HOWARD COUNTY 
RESIDENTIAL
HEATING-VENTILATION-AIR
CONDITIONING AND
REFRIGERATION PERMIT
APPLICATION

SITE BUILDING ADDRESS:                SUITE/APT: 
OWNERS NAME: 
ADDRESS: 
CITY: 
STATE: 
ZIP CODE: 
HOME PHONE: 
CELL PHONE: 

CHECK ONE                        HOW MANY 
COMPANY NAME: 
LICENSEE NAME: 
ADDRESS: 
CITY: 
STATE: 
ZIP CODE: 
PHONE: 
HVACR LICENSE NO: 

New Construction                        Additions and Alterations 
☐ Heating and Air Conditioning ☐ Heating  ☐ Geo Thermal System 
☐ Air Conditioning ☐ Air Conditioning ☐ Gas Conversion (Make and Model of Equipment) 
☐ Heating ☐ Heating and Air Conditioning ☐ Ductless Mini Splits  

Replacement 
☐ Heating  ☐ Other Work (Describe): 
☐ Air Conditioning 
☐ Thru The Wall Systems 
☐ Heating and Air Conditioning  

**Make and Model of Equipment is required**

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

<table>
<thead>
<tr>
<th>Zones</th>
<th>Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Fee = # of Zones x $40 =</td>
<td>Permit Fee = # of Rooms x $80 =</td>
</tr>
<tr>
<td>Technology Fee (10% of Permit Fee) =</td>
<td>Technology Fee (10% of Permit Fee) =</td>
</tr>
<tr>
<td>Plus Application Fee</td>
<td>Plus Application Fee $50</td>
</tr>
<tr>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Total Fees Due =</td>
<td>Total Fees Due =</td>
</tr>
</tbody>
</table>

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.

SIGNATURE OF LICENSEE DATE

PRINT NAME OF LICENSEE

Email Address

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Validation

Check Number: 
Money Order#: 
Invoice Number: 

T:\Updated Forms\HVAC application Rev:09.2019