

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # _____ 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: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME PHONE: _____ WORK PHONE: _____
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	<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING	<input type="checkbox"/>	_____	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: _____ LICENSEE NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____ HVACR LICENSE NO: _____
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New <input type="checkbox"/> Heating and Air Conditioning <input type="checkbox"/> Geo Thermal System	<input type="checkbox"/> Heating System Only <input type="checkbox"/> Ductless Mini Splits	<input type="checkbox"/> Other Work (Describe): <input type="checkbox"/> Thru The Wall Systems
Replacement <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	Additions and Alterations <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> 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 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50.00 Total Fees Due = _____	Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 \$50.00 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.

Validation

Check Number: _____
Cash: _____
Receipt Number: _____

SIGNATURE OF LICENSEE DATE

PRINT NAME OF LICENSEE

Email Address

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY