin Luck

Address: 4609 Payne Rd

Columbia VA 23038

E-mail: KLuck99@gmail.com

Telephone: _____

Cell phone: (804) 986-3961

FAX: _____

Name of Applicant: Karin Luck

Address: 4609 Payne Rd

Columbia VA 23038

E-mail: KLuck99@gmail.com

Telephone: _____

Cell phone: (804) 986-3961

FAX: _____

Property Information

Street Address: 4609 Payne Pk.

GPIN Number: 6803-7215781

Existing Use: farm

Zoning: A-1

Acreage: 29.29

Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Project Information

1. Estimated square footage of the building(s): 40' x 40'

2. Written Description of Proposed Physical Improvements

Pole barn for hay storage

no electric, no plumbing

BUILDING PERMIT APPLICATION
 Goochland County Building Inspection Department
 P O Box 119
 Goochland VA 23063
 (804) 556-5615 Fax (804) 556-5651 TDD 711 Va Relay

3.1.17 ISSUED

Application Date: 2.23.17
 Application Accepted: AP-2017-00148
 Old Map Number: 10.1.0.25.A2
 GPIN: 6801-95-3406

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 3501 TABSCOTT RD		District	
	Owner GREG + SUZANNE PAUL		Phone #	
	Address 3501 TABSCOTT RD			
	Proposed Use	Current Use	Existing Buildings on Property YES	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District	
	Front Setback	Center Line Setback	Rear Setback	C,U. Permit
	Side Setback	Side Setback	C O A	Flood Zone
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Applicant/Contact: GREG PAUL Phone 804-339-2231
 Email: GREG @ LONGSTAR SIDING AND WINDOWS. COM

CONTRACTOR INFORMATION	Contractor OWNER	Phone
	Address	
	Contractor License Number	Type

Description of Work	Scope of Work: - fence barrier for inground pool				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK Building \$3000.00 Excludes All Trades Permits		Application Fee \$30.00 Zoning Fee \$..... Septic/Well Fee \$..... State Levy Fee \$60 Total \$30.60
--------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------

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

Signature of Applicant _____

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 2.1.17

Application Date: 2.23.17
 Application Accepted: BP-2017-00147
 Old Map Number: 10.1.0.25.A2
 GPIN: 6801-95-3406

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 3501 TABSCOTT RD		District		
	Owner GREG + SUZANNE PAUL		Phone # 804-339-2231		
	Address 3501 TABSCOTT RD				
	Proposed Use	Current Use	Existing Buildings on Property YES		
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision None	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount N/A	Date Paid N/A	
	New Street Address		Zoning District A-1		
	Front Setback 75' From ROW	Center Line Setback	Rear Setback 5'	C.U. Permit N/A	Variance N/A
	Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 2/23/17

Applicant/Contact: GREG PAUL Phone: 804-339-2231
 Email: GREG @ LONESTAR SIDING AND WINDOWS. COM

Contractor: PIEDMONT POOLS - HANNAH STANEN Phone: 434-589-6354
 Address: 308 WALNUT RIDGE LN, PALMYRA VA 22963
 Contractor License Number: 270505323 Type: B Expiration: 3/31/18

Description of Work:
 16' x 32' INGROUND POOL - VINYL LINER

SEWER Public/Private	WATER Public/Private	# of Bathrooms		
# of Floors	Total Sq. Ft. 512	Finished Sq. Ft.	Unfinished Sq. Ft. 512	# of Bedrooms

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

VALUE OF WORK
 Building: 25,000.⁰⁰
 Excludes All Trades Permits

Application Fee	\$ 124.50
Zoning Fee	25.00
Septic/Well Fee	\$
State Levy Fee	\$ 2.49
TOTAL	151.99

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

Signature of Applicant: [Signature]

BUILDING PERMIT APPLICATION

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

TM: 60-1-0-12-0

Application Date: 2/21/17

Application Accepted: BP-2017-00156

GPIN: 7723-43-0761

Issued: 3.1.17

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 3 Partridge Hill Farm Road		District		
	Owner Richard W. Gregory		Phone #		
	Address				
	Proposed Use Storage Barn	Current Use Residence	Existing Buildings on Property House		
Proposed Occupant Load (Commercial)	Acreage 3,467 ac	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Partridge Hill Farm	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: N/A	Date Paid: N/A	
	New Street Address		Zoning District R-1		
	Front Setback 40' from ROW	Center Line Setback	Rear Setback 5'	C.U. Permit N/A	Variance N/A
	Side Setback 5'	Side Setback 5'	COA N/A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: [Signature] Date: 2/27/17

Applicant/Contact: Rick Gregory Phone: 804-868-6158

Email: rgregory@fhrva.com

CONTRACTOR INFORMATION	Contractor Owner		Phone	
	Address			
	Contractor License Number	Type	Expiration	

Description of Work	Scope of Work: 1900 sq. ft. utility building				
	SEWER Public/Private	WATER Public/Private	N/A		# of Bathrooms
	# of Floors 1	Total Sq. Ft. 1900	Finished Sq. Ft. N/A	Unfinished Sq. Ft. 1900	# of Bedrooms N/A

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

VALUE OF WORK \$601,750.00

Building	\$10,000.00
Excludes All Trades Permits	

Application Fee	\$289.87
Zoning Fee	\$25.00
Septic/Well Fee	\$
State Levy Fee	\$5.80
Total	\$320.67

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



BUILDING PERMIT APPLICATION

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

TM: 65-25-1-18-0

Application Date: Jan 18, 2017

Application Accepted: BP-2017-00040

GPIN: 7724-69-0123

Issued: 3.1.17

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>2000 Broad Branch Cir Goochland, VA 23238</u>		District
Owner	<u>Bristol Development Group</u>		Phone #
Address	<u>381 Mallory Station Rd, Suite 204 Frankltn, TX 37067</u>		
Proposed Use	Current Use	Existing Buildings on Property	
Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY ZONING DEPARTMENT

Subdivision	Proffer	Amount:	Date Paid:
<u>West Creek</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>N/A</u>	<u>N/A</u>
New Street Address	Zoning District <u>M-1</u>		
Front Setback	Center Line Setback	Rear Setback	C.U. Permit
<u>55' from Vel.</u>	<u>—</u>	<u>5'</u>	<u>N/A</u>
Side Setback	Side Setback	COA	Flood Zone
<u>5'</u>	<u>5'</u>	<u>N/A</u>	<u>N/A</u>
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer [Signature] Date 1/19/17

Applicant/Contact: Vicki Barnett Phone 804.396.8775

Email: admin@bractwalls.com

Contractor	<u>Bract Retaining Walls and Excavating</u>	Phone	<u>804.798.5097</u>
Address	<u>10423 ^{DOW} Gil Rd Ashland, VA 23005</u>		
Contractor License Number	<u>2705131869</u>	Type	<u>Contractor A</u>
		Expiration	<u>11-30-2017</u>

Description of Work	Scope of Work: <u>9 segmental retaining walls</u>				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft.	Finished Sq. Ft.	Unfinished Sq. Ft.	# of Bedrooms

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

VALUE OF WORK	
Building	<u>\$ 77,300.00</u>
Excludes All Trades Permits	

Application Fee	\$ <u>1210.35</u>
Zoning Fee	\$ _____
Septic/Well Fee	\$ _____
State Levy Fee	\$ <u>14.53</u>
RED	\$ <u>790.88</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]

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: 3-30-17

Application Date: 3-20-17
 Application Accepted: DP-2017-00215
 Old Map Number: 6-1-0-71-J
 GPIN: 6831-52-3529

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 3977 Cedar Plains Rd, Sandy Hook, VA		District		
	Owner Floyd Athey		Phone # 23153 804 804-224-0715		
	Address Same as Above				
	Proposed Use	Current Use	Existing Buildings on Property Yes		
	Proposed Occupant Load (Commercial)	Acreage 2.01 AC	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address			Zoning District A-1	
	Front Setback 75' from ROW	Center Line Setback	Rear Setback 35'	C.U. Permit N/A	Variance N/A
	Side Setback 20'	Side Setback 20'	C O A	Flood Zone N/A	
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: David Floyd Date: 3/28/17

Applicant/Contact: Floyd Athey / OWNER Phone: 804 229 0715
 Email:

CONTRACTOR INFORMATION	Contractor Paul Athey		Phone		
	Address				
	Contractor License Number		Type	Expiration	
Description of Work	Scope of Work: add add 96 square ft to porch and extending bedroom 120ft. (20x6')				
	SEWER Public/Private	WATER Public/Private	# of Bathrooms		
	# of Floors	Total Sq. Ft. 21600	Finished Sq. Ft. 120ft	Unfinished Sq. Ft. 96	# of Bedrooms

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

VALUE OF WORK	
Building	\$18,000 / 9,240.00
Excludes All Trades Permits	

Application Fee	\$ 53.58
Zoning Fee	\$ 25.00
Septic/Well Fee	\$
State Levy Fee	\$ 1.07
RLD Total	\$ 79.65

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: Floyd Athey

received
3-21-17

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

Application Date: 3-21-17
 Application Accepted: BP-2017-00219
 Old Map Number: 43-1-0-74-0
 GPIN: 6777-58-2531

ISSUED: 3-30-17

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 2131 Withers Ln Maidens Va, 23102		District Licking hole	
	Owner Jay Zichl and Linda Nablo		Phone #	
	Address 2131 Withers Ln Maidens Va 23102			
	Proposed Use Inground Pool	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision Breeze Hill	Proffer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: _____ N/A	Date Paid: N/A
	New Street Address _____		Zoning District RP	
	Front Setback 75' 40'	Center Line Setback	Rear Setback 75' 5'	C.U. Permit N/A
	Side Setback 5' 5'	Side Setback 5' 40'	COA N/A	Flood Zone N/A
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: David Floyd Date: 3/27/17

Applicant/Contact: Travis Jowers Phone: _____
 Email: travis@ultimatepools.com

CONTRACTOR INFORMATION	Contractor Ultimate Pools Inc.	Phone 804-749-4706
	Address 2175 Lanier Ln Rockville Va 23146	
	Contractor License Number 2705026339	Type class A

Description of Work	Scope of Work: 16 x 36 Inground Pool w/ Autocover			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
	# of Floors	Total Sq. Ft. 576	Finished Sq. Ft. 576	# of Bedrooms

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

VALUE OF WORK	
Building	\$ 35,000.00
Excludes All Trades Permits	

Application Fee	\$ 169.50
Zoning Fee	\$ 25.00
Septic/Well Fee	\$ _____
State Levy Fee	\$ 3.39
RLD Total	\$ 197.89

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: TJ

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 3-29-17

Application Date: 3-24-17
 Application Accepted: BP-2017-00229
 Old Map Number: 58-46-0-2-0
 GPIN: 7716-95-6474

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>1682 Centerville park ln</u>		District	
	Owner <u>John Sheriff</u>		Phone # <u>757-775-3329</u>	
	Address <u>1682 Centerville park ln</u>			
	Proposed Use	Current Use	Existing Buildings on Property	
	Proposed Occupant Load (Commercial)	Acreage	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY ZONING DEPARTMENT	Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
	New Street Address		Zoning District <u>RPUD</u>	
	Front Setback <u>30' off pavement</u>	Center Line Setback	Rear Setback <u>50' B/S</u>	C.U. Permit
	Side Setback <u>20' B/S</u>	Side Setback	C O A	Flood Zone
	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:			

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

Planning & Zoning Officer: Anita Barnes Date: 3-24-2017

Applicant/Contact: _____ Phone: _____
 Email: _____

CONTRACTOR INFORMATION	Contractor <u>Delta Deck Company</u>		Phone <u>804-241-3920</u>	
	Address <u>2538 Fairgrounds rd middens</u>			
Description of Work	Contractor License Number <u>2705161359</u>		Type <u>HIC</u>	Expiration <u>02-28-2019</u>
	Scope of Work: <u>build 15x16.9' deck 302 sq ft</u>			
	SEWER Public/Private	WATER Public/Private	# of Bathrooms	
# of Floors	Total Sq. Ft. <u>302</u>	Finished Sq. Ft.	Unfinished Sq. Ft. <u>302</u>	# of Bedrooms

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

VALUE OF WORK		Application Fee	\$ <u>43.50</u>
Building	\$ <u>7,000</u>	Zoning Fee	\$ <u>25.00</u>
Excludes All Trades Permits		Septic/Well Fee	\$ _____
		State Levy Fee	\$ <u>40.50 .87</u>
		Net Total	\$ <u>69.37</u>

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

Signature of Applicant: [Signature]

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

Application Date: 3-19-15
 Application Accepted: 2015-00167
 Old Map Number:
 GPIN: 7720-108-7109

Issued 4-13-15

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>12655 FAUN LANE</u>		District	
	Owner <u>TACK QOUN & SANG SOOK WOO</u>		Phone # <u>804-229-4830</u>	
	Address <u>2824 FAIRWAY HOMES WAY, GLEN ALLEN, VA. 23059</u>			
	Proposed Use <u>R-1</u>	Current Use <u>R-1</u>	Existing Buildings on Property <u>NONE</u>	
	Proposed Occupant Load (Commercial)	Acreage <u>0.6</u>	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Subdivision		Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address			Zoning District <u>R-1</u>	
Front Setback <u>65'</u>	Center Line Setback <u>ROW</u>	Rear Setback <u>35</u>	C.U. Permit	Variance
Side Setback <u>15</u>	(Side Setback) <u>15</u>	COA	Flood Zone	
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS:				

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

Planning & Zoning Officer: A Barnes Date 3-23-2015

Applicant/Contact: PETER TACK QOUN WOO Phone 804-229-4830
 Email: peter.twoo@yahoo.com

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

Description of Work	Scope of Work: <u>SINGLE FAMILY DWELLING WITH ATTACHED GARAGE</u>				
	SEWER <u>County</u>		WATER <u>UPIN BASEMENT</u>		# of Bathrooms
	Public/Private	Public/Private	<u>3 1/2</u>		
	# of Floors <u>2</u>	Total Sq. Ft. <u>3294</u>	Finished Sq. Ft. <u>5072</u>	Unfinished Sq. Ft. <u>3222</u>	# of Bedrooms <u>4</u>

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

VALUE OF WORK 9286 6064

Building 5108,055.00
 Excludes All Trades Permits

\$652,375.00

Application Fee \$ 21023.50
 Zoning Fee \$ 50.00
 Septic/Well Fee \$ 5745
 State Levy Fee \$
 RLD \$ 100.00

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

Signature of Applicant [Signature]

2,713.92

Revised 3/28/17. Finish 992 sq ft 3rd floor into office space

Revised: 3-29-17 to add 40 conditioned storage and finish of Bath and 4th Bedroom +

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

Application Date: 12-9-14
 Permit Number: 2014-00750
 Old Map Number: (Lot 36)
 GPIN: 17715-57-1293

ISSUED 12-16-14

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>854 ELMSLIE LANE, MANAKIN SABOT, VA 23103</u>		District <u>Doven</u>
	Owner <u>BOONE HOMES, INC</u>		Phone # <u>784-6192</u>
	Address <u>129 BROAD ST RD, MANAKIN-SABOT, VA 23103</u>		
	Proposed Use <u>NEW HOME</u>	Current Use <u>VACANT LOT</u>	Existing Buildings on Property <u>NONE</u>
Proposed Occupant Load (Commercial) <u>N/A</u>	Lot Size	Commercial Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Subdivision	Proffer <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date Paid:
New Street Address		Zoning District <u>RPUD</u>	
Front Setback <u>30' off pavement</u>	Center Line Setback <u>Side Setback</u>	Rear Setback <u>50' BIS</u>	C.U. Permit
Side Setback <u>20' BIS</u>	Side Setback	Census Track	Flood Zone
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> COMMENTS: <u>Verify front setback</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: Ando Barnes Date: 12-12-2014 1-22-2015 Revised

Applicant/Contact: DAVID L. OWEN Phone: 708-5120
 Email: dowen@boonehomes.net

CONTRACTOR INFORMATION	Contractor <u>BOONE HOMES, INC</u>		Phone <u>784-6192</u>
	Address <u>129 BROAD ST ROAD, MANAKIN-SABOT, VA 23103</u>		
	Contractor License Number <u>2705 022198 A</u>	Type <u>BLD</u>	Expiration <u>3/31/14</u>

Description of Work	Scope of Work: <u>NEW SINGLE FAMILY HOME WITH ATTACHED GARAGE</u>			
	SEWER <u>Public/Private</u>	WATER <u>Public/Private</u>	# of Bathrooms <u>4</u>	# of Bedrooms <u>3</u>
	# of Floors <u>2</u>	Total Sq. Ft. <u>4,442</u>	Finished Sq. Ft. <u>3,997</u>	Unfinished Sq. Ft. <u>730</u>

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

VALUE OF WORK	<u>5172</u>	<u>4,442</u>	<u>RLD</u>
Building	<u>334,000</u>	<u>343,837.50</u>	
<u>Excludes All Trades Permits</u>			
	<u>408,595.00</u>		

Application Fee	\$ <u>1517.76</u>
Septic/Well Fee	\$ <u>100.00</u>
State Levy Fee	\$ <u>30.12</u>
Zoning Fee	\$ <u>50.00</u>
Total	\$ <u>1167.76</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: L Per

Issued 3.14.17



ZONING COMPLIANCE APPLICATION COUNTY OF GOOCHLAND, VIRGINIA

Planning and Zoning Office

P.O. Box 103

Goochland, VA 22063

Phone: (804) 556-5860

Web: www.co.goochland.va.us

FAX: (804) 556-5654

Office Use Only

Application File Date: <u>3/14/17</u>	Application No.: <u>AR 2017-00198</u>	Fee: \$25.00
Zoning Approval: Yes <input checked="" type="checkbox"/> <u>Permit Paid</u>	No: <input type="checkbox"/>	Date: <u>3/14/17</u>

Zoning Application Type: Please appropriate check box

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

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

Application Requirements

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

Applicant/Owner Information

Name of Property Owner: Rowdie Harris
 Address: 2500 DANIELTOWN RD
Goochland VA 23063
 E-mail: _____

Telephone: 804-457-2292
 Cell phone: 804-402-6463
 FAX: _____

Name of Applicant: Rowdie Harris
 Address: 2500 DANIELTOWN RD
Goochland VA 23063
 E-mail: P.O. box 191 Goochland VA 23063

Telephone: 804-457-2292
 Cell phone: 804-402-6463
 FAX: _____

Property Information

Street Address: 2500 DANIELTOWN RD
 GPIN Number: 6719-63-4319
 Existing Use: FARM MAINTENANCE
 Are there any deed restrictions? If yes, attach copy of deed restrictions. Date restrictions expire: _____

Zoning: A-1
 Acreage: 26.86

Project Information

1. Estimated square footage of the building(s): 600

2. Written Description of Proposed Physical Improvements

BARN FOR FARM EQUIPMENT
Installed July 2010



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	03/28/17
Permit #	211-2017-00245
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	2211 JACKSON SHOP ROAD	District	
----------------	-------------------------------	----------	--

PROPERTY OWNERSHIP

Name	DOROTHY SMITH	Phone	8045563466
Mailing Address	2211 JACKSON SHOP ROAD GOOCHLAND, VA 23063		

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, 200 AMP ATS			
# 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	<u>PPS</u>	Value of Work:	<u>9900.00</u>
Approval	<u>fisher</u>	Permit fee:	<u>67.32</u>
Date	<u>3-30-17</u>	Issue date:	<u>3-30-17</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

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	3-22-17
Permit #	e11-2017-00246
Old Map #	
G-Pin	

LOCATION

Street Address 4980 Double Eagle Drive	District
-------------------------------------------	----------

PROPERTY OWNERSHIP

Name Scott Ellis	Phone 804-385-8585
Mailing Address 4980 Double Eagle Drive Louisa 23093	

APPLICANT

Name Woodfin	Phone 804-764-4533
E-Mail Address VPITMAN@ASKWOODFIN.COM	

CONTRACTOR

Name WOODFIN	Phone 804-764-4533
Mailing Address 1823 N HAMILTON STREET 23230	License Type ELE, HVA, PLB, HIC, GFC
Class A	
Gas Certification YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	State License Number 2701037820
Expiration 11-30-2017	

DESCRIPTION OF WORK

Install 22 KW PROPANE GAS GENERATOR, 200 AMP ATS, SURGE PROTECTOR			
# of Baths 6	Service Size 200	Power Company DOM	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

Value of work: 9500.00

Permit fee: 67.32

Approval

Date

3/22 3-30-17

Issue date:

3-30-17



RESIDENTIAL TRADES PERMIT APPLICATION

Goochland County Building Inspection Department

P. O. Box 119 Goochland, VA 23063

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

Date	3/31/17
Permit #	011-2017-00251
Old Map #	
G-Pin	

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	567 Hill Grove Road	District	
----------------	---------------------	----------	--

PROPERTY OWNERSHIP

Name	Verg Sabin	Phone	540-233-1680
Mailing Address	567 Hill Grove Road Manakin Sabot VA 23103		

APPLICANT

Name	Joseph S. Schiess	Phone	784 6774
E-Mail Address	selec21@aol.com		

CONTRACTOR

Name	J.S. Schiess Electrical	Phone	784 6774
Mailing Address	P.O. BOX 231 MANAKIN SABOT, VA 23103	License Type	ELEC
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705016710
		Expiration	10/31/18
		Class	B

DESCRIPTION OF WORK

Install 16 KW Generator & Transfer Switch			
# of Baths	Service Size	Power Company	Inquiry #
	400 A	DOMINION	N/A

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

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

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

Signature of Applicant: [Signature] Value of work: \$9000.00

Approval: [Signature] Date: 3/31/17 Permit fee: 62.731

Issue date: 3-31-17



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	2-28-17
Permit #	011-2017-00171
Old Map #	
G-Pin	

LOCATION

Street Address	2501 SANDY HOOK ROAD GOOCHLAND, VA. 23063	District	
----------------	-------------------------------------------	----------	--

PROPERTY OWNERSHIP

Name	FRANCIS LEE	Phone	804-556-3486
Mailing Address	2461 SANDY HOOK RD. GOOCHLAND, VA. 23063		

APPLICANT

Name	H.O. FEILD ELECTRIC	Phone	804-365-0263
E-Mail Address	SERVICE @ HOFEEL.COM		

CONTRACTOR

Name	H.O. FEILD ELECTRIC CO, INC.	Phone	804-365-0263
Mailing Address	PO BOX 6321 ASHLAND, VA. 23005	License Type	ELE
Gas Certification	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number	2705123991
		Expiration	5-31-18
		Class	B

DESCRIPTION OF WORK

INSTALL 76KW GENERATOR AND 200 ATS			
# of Baths	Service Size	Power Company	Inquiry #
	200	DOMINION	

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

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

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

Signature of Applicant:

Approval: Fisher Date: 3-3-17

Value of work: \$ 8500.00

Permit fee: \$ 67.73 / 1.23

Issue date: 3-3-17



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

received
3-2

Type:

- Electrical
- Mechanical
- Plumbing
- Gas

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

Date	3-23-17
Permit #	211-2017-239
Old Map #	
G-Pin	

LOCATION

Street Address 1663 SHALLOW WELL ROAD MANAKEN SABOT 23103	District
--------------------------------------------------------------	----------

PROPERTY OWNERSHIP

Name DAVID BROMLEY	Phone 804-784-3791
-----------------------	-----------------------

Mailing Address 1663 SHALLOW WELL ROAD MANAKEN SABOT, VA. 23103

APPLICANT

Name H.O. FEILD ELECTRIC CO. INC.	Phone 804-365-0263
--------------------------------------	-----------------------

E-Mail Address SERVICE @ HOFEC.COM

CONTRACTOR

Name H.O. FEILD ELECTRIC CO. INC.	Phone 804-365-0263
--------------------------------------	-----------------------

Mailing Address P.O. BOX 6321 ASHLAND, VA. 23005	License Type	Class
-----------------------------------------------------	--------------	-------

Gas Certification YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	State License Number 2705123991	Expiration 3-31-18	ELE	B
------------------------------------------------------------------------------------------	------------------------------------	-----------------------	-----	---

DESCRIPTION OF WORK

INSTALL 22kw GENERATOR AND 200A SWITCH.

# of Baths	Service Size 200	Power Company	Inquiry #
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I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of Goochland County.

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

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

Signature of Applicant:

Approval: Fisher Date: 3-27-17

Value of work: \$7400.00

Permit fee: \$58.14

Issue date: 3-27-17