

Record Detail \* (This section is required.)

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Mech/Add Alt	M26000555	05/11/2026
<b>Description of Work</b>		
Install one waterfurnace 3ton geothermal system, model #W7AV036BV1A12CTR2D10. Connect to existing ductwork.		

Approved BP  
Mechanical Permit  
6/5/26 (MP)

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>
9365	FURROW	AVE
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>
--Select--		-76.83754
		<b>Y Coordinate</b>
		39.30555
<b>City</b>	<b>State</b>	<b>Zip Code</b>
ELLCOTT CITY	MD	21042
		<b>Primary</b>
		Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
906041	619	30579	304700	587700	283000	ELLICO

**Legal Description**  
IMPSLOT 1 BL E S 14[ ]9365 FURROW AVE[ ]MT HEBRON

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
E	1	602100	5	6			
<b>Plan Area</b>		<b>State Tax Id</b>		<b>Subdivision Name</b>			
		1402232464		MT HEBRON			
<b>Section</b>		<b>Area</b>		<b>Tax Map</b>			
				17			
<b>Grid</b>		<b>Zoning District</b>		<b>ADC Map</b>			
17-10		R-20		4815-F2			
<b>SDP No.</b>		<b>Final Plan No.</b>		<b>WP File No.</b>			
<b>Record Plat No.</b>		<b>WS Contract No.</b>		<b>FDP No.</b>	<b>Primary</b>		
27 38					Yes		
<b>Owner Occupied</b>		<b>Year Built</b>		<b>Historic District</b>			
<input type="radio"/> Yes <input type="radio"/> No		1975		<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Historic District Registry No.</b>		<b>Stat Area</b>		<b>Flood Plain</b>			
		2-01		<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Building No</b>							

Owner \* (This section is required.)

Search Reset Clear

**Name \***  
FOSTE

**Address Line 1**  
9365 FURROW AVE

**Address Line 2**

**Address Line 3**

**Mail City**  
ELLCOTT CITY

**Mail State**  
MD

**Mail Zip Code**  
21042

**Phone**  
860-917-4683

**Primary**  
Yes

**E-mail**

Cell Number

Fax Number

Professionals \* (This section is required.)

License # \* 05010009375  
 License Type \* HVACR  
 Primary Yes

Business Name  
 WALTS MECHANICAL SERVICES INC

First Name JOSEPH Middle Name W Last Name SNYDER

Address Line 1  
 300 CLOVERHILL RD  
 Address Line 2

City PASADENA State MD ZIP Code 21122 260

Phone 1 4437901267 Phone 2 Fax 4438172339

E-mail jen@lovesheatingandair.com

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type \* Applicant  
 Relationship Applicant  
 Primary Yes

First Name JOSEPH MI W Last Name SNYDER

Full Name JOSEPH W SNYDER

Organization Name  
 WALTS MECHANICAL SERVICES INC

Street Address  
 300 CLOVERHILL RD  
 Address Line 2

City PASADENA State MD Zip Code 21122 260

Phone 4437901267 Cell Fax 4438172339

E-mail \* jen@lovesheatingandair.COM

HVAC INFORMATION

HVAC INFORMATION

Capital Project-No Fee \*  Yes  No Capital Project Number (Text) Fee Exempt \*  Yes  No Building Permit No \* N/A Existing Use \* (Text) SFD Geothermal  Yes  No

Number of Zones \* 1 ZONES (Number) Number of MF Units 0 UNITS (Number) HVACR System Heating and Air Conditioning Water Supply Public Sewage Disposal Public Expiration Date 12/1/2026

Submit Cancel