

Record Detail * (This section is required.)

Permit Type Building/Residential/Mech/Add Alt
Permit Number M26000529
Opened Date 05/06/2026
Description of Work Direct replacement of geothermal heat pump Model # W5AV042BD1A12CTR2B10 (no well drilling)

5/18/2026
 Approved
 No record of Ex Horizontal loops
 Prop connected to public water/sew

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # 4631
Street Name BONNIE BRANCH
Street Type RD
Unit Type -Select-
Unit #
X Coordinate -76.77522
Y Coordinate 39.24321
City ELLICOTT CITY
State MD
Zip Code 21043
Primary Yes

SP

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
886849	636	1.12	232400	600400	368000	ELKRID

Legal Description
 IMPLOT 1 1.123 ACRES[]4631 BONNIE BRANCH RD[]ELLICOTT CTIY

[check spelling](#)

Block 1
Census Tract 601101
Council Dist 1
Inspection Dist 6
Supervisor Dist 6
Map #
DAP Zone
Plan Area
State Tax Id 1401170775
Subdivision Name
Section
Area
Tax Map 31
Grid 31-4
Zoning District R-20
ADC Map 4936-F2
SDP No.
Final Plan No.
WP File No.
Record Plat No.
WS Contract No.
FDP No.
Primary Yes
Owner Occupied
 Yes No
Year Built 2002
Historic District
 Yes No
Historic District Registry No.
Stat Area 1-03
Flood Plain
 Yes No
Building No

Owner * (This section is required.)

Search Reset Clear

Name * SCHAL
Address Line 1 4631 BONNIE BRANCH RD
Address Line 2
Address Line 3
Mail City ELLICOTT CITY
Mail State MD
Mail Zip Code 21043
Phone 443-603-4551
Primary Yes
E-mail

tara4631@verizon.net

Cell Number

Fax Number

Professionals * (This section is required.)

License # * 05010047207
License Type * HVACR
Primary Yes
Business Name SUPREME AIR LLC /DBA/ SUPREME SERVICE TODAY
First Name ALEXANDROS **Middle Name** G **Last Name** KOUGIANOS
Address Line 1 2606 WILLOW AVENUE
Address Line 2
City HALETHORPE **State** MD **ZIP Code** 21227-0000
Phone 1 4106271467 **Phone 2** **Fax**
E-mail ALEXK@SUPREMESERVICETODAY.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
Relationship Applicant
Primary Yes
First Name Alex **MI** **Last Name** Kougianos
Full Name Alex Kougianos
Organization Name Supreme Air
Street Address 6203 Collinsway road
Address Line 2
City Baltimore **State** MD **Zip Code** 21228
Phone 4107881114 **Cell** 4106271467 **Fax** 4105221178
E-mail * alex@supremeairllc.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)** 0 **Number of MF Units** **UNITS (Number)** **HVACR System** Heating and Air Conditioning **Water Supply** Public **Sewage Disposal** Public **Expiration Date** 11/4/2026

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