

Record Detail \* (This section is required.)

Permit Type  Permit Number  Opened Date

Description of Work  
 REPLACE EXISTING HVAC SYSTEM WITH A GEOTHERMAL SYSTEM USING (1) WATERFURNACE W5SZ024 2-TON UNIT AND (1) WATERFURNACE W5AV024 2-TON UNIT; USING VERTICAL LOOPS AND EXISTING DUCTWORK

11/21/2025  
 Approved  
 (SP)

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #  Street Name  Street Type

Unit Type  Unit #  X Coordinate  Y Coordinate

City  State  Zip Code  Primary

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
840636	429	18295	213600	469100	255500	SOUTHE

Legal Description  
 IMPS.4203 AR[ 8819 BALTIMORE ST[ ]VILL SAVAGE

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		606902	3				

Plan Area  State Tax Id  Subdivision Name

Section  Tax Map

Grid  Zoning District  ADC Map

SDP No.  Final Plan No.  WP File No.

Record Plat No.  WS Contract No.  FDP No.  Primary

Owner Occupied   Year Built  Historic District

Historic District Registry No.  Stat Area  Flood Plain

Building No

Owner \* (This section is required.)

Search Reset Clear

Name \*

Address Line 1

Address Line 2

Address Line 3

Mail City

Mail State

Mail Zip Code

Phone

Primary

E-mail

Cell Number      Fax Number

**Professionals** \* (This section is required.)

License # \*      Business Name  
05010006539      GROUND LOOP HEATING & AIR CONDITIONING, INC

License Type \*      First Name      Middle Name      Last Name  
HVACR      ✓ MICHAEL      E      CULLUM

Primary      Address Line 1  
Yes      ✓ 1701 WHITEFORD RD

Address Line 2

City      State      ZIP Code  
DARLINGTON      MD      21034-0000

Phone 1      Phone 2      Fax  
4108361706           4104570581

E-mail  
MIKE@GROUNDLOOP.COM

**Applicant** (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

Type \*      First Name      MI      Last Name  
Applicant      ✓ MICHAEL      E      CULLUM

Relationship      Full Name  
Applicant      ✓ MICHAEL E CULLUM

Primary      Organization Name  
Yes      ✓ GROUND LOOP HEATING & AIR CONDITIONING, INC

Street Address  
1701 WHITEFORD RD

Address Line 2

City      State      Zip Code  
DARLINGTON      MD      21034 000

Phone      Cell      Fax  
4108361706           4104570581

E-mail \*  
CAITLIN@GROUNDLOOP.COM

**HVAC INFORMATION**

**HVAC INFORMATION**

Capital Project-No Fee \*      Capital Project Number      Fee Exempt \*      Building Permit No \*      Existing Use \*      Geothermal

Yes  No      (Text)       Yes  No      N/A      (Text) SFD       Yes  No

Number of Zones \*      Number of MF Units      HVACR System      Water Supply      Sewage Disposal      Expiration Date

2      ZONES (Number) 0      UNITS (Number) Heating and Air Conditioning      Public      Public      5/20/2026

Submit      Cancel

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Case #

EH-PLANS-25-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

11/04/2025

Single Entry Edit-View Record Form

Application Name

M25001556

Description

REPLACE EXISTING HVAC SYSTEM WITH A GEOTHERMAL SYSTEM USING (1) WATERFURNACE W5SZ024 2-TON UNIT AND (1) WATERFURNACE W5AV024 2-TON UNIT; USING VERTICAL LOOPS AND EXISTING DUCTWORK

8819 Baltimore St.

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr

Assigned to Staff Current User

Kevin Wolf

Address \* (This section is required.)

New Search Delete Set Primary

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

Owner (This section is not required.)

Search Delete Set Primary

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \*

--Select--

Primary

Yes

First Name \*

Michael

Middle Name

Last Name \*

Cullum

Home Phone ((xxx)xxx-xxxx)

Organization Name \*

Ground Loop Heating & Air Conditioning Inc

Mobile Phone ((xxx)xxx-xxxx)

(410) 836-1706

E-mail

CAITLIN@GROUNDLOOP.COM

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

10/31/2025

Due Date

11/14/2025

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

[Empty text box]

Received by Community Hygiene

[Empty text box]

Received by Well and Septic

10/31/2025

FACILITY INFORMATION

Name of Business (dba) \*

n/a (Text)

Associated Building Permit Number

[Empty text box] (Text)

Owner Switch Date

[Empty text box]

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

Yes  No

Does the project include Private Septic? If Yes, forward to WS Program.

