

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 # M11000309  
 BUILDING PERMIT #

BUILDING ADDRESS: 14600 Monticello Dr. SUITE/APT:  
 SUBDIVISION:  
 CENSUS TRACT: SECTION: AREA:  
 LOT: TAX MAP: PARCEL:  
 BLOCK: ZONE:  
 PROPERTY ID: MAP COORDINATES:  
 TYPE OF IMPROVEMENTS: USE:

OWNERS NAME: Ian Stockwell  
 ADDRESS: 14600 Monticello Dr.  
 CITY: Cookeville  
 STATE: MD ZIP CODE: 21723  
 HOME PHONE: 443-852-2199 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: Supreme Air LLC  
 LICENSEE NAME: Alexandros Kouglianos  
 ADDRESS: 6203 Collinsway rd  
 CITY: Baltimore  
 STATE: MD ZIP CODE: 21228  
 PHONE: 410-788-1114 HVACR LICENSE NO: 47207

**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

\*\*\*\*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 =

40  
4  
\$50.00  
94.00

**Rooms**

Permit Fee = # of Rooms x \$50 =  
 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.

Alexandros Kouglianos  
 SIGNATURE OF LICENSEE

3-29-11  
 DATE

Alexandros Kouglianos  
 PRINT NAME OF LICENSEE

Alex @ Supreme Air LLC.com  
 Email Address

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

**Validation**

Check Number: 3217  
 Cash:  
 Receipt Number: 236281

Well + Septic

Stockwell

M 11000307

1" = 50'

