

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>M13000463</u> BUILDING PERMIT # _____
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BUILDING ADDRESS: _____ SUITE/APT: _____ SUBDIVISION: _____ CENSUS TRACT: _____ SECTION: _____ AREA: _____ LOT: _____ TAX MAP: _____ PARCEL: _____ BLOCK: _____ ZONE: _____ PROPERTY ID: _____ MAP COORDINATES: _____ TYPE OF IMPROVEMENTS: _____ USE: _____	OWNERS NAME: <u>GARY DELLAZANNA</u> ADDRESS: <u>1810 BOKA VALLEY COURT</u> CITY: <u>WOODBINE</u> STATE: <u>MD</u> ZIP CODE: <u>21797-8444</u> HOME PHONE: <u>301-451-4363</u> WORK PHONE: _____
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<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u> ZONES	COMPANY NAME: <u>Ground Loop Heating & Air Cond., Inc.</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____ ZONES	LICENSEE NAME: <u>Michael E. Cullum</u>
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____ ROOMS	ADDRESS: <u>1701 Whiteford Road</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	_____ ROOMS	CITY: <u>Darlington</u> STATE: <u>MD</u> ZIP CODE: <u>21034</u> PHONE: <u>410-836-1706</u> HVACR LICENSE NO: <u>6539</u>

New

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

Geo Thermal System Ductless Mini Splits Thru The Wall Systems

Replacement

Heating Air Conditioning Heating and Air Conditioning

Additions and Alterations

Heating Air Conditioning Heating and Air Conditioning

5/15/2013 Approved [Signature]

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

Zones <u>2</u> Permit Fee = # of Zones x \$40 = <u>80.00</u> Technology Fee (10% of Permit Fee) = <u>8.00</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.

Michael Cullum 4-24-13
SIGNATURE OF LICENSEE DATE

MICHAEL CULLUM
PRINT NAME OF LICENSEE

linda @ ground loop . com
Email Address

Validation	
Check Number:	<u>20946</u>
Cash:	_____
Receipt Number:	<u>317102</u>

