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| 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>M10000109</u> BUILDING PERMIT # |
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| BUILDING ADDRESS: _____ SUITE/APT: _____ SUBDIVISION: _____ CENSUS TRACT: _____ SECTION: _____ AREA: _____ LOT: _____ TAX MAP: _____ PARCEL: _____ BLOCK: _____ ZONE: _____ PROPERTY ID: _____ MAP COORDINATES: _____ TYPE OF IMPROVEMENTS: _____ USE: _____ | OWNERS NAME: <u>Steve and Kathleen Buckner</u> ADDRESS: <u>1721 Willow Springs Drive</u> CITY: <u>Sykesville</u> STATE: <u>MD</u> ZIP CODE: <u>21784</u> HOME PHONE: <u>410 733 3738</u> WORK PHONE: <u>410 442 2836</u> |
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| | CHECK ONE | HOW MANY | |
|--|--------------------------|----------------|--|
| SINGLE FAMILY DWELLING | <input type="checkbox"/> | <u>1</u> ZONES | COMPANY NAME: <u>Love's Heating & Air, Inc.</u> |
| SINGLE FAMILY TOWNHOUSE | <input type="checkbox"/> | ____ ZONES | LICENSEE NAME: <u>John Davidson</u> |
| MULTI-FAMILY / HOTEL/MOTEL | <input type="checkbox"/> | ____ ROOMS | ADDRESS: <u>P.O. Box 396</u> |
| ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) | <input type="checkbox"/> | ____ ROOMS | CITY: <u>Seyern</u> |
| | | | STATE: <u>MD</u> ZIP CODE: <u>21144</u> |
| | | | PHONE: <u>410 551-1376</u> HVACR LICENSE NO: <u>5613</u> |

New

Heating and Air Conditioning
 Heating System Only
 Other Work (Describe):
 Geo Thermal System
 Ductless Mini Splits
 Thru The Wall Systems

Replacement

Heating
 Air Conditioning
 Heating and Air Conditioning

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****

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| Zones Permit Fee = # of Zones x \$40 = <u>40.00</u> Technology Fee (10% of Permit Fee) = <u>4</u> Plus Application Fee <u>50.00</u> Total Fees Due = <u>94.00</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.

John Davidson
 SIGNATURE OF LICENSEE DATE 1-28-10
John Davidson
 PRINT NAME OF LICENSEE
info@lovesheatingandair.com
 Email Address

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| Validation Check Number: <u>2874</u> Cash: _____ Receipt Number: <u>195941</u> |
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Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY


 Heath H. Kim Way

WINSLOW PUMP & WELL, INC.
P.O. BOX 521, HOLLYWOOD, MD 20636
Phone: (301) 373-2200 Fax: (301) 373-3692

m10000109

PLEASE PROVIDE A COPY OF SITE PLAN WITH THIS CONTRACT IF POSSIBLE.

Steve & Kathy
Buckner