Yes  No

Is this a Prototype Food Service Facility? If Yes, refer to State.

Yes  No

Facility Fax

[Empty text box] (Text)

Days of Operation

[Empty text box] (Text)

Does this project have a Building Permit?

Yes  No

Building Permit Issued Date

[Empty text box]

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

Yes  No

Does the project include Food Services? If Yes, forward to FP Program.

Yes  No

Facility Phone

[Empty text box] (Text)

Facility Email

[Empty text box] (Text)

PROPERTY INFORMATION

Water Source

Public

Sewage Disposal

Public

Design Wastewater Flow

[Empty text box]

Permit Type

--Select--

(Number)

PLAT STATS

Total Number of buildable lots to be recorded

0 (Number)

Total number of open space lots to be recorded

0 (Number)

Total number of bulk parcels to be recorded

0 (Number)

Total number of lots / parcels to be recorded

0 (Number)

New buildable lots created

0 (Number)

Date PLAT signed by Health Officer

[Empty text box]

PLAT Type

--Select--

Date Preliminary Plan Signed by HO

[Empty text box]

Extension Granted

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes  No

Engineer

[Empty text box]

Number of paper copies

[Empty text box]

(Text)

Number of mylar copies

[Empty text box]

Number of buildable lots created

[Empty text box]

(Number)

Number of non-buildable lots created

[Empty text box]

(Number)

(Number)

Total Number of Lots

0 (Number)

Associated Plans

[Empty text box]

(Number)

WELL AND SEPTIC INTERNAL

State Review Required

Yes  No

Coordinate State Review

Yes  No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

**FOOD ESTABLISHMENT INFORMATION**

Hours of Operation  (Text)  Operating Seasonally Only  
 If Operating Seasonally, What is the start month?  (Text)  Are pets allowed in a outdoor seating area?  
 Yes  No  
 Full Bar?  
 Yes  No

**RESTAURANT AND FOOD SERVICE**

Food Service Facility Secondary Category  Total Seating Capacity   
 --Select-- (Number)  
 Number of Restrooms  Interior Restaurant Seating Capacity   
 (Number) (Number)  
 Bar Seating Capacity  Outdoor Seating Capacity   
 (Text) (Text)  
 Does the restaurant have outdoor seating  
 Yes  No

**EQUIPMENT**

Evaluated non NSF, ANSI, CF or other standards  Yes  No Description of Refrigeration Units   
 Number of Walk-In Refrigerator Units  (Number) Description of Walk-In Freezer Units  (Text)  
 Is there a bulk ice machine available  Yes  No Space Limitation   
 Number of Hand Sinks Available  (Number) Hood System   
 (Text)  
 Ventless Equipment  (Text)

**PLUMBING**

Size and installation of the water heater?  (Text) Is there a grease interceptor or grease trap?  
 --Select--

**REFUSE AND RECYCLABLES**

Dumpsters Located on a impervious surface?  Will there be a grease receptacle?  
 --Select-- --Select--

**WAREWASHING DISHWASHING**

Dishwashing Method  
 --Select--

**HACCP**

Plan Review Response Letter Received  Yes  No Date HACCP Approved by the State   
 Date HACCP Plan Submitted  HACCP Plan Approved   
 HACCP Plan Review  Plan Review Letter Mailed   
 HACCP Plan Revision Submitted  HACCP Fee Type  
 --Select--

**FINISHING SCHEDULE**

Kitchen Floor / Bar Flooring	<input type="text"/> --Select--	Kitchen Cove Base	<input type="text"/> --Select--
Storage - Food Storage Flooring	<input type="text"/> --Select--	Storage - Food Storage Cove	<input type="text"/> --Select--
Utensil Washing Area Flooring	<input type="text"/> --Select--	Utensil Washing Area Cove	<input type="text"/> --Select--
Dressing / Locker Room Flooring	<input type="text"/> --Select--	Dressing / Locker Room Cove	<input type="text"/> --Select--
Toilet Area Flooring	<input type="text"/> --Select--	Toilet Area Cove	<input type="text"/> --Select--