

Menu Save Reset Cancel Help

Approved 3/8/2019 RAE

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Mech/Add Alt	M19000152	03/06/2019
Description of Work		
To REPLACE one 2 ton geothermal indoor split heat pump, "Water Furnace" heat pump model # NDZ026H100CNN0AN, air handler model # SAH026A051AR1S11. Like for like replacement, *interior work only.		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
5489	HARRIS FARM	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		76.98389	39.22391
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
880493	279	2.09	285900	698400	412500	RURAL
Legal Description						
IMPSPAR 8A 2.090 A[]5489 HARRIS FARM LN[]CLARKSVILLE						

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	P-8A	605101	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1405375495						
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-20	RR-DEO	4933-C5					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No	1993	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *			
MEYER ALAN R			
Address Line 1			
5489 HARRIS FARM LN			
Address Line 2			
Address Line 3			
Mail City	Mail State	Mail Zip Code	
CLARKSVILLE	MD	21029	

Phone	Primary
301-526-4625	Yes
E-mail	
Cell Number	Fax Number

Professionals * (This section is required.)

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License # *	Business Name		
05010047207	SUPREME AIR LLC		
License Type *	First Name	Middle Name	Last Name
HVACR	ALEXANDROS	G	KOUGIANOS
Primary	Address Line 1		
No	4401 EASTERN AVE #17		
	Address Line 2		
	City	State	ZIP Code
	BALTIMORE	MD	21224-0000
	Phone 1	Phone 2	Fax
	4106271467	410-627-1467	
	E-mail		
	ALEX@SUPREMEAIRLLC.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	ALEXANDROS	G	KOUGIANOS
Relationship	Full Name		
Applicant			
Primary	Organization Name		
Yes	SUPREME AIR LLC		
	Street Address		
	4401 EASTERN AVE #17		
	Address Line 2		
	City	State	Zip Code
	BALTIMORE	MD	21224-0000
	Phone	Cell	Fax
	4106271467	410-627-1467	
	E-mail *		
	ALEX@SUPREMEAIRLLC.COM		

HVAC INFORMATION

HVAC INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Building Permit No	Existing Use *	Geothermal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		SFD	<input checked="" type="radio"/> Yes <input type="radio"/> No
Number of Zones	Number of MF Units	HVACR System	Water Supply	Sewage Disposal	Expiration Date
1 ZONES	0 UNITS	Heating and Air Conditioning	Public	Public	9/3/2019

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

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