

Approved MPE
3/20/23

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Fireplace	B23000806	03/10/2023

Description of Work
SFD/ REPLACE EXISTING WOOD FIREPLACE IN FIRST FLOOR FAMILY ROOM WITH NEW REGENCY B36XTCE MODEL GAS FIREPLACE

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
14049	MONTICELLO	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.9962	39.32281
City	State	Zip Code	Primary
COOKSVILLE	MD	21723	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
909315	346	1.01	185100	591000	405900	RURAL

Legal Description
IMPSLOT 9 1.010 A[]14049 MONTICELLO DR[]HARLESS MANOR PHASE I

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	9	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404357426						
Section	Area	Tax Map					
		9					
Grid	Zoning District	ADC Map					
9-19	RC-DEO	4693-A9					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
12025			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2001	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-03	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

BERDINI MATTHEW J

Address Line 1

14049 MONTICELLO DR

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
COOKSVILLE	MD	21723
Phone	Primary	
410-489-0406	Yes	
E-mail		
berdini@verizon.net		
Cell Number	Fax Number	

Professionals * (This section is required.)

License # *	Business Name		
License Type *	First Name	Middle Name	Last Name
--Select--	▼		
Primary	Address Line 1		
Yes	▼		
	Address Line 2		
	City	State	ZIP Code
	Phone 1	Phone 2	Fax
	E-mail		

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	Jay	k	Redifer
Relationship	Full Name		
--Select--	▼		
Primary	Organization Name		
Yes	all pro chimney		
	Street Address		
	401 n stonestreet ave		
	Address Line 2		
	City	State	Zip Code
	rockville	MD	▼ 20850
	Phone	Cell	Fax
	443-547-9329		
	E-mail *		
	jredifer@allprochimney.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
7000	0	0	No
Construction Type	▼		
--Select--	▼		

Custom Fields

RESIDENTIAL FIREPLACE

Capital Project-No Fee *	Capital Project Number
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
	(Text)
Fee Exempt *	Existing Use *
<input type="radio"/> Yes <input checked="" type="radio"/> No	SFD
Type of Structure *	Number of Fireplaces *
Gas Fire Place	▼ 1
	(Number)
Gas Type *	Utilities *
Natural Gas	Electric
New Chimney *	Water Supply *
<input type="radio"/> Yes <input checked="" type="radio"/> No	Private
Sewage Disposal *	Expiration Date
Private	9/16/2023
	<input type="text"/>
Submitted On Line	
<input checked="" type="radio"/> Yes <input type="radio"/> No	

Related Records



Regency Bellavista™ B36XTCE

Owners & Installation Manual

MODEL: B36XTCE
Medium DV Gas Fireplace



Bellavista
B36XTCE Video

www.regency-fire.com

WARNING:

If the information in these instructions are not followed exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

FOR YOUR SAFETY

Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.

Installation and service must be performed by a qualified installer, service agency or the gas supplier.

FOR YOUR SAFETY

What to do if you smell gas:

- Do not try to light any appliance
- Do not touch any electrical switch: do not use any phone in your building.
- Immediately call your gas supplier from a neighbour's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.

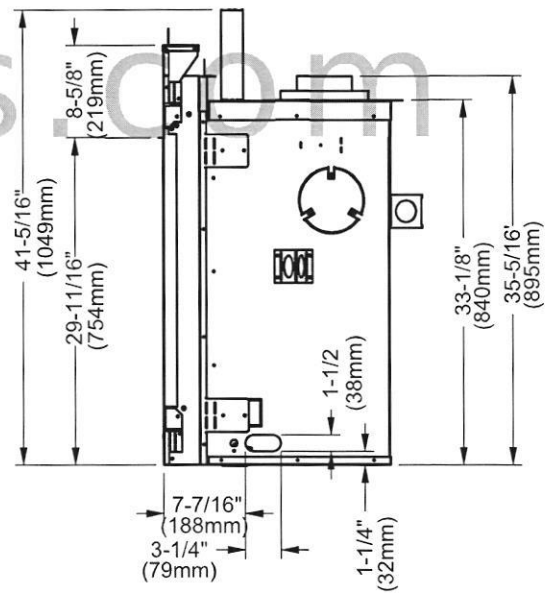
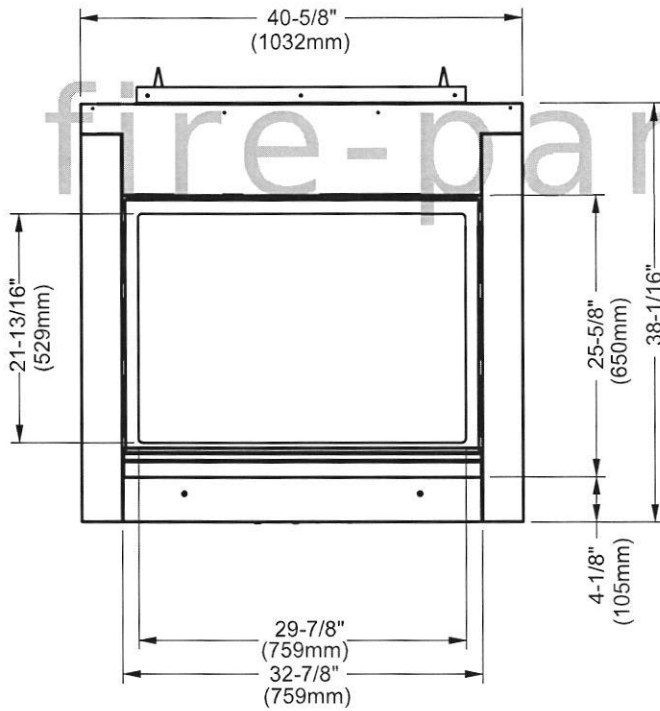
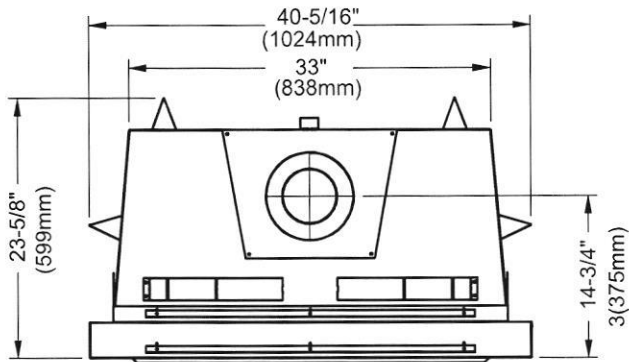
Tested by:



Installer: Please complete the details on the back cover and leave this manual with the homeowner.

Homeowner: Please keep these instructions for future reference.

UNIT DIMENSIONS



1st Floor

