

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	<b>HOWARD COUNTY          RESIDENTIAL          HEATING-VENTILATION-AIR          CONDITIONING AND          REFRIGERATION PERMIT          APPLICATION</b>	HVACR PERMIT # <u>M10006206</u> BUILDING PERMIT #
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BUILDING ADDRESS: SUITE/APT: <u>12525 MARLOW ROAD</u>	OWNERS NAME: <u>JON &amp; VANESSA FULLER</u> ADDRESS: <u>12525 MARLOW ROAD</u>
SUBDIVISION: CENSUS TRACT: SECTION: AREA: <u>2</u> LOT: <u>4</u> TAX MAP: PARCEL: BLOCK: ZONE:	CITY: <u>FULTON</u> STATE: <u>MD</u> ZIP CODE: <u>20759-9779</u>
PROPERTY ID: MAP COORDINATES: <u>40-23-134</u>	HOME PHONE: WORK PHONE: <u>301-466-4555-CELL</u>
TYPE OF IMPROVEMENTS: REPL USE: <u>RES</u>	

CHECK ONE	HOW MANY	
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	1	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: Ground Loop Heating & Air Cond., Inc.  
 LICENSEE NAME: Michael E. Cullum  
 ADDRESS: 1701 Whiteford Road  
 CITY: Darlington  
 STATE: MD ZIP CODE: 21034  
 PHONE: 410-836-1706 HVACR LICENSE NO: 6539

12/3/2010  
Approved  
BB

New <input type="checkbox"/> Heating and Air Conditioning <input 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 checked="" 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	

GEOTHERMAL 4TON NOV049

\*\*\*\*Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required\*\*\*\*

<b>Zones</b> Permit Fee = # of Zones x \$40 = <u>40.00</u> Technology Fee (10% of Permit Fee) = <u>4.00</u> Plus Application Fee <u>50.00</u> Total Fees Due = <u>94.00</u>	<b>Rooms</b> 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.

[Signature] 11-19-10  
 SIGNATURE OF LICENSEE DATE  
MICHAEL E. CULLUM  
 PRINT NAME OF LICENSEE  
linda@groundloop.com  
 Email Address

Validation

Check Number: 15245  
 Cash: \_\_\_\_\_  
 Receipt Number: 225412

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

WELL & SEPTIC