

DEPARTMENT OF INSPECTIONS,
 LICENSES & PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1850

**HOWARD COUNTY
 RESIDENTIAL
 HEATING-VENTILATION-AIR
 CONDITIONING AND
 REFRIGERATION PERMIT
 APPLICATION**

HVACR PERMIT # M11000310
 BUILDING PERMIT #

BUILDING ADDRESS: SUITE/APT:
4999 CENTAURUS CT.
 SUBDIVISION: DAYTON, MD 21036
 CENSUS TRACT: SECTION: AREA:
 LOT: TAX MAP: PARCEL:
 BLOCK: ZONE:
 PROPERTY ID: MAP COORDINATES:
 TYPE OF IMPROVEMENTS: USE:

OWNERS NAME: KATHY REYNOLDS
 ADDRESS: 4999 CENTAURUS CT
 CITY: DAYTON
 STATE: MD ZIP CODE: 21036
 HOME PHONE: 410-531-1048 WORK PHONE:

	<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/>	<u>1</u>	ZONES
SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/>	___	ZONES
MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/>	___	ROOMS
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	___	ROOMS

COMPANY NAME: MODERN COMFORT SYSTEMS
 LICENSEE NAME: MILTON T. ECKARD
 ADDRESS: 100 AIRPORT DR
 CITY: WESTMINSTER
 STATE: MD ZIP CODE: 21157
 PHONE: 410-848-2200 HVACR LICENSE NO: 2292

New

- Heating and Air Conditioning
 Geo Thermal System
 Heating System Only
 Ductless Mini Splits
 Other Work (Describe):
 Thru The Wall Systems

Replacement

- Heating
 Air Conditioning
 Heating and Air Conditioning

Additions and Alterations

- Heating
 Air Conditioning
 Heating and Air Conditioning

4/6/2011
O.K. BB

****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 =
 Technology Fee (10% of Permit Fee) =
 Plus Application Fee
 Total Fees Due =

40⁰⁰
4
\$50.00
94⁰⁰

Rooms

Permit Fee = # of Rooms x \$80 =
 Technology Fee (10% of Permit Fee) =
 Plus Application Fee \$50
 Total Fees Due =

50.00

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.

Milton T. Eckard 3/7/11
 SIGNATURE OF LICENSEE DATE

Milton T. Eckard
 PRINT NAME OF LICENSEE

teckard@tevisoil.com
 Email Address

Validation
 Check Number: 1595
 Cash:
 Receipt Number: 236434

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application
 Rev:10.2009

Well + Septic