

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 # m13002348
 BUILDING PERMIT #

BUILDING ADDRESS: SUITE/APT: OWNERS NAME: EDWARD LI
 ADDRESS: 13270 STYER COURT
 SUBDIVISION: CITY: HIGHLAND
 CENSUS TRACT: SECTION: AREA: STATE: MD ZIP CODE: 20777
 LOT: TAX MAP: PARCEL: HOME PHONE: 202-618-0785 WORK PHONE:
 BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: USE:

CHECK ONE	HOW MANY	COMPANY NAME:
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>3</u> ZONES	Ground Loop Heating & Air Cond., Inc.
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES	LICENSEE NAME: Michael E. Cullum
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS	ADDRESS: 1701 Whiteford Road
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS	CITY: Darlington
		STATE: MD ZIP CODE: 21034
		PHONE: 410-836-1706 HVACR LICENSE NO: 6539

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

11/26/2013
Approved
BB

Additions and Alterations
 Heating
 Air Conditioning
 Heating and Air Conditioning

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

Zones	Rooms
Permit Fee = # of Zones x \$40 = <u>120.00</u>	Permit Fee = # of Rooms x \$80 = _____
Technology Fee (10% of Permit Fee) = <u>12.00</u>	Technology Fee (10% of Permit Fee) = _____
Plus Application Fee <u>50.00</u>	Plus Application Fee \$50 <u>50.00</u>
Total Fees Due = <u>182.00</u>	Total Fees Due = _____

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 Cull 11-12-13
 SIGNATURE OF LICENSEE DATE
MICHAEL CULLUM
 PRINT NAME OF LICENSEE
linda @ ground loop . com
 Email Address

Validation

Check Number: 21502
 Cash: _____
 Receipt Number: 24043

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

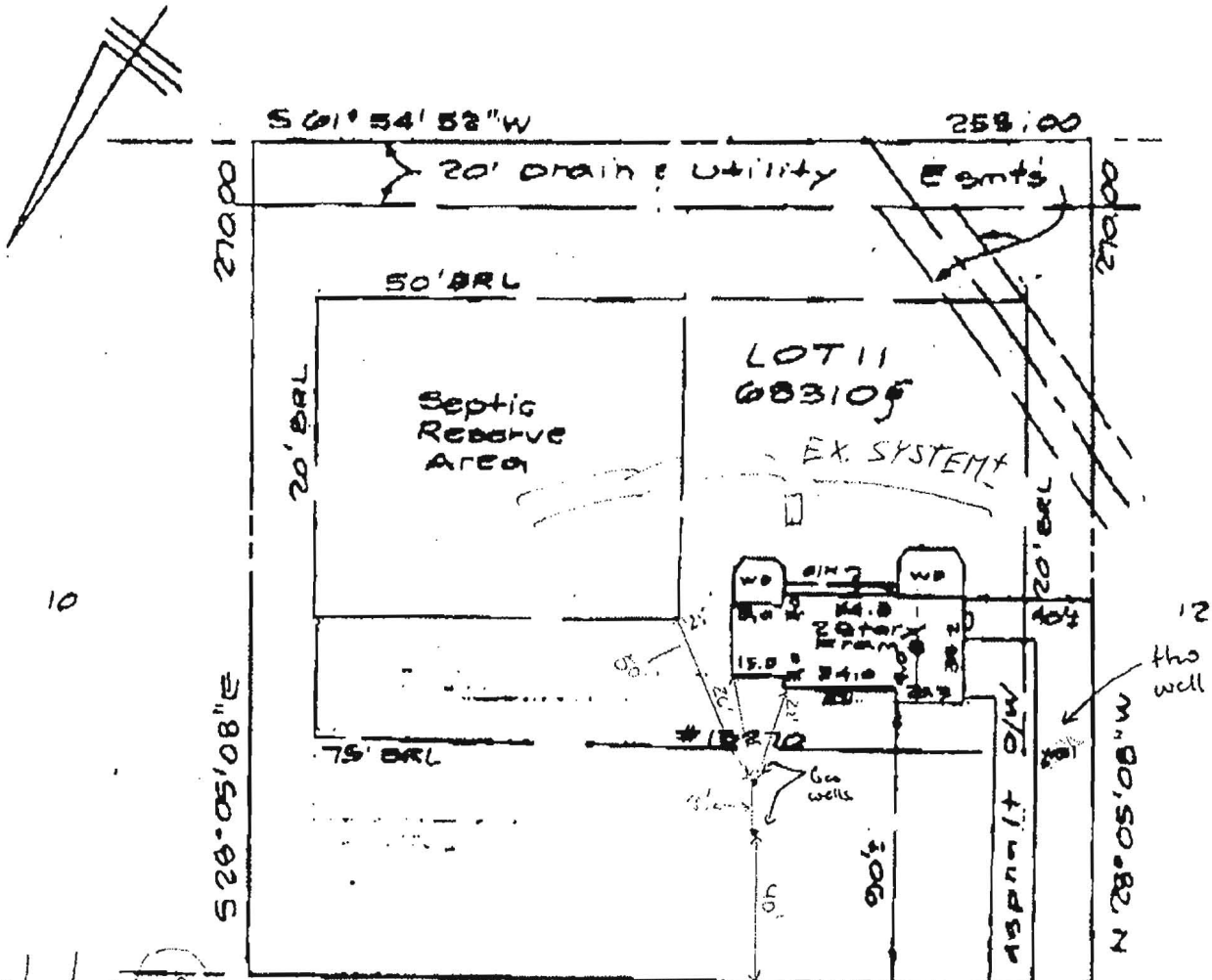
Word doc: T:\Updated Forms\hvac application WELL & SEPTIC

Rev:10.2009

(1) WATER FURNACE 4 TON UNIT

M13001348
13270 Styer Ct

LOCATION DRAWING



7/10/03 (MP) N 61° 54' 52" E
 BASED ON HSE LOC. SHOWN, HSE MOVED 15' TO RIGHT & 13' TO REAR OF PLAN FROM
 EX. SYSTEM INSTALLED STYER COURT
 OUTSIDE APPROVED SDA; 50' RW
 OWNER ADVISED SYSTEM RELOCATION
 WOULD BE ENCOURAGED IN ANY CASE
 AND REQ'D FOR PROP. POOL; PUMPING
 MAY BE NECESSARY TO INSTALL REPL. SYSTEM
 AT TOP OF APPROVED SDA

- KEY
- CBW=Concrete Sidewalk
- CDW=Concrete Driveway
- CS=Concrete Slab
- CP=Concrete Porch
- OW=Overhang
- WD=Wood Deck
- WP=Wood Porch
- BRL=Building Restriction Line

MINIMUM BUILDING
 RESTRICTION LINES
 Front 75'
 Rear 50'
 Side 20'



7-10-03 1:50