

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>M13000464</u> BUILDING PERMIT #
--	---	--

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>LARRY YOUNKINS</u> ADDRESS: <u>12001 OPEN RUN ROAD</u> CITY: <u>ELLCOTT CITY</u> STATE: <u>MD</u> ZIP CODE: <u>21042</u> HOME PHONE: <u>443-778-4254</u> WORK PHONE: _____
--	--

CHECK ONE	HOW MANY	COMPANY NAME: Ground Loop Heating & Air Cond., Inc.
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u> ZONES	LICENSEE NAME: Michael E. Cullum
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____ ZONES	ADDRESS: 1701 Whiteford Road
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____ ROOMS	CITY: Darlington
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	_____ ROOMS	STATE: MD ZIP CODE: 21034 PHONE: 410-836-1706 HVACR LICENSE NO: 6539

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
BB

****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>2</u> Technology Fee (10% of Permit Fee) = <u>80.00</u> Plus Application Fee <u>8.00</u> Total Fees Due = <u>\$50.00</u> <u>\$138.00</u>	Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</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 Cullum 3-15-13
SIGNATURE OF LICENSEE DATE

MICHAEL CULLUM
PRINT NAME OF LICENSEE

linda@groundloop.com
Email Address

Validation	
Check Number:	<u>20911</u>
Cash:	_____
Receipt Number:	<u>317107</u>

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

WELL & SEPTIC

Interactive Map

