

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>M11000591</u> BUILDING PERMIT #
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BUILDING ADDRESS: SUITE/APT: <u>12990 Linden Church Rd</u> SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: TAX MAP: PARCEL: BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: JOHN STRIETER ADDRESS: 12990 LINDEN CHURCH RD CITY: CLARKSVILLE STATE: MD ZIP CODE: 21029 HOME PHONE: 301- 534 -3609 WORK PHONE:
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	<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING ZONES	<input checked="" type="checkbox"/>	<u>1</u>	COMPANY NAME: ASC INC LICENSEE NAME: MARK ASHBY ADDRESS: 2720 HOBBS RD. CITY: GLENWOOD STATE: MD ZIP CODE: 21738 PHONE: 301-854-6788 HVACR LICENSE NO: MD 4287
SINGLE FAMILY TOWNHOUSE ZONES	<input type="checkbox"/>	---	
MULTI-FAMILY / HOTEL/MOTEL ROOMS	<input type="checkbox"/>	---	
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	---	

6/29/11
Approved

New <input type="checkbox"/> Heating and Air Conditioning <input checked="" type="checkbox"/> Geo Thermal System	<input type="checkbox"/> Heating System Only <input type="checkbox"/> Ductless Mini Splits	<input type="checkbox"/> Other Work (Describe): <input type="checkbox"/> Thru The Wall Systems
Replacement <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	Additions and Alterations <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> 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 = <u>40</u> Technology Fee (10% of Permit Fee) = <u>4</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>94</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.

6-23-11
 SIGNATURE OF LICENSEE DATE
 PRINT NAME OF LICENSEE MARK ASHBY

Validation
Check Number: <u>19667</u> Cash: _____ Receipt Number: <u>244827</u>

Email Address _____
 Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY