

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 # M19000711
 BUILDING PERMIT #

BUILDING ADDRESS: 8076 Hunter brooke Ln, Fulton MD
 SUITE/APT: 20759
 SUBDIVISION:
 CENSUS TRACT:
 LOT: 1
 BLOCK: 8
 SECTION: 0103
 TAX MAP:
 ZONE:
 AREA: 0103
 PARCEL:
 PROPERTY ID:
 MAP COORDINATES:
 TYPE OF IMPROVEMENTS: USE:

OWNERS NAME: Jim Berndt
 ADDRESS: 8076 Hunter brooke Lane
 CITY: Fulton
 STATE: MD ZIP CODE: 20759
 HOME PHONE: 301-642-8901 WORK PHONE:

CHECK ONE	HOW MANY
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: 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

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

EQUIPMENT:

WATER FURNACE 3-TON
MDZ03P-split unit
SAH036-air handler

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 = \$40.00
 Technology Fee (10% of Permit Fee) = 4.00
 Plus Application Fee \$50.00
 Total Fees Due = \$94.00

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.

Michael Cullum
 SIGNATURE OF LICENSEE DATE

MICHAEL CULLUM
 PRINT NAME OF LICENSEE

tina@groundloop.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: 25717
 Cash:
 Receipt Number: 580755

Approved Septic System Plan
HOWARD COUNTY HEALTH DEPARTMENT

WATER & SEWER
Signature 9/5/19
Date