

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>M1000736</u> BUILDING PERMIT #
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BUILDING ADDRESS: <u>16036 Fields End Ct.</u> <u>Woodbine, MD 21797</u> SUBDIVISION: CENSUS TRACT: SECTION: AREA: <u>2</u> LOT: <u>20</u> TAX MAP: PARCEL: <u>128</u> BLOCK: <u>9999</u> ZONE: PROPERTY ID: <u>357124</u> MAP COORDINATES: <u>13</u> TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: <u>Jim and Carol Morgan</u> ADDRESS: <u>16036 Fields End Ct</u> CITY: <u>Woodbine</u> STATE: <u>MD</u> ZIP CODE: <u>21797</u> HOME PHONE: <u>410 489-9800</u> WORK PHONE: <u>840-295-2300</u>
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CHECK ONE	HOW MANY	COMPANY NAME: <u>LOVE'S Heating & Air, Inc.</u>
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u> ZONES	LICENSEE NAME: <u>John Davidson</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES	ADDRESS: <u>P.O. Box 396</u>
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS	CITY: <u>Sturm</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS	STATE: <u>MD</u> ZIP CODE: <u>21144</u> PHONE: <u>410 551-1376</u> HVACR LICENSE NO: <u>5613</u>


8/23/2010
Approved - No
Completion Report yet
(BB)

New <input type="checkbox"/> Heating and Air Conditioning <input type="checkbox"/> Geo Thermal System	<input type="checkbox"/> Heating System Only <input type="checkbox"/> Ductless Mini Splits <input type="checkbox"/> Other Work (Describe): <input type="checkbox"/> Thru The Wall Systems
Replacement <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Heating and Air Conditioning	Additions and Alterations <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones Permit Fee = # of Zones x \$40 = <u>80.00</u> Technology Fee (10% of Permit Fee) = <u>8</u> Plus Application Fee <u>50.00</u> Total Fees Due = <u>138.00</u>	Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>50.00</u> 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), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.


SIGNATURE OF LICENSEE DATE: 5-19-10

PRINT NAME OF LICENSEE
John Davidson

Email Address
info@lovesheatingandair.com

Validation Check Number: <u>3065</u> Cash: _____ Receipt Number: <u>213463</u>
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well/septic