

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 # M12000227
 BUILDING PERMIT #

BUILDING ADDRESS: 4244 Linthicum Rd. SUITE/APT:
 SUBDIVISION: Linthicum rd
 CENSUS TRACT: SECTION: AREA:
 LOT: 3 TAX MAP: PARCEL:
 BLOCK: 7777 ZONE:
 PROPERTY ID: 03-449871 MAP COORDINATES:
 TYPE OF IMPROVEMENTS: USE:

OWNERS NAME: CARL Solomon
 ADDRESS: 4244 Linthicum Rd.
 CITY: Dayton
 STATE: MD ZIP CODE: 21036
 HOME PHONE: 410-931-2114 WORK PHONE:

<u>CHECK ONE</u>	<u>HOW MANY</u>
SINGLE FAMILY DWELLING <input type="checkbox"/>	<u>1</u> ZONES
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	<u> </u> ZONES
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	<u> </u> ROOMS
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	<u> </u> ROOMS

COMPANY NAME: United Air temp
 LICENSEE NAME: Richard Rittthaworn.
 ADDRESS: PO Box 6300
 CITY: Springfield
 STATE: VA ZIP CODE: 22150
 PHONE: 1800-890 4328 HVACR LICENSE NO: 18052

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 (Geo thermal)

Additions and Alterations

- Heating
- Air Conditioning
- Heating and Air Conditioning

4/18/2012 O.K. to approve. Just replacing existing heat pump per contractor.

****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 = 40
 Technology Fee (10% of Permit Fee) = 4
 Plus Application Fee 50.00
 Total Fees Due = 94

Rooms

Permit Fee = # of Rooms x \$80 =
 Technology Fee (10% of Permit Fee) =
 Plus Application Fee \$50 50.00
 Total Fees Due =

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.

SIGNATURE OF LICENSEE

DATE

Richard Rittthaworn
 PRINT NAME OF LICENSEE

Permits@unitedairtemp.com
 Email Address

3-12-12

Validation

Check Number: 3844
 Cash:
 Receipt Number: 271476

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

Well + Septic