Department of Inspections Licenses and Permits

3430 Court House Drive Ellicott City, MD 21043

Permits (410) 313-2455 Opt #4

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

HVACR PERMIT #

BUILDING PERMIT #

Invoice Number: _____

Inspections (410) 313-1840			
SITE BUILDING ADDRESS: SUITE/APT:		OWNERS NAME:	
		ADDRESS:	
SUBDIVISION:		CITY:	
TYPE OF IMPROVEMENTS:		STATE:	ZIP CODE:
		HOME PHONE:	
USE:		CELL PHONE:	
CHECK ON	HOW MANY	COMPANY NAME:	
SINGLE FAMILY DWELLING		LICENSEE NAME:	
SINGLE FAMILY TOWNHOUSE	D ZONES	ADDRESS:	
MULTI-FAMILY / HOTEL/MOTEL	□ ROOMS	CITY:	
		STATE:	ZIP CODE:
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	ROOMS	PHONE:	HVACR LICENSE NO:
New Construction Heating and Air Conditioning Air Conditioning Heating Replacement Heating Air Conditioning Heating Heating Air Conditioning Heating and Air Conditioning ****Replacement Geo Therr		Gas Gas Conditioning Thr Oth	o Thermal System s Conversion (Make and Model of Equipment) ctless Mini Splits ru The Wall Systems her Work (Describe): #** being sought a permit is required****
Zones		Rooms	
Permit Fee = # of Zones x \$40 = Technology Fee (10% of Permit Fee) = Plus Application Fee Total Fees Due =		Permit Fee = # of Rooms x \$80 = Technology Fee (10% of Permit Fee) = Plus Application Fee \$50 Total Fees Due =	
I HAVE CAREFULLY EXAMINED AND WILL BE PERFORMED BY A STATE HV APPLICABLE CODES AND STANDARDS	ACRLICENSED PERSON(S),	AND ALL WORK WILL BE P	D CORRECT. THE WORK DESCRIBED HEREIN ERFORMED IN COMPLIANCE WITH
SIGNATURE OF LICENSEE	I	PATE	Validation
PRINT NAME OF LICENSEE			Check Number:
Email Address			Money Order#:

T:\Updated Forms\HVAC application Rev:09.2019

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY