

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1850	<b>HOWARD COUNTY</b> <b>RESIDENTIAL</b> <b>HEATING-VENTILATION-AIR</b> <b>CONDITIONING AND</b> <b>REFRIGERATION PERMIT</b> <b>APPLICATION</b>	HVACR PERMIT # M10000290 BUILDING PERMIT #
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BUILDING ADDRESS: <u>14144 Rovermill RD</u> SUITE/APT: _____ SUBDIVISION: <u>West Friendship MD</u> CENSUS TRACT: _____ LOT: _____ BLOCK: _____ SECTION: _____ TAX MAP: _____ ZONE: _____ AREA: <u>21794</u> PARCEL: _____ PROPERTY ID: _____ MAP COORDINATES: _____ TYPE OF IMPROVEMENT: _____ USE: _____	OWNERS NAME: <u>John Ohlmacher</u> ADDRESS: <u>14144 Rovermill RD</u> CITY: <u>West Friendship MD 21794</u> STATE: _____ ZIP CODE: _____ HOME PHONE: _____ WORK PHONE: <u>410 489 7107</u>
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CHECK ONE	HOW MANY	COMPANY NAME:
<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/> 1 ZONES	<u>A Quality HVAC</u>
<input type="checkbox"/> SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/> _____ ZONES	LICENSEE NAME: <u>Earl Post</u>
<input type="checkbox"/> MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/> _____ UNITS	ADDRESS: <u>1824 Ridge RD</u> <u>Westminster MD</u>
		CITY: _____
		STATE: _____ ZIP CODE: <u>21157</u>
		PHONE: _____ HVACR LICENSE NO: <u>4860</u>

New

Heating and Air Conditioning       Heating System Only       Other Work (Describe): \_\_\_\_\_

Geothermal

Replacement

Heating       Additions and Alterations

Air Conditioning       Heating

Heating and Air Conditioning       Air Conditioning

Heating and Air Conditioning       Heating and Air Conditioning

5/17/2010  
Approved  
Didn't Know  
Boreholes  
Had Been Drilled

Zones Permit Fee = # of Zones x \$40 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee = \$50 Total Fees Due = <u>99</u>	Units Permit Fee = # of Units x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee = \$50 Total Fees Due = _____
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I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S) INSURED TO CONTRACT WORK, AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY AND THE STATE OF MARYLAND.

SIGNATURE OF LICENSED CONTRACTOR

PRINT NAME

Earl Post

DATE

13/12/10

Validation	
Check Number:	<u>15374</u>
Receipt Number:	<u>200308</u>

