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| 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 # <u>M11000594</u> BUILDING PERMIT # |
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| BUILDING ADDRESS: <u>6544 RIVER CLYDE DRIVE</u> SUITE/APT: SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: TAX MAP: PARCEL: BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: <u>REPL</u> USE: <u>RES.</u> | OWNERS NAME: <u>JOHN GRUNSFELD</u> ADDRESS: <u>6544 RIVER CLYDE DRIVE</u> CITY: <u>HIGHLAND</u> STATE: <u>MD</u> ZIP CODE: <u>20777</u> HOME PHONE: <u>410-227-6008</u> WORK PHONE: |
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| CHECK ONE | HOW MANY | COMPANY NAME: |
|--|----------------|---|
| SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> | <u>1</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 Heating System Only Other Work (Describe):

Geo Thermal System Ductless Mini Splits Thru The Wall Systems

Replacement

Heating **Additions and Alterations**

Air Conditioning Heating

Heating and Air Conditioning GEO THERMAL 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****

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| Zones Permit Fee = # of Zones x \$40 = <u>40.00</u> Technology Fee (10% of Permit Fee) = <u>4.00</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>\$94.00</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 E. Cullum 6-20-11
 SIGNATURE OF LICENSEE DATE

MICHAEL E. CULLUM
 PRINT NAME OF LICENSEE

linda @groundloop.com
 Email Address

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| Validation Check Number: <u>15804</u> Cash: _____ Receipt Number: <u>244840</u> |
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Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Well + Septic