



City of Annapolis
 Department of Planning and Zoning
 145 Gorman Street Fl 3
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	MEC18-0687
ISSUED	12-4-2018
EXPIRES	8-26-2020

Permitting@annapolis.gov • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • www.annapolis.gov

Mechanical Permit Application

All work must be done in accordance with the State plumbing code as adopted by the City of Annapolis.

Gas Residential Commercial

Job location 16 Southgate Ave

Property Tax ID # _____ Related Building Permit # BLD18-0445

Property owner Barbara Maxwell

Address 16 Southgate Ave

City Annapolis ST MD Zip 21401

Occupant Barbara Maxwell Phone 410-263-2352

State license holder Wayne K Turner MD license # 02-12241

Trading as Powell + Turner Phone 410-636-7614

Mailing address 6308 Buck Covey Ln

City Linthicum ST MD Zip 21090

Proposed work: New building Existing building Other

	Fuel type	Total new install	Alter existing	Replace existing	Service work
Air conditioning					
Heating					
Fireplace					
Refrigeration					
Hydronics					
Ductwork			X		
Type 2 commercial hood & Ductwork					

Gas fired heating appliance BTU input _____ output _____

Oil fired heating appliance GPH of burner _____ UL approved _____

Size & type of flue or vent _____ Combustion air provided _____

Cost of entire installation (material and labor) \$1,459.00

Additional comments _____

I certify and agree as follows; I am authorized to make this application; that the information is correct; that I will comply with all conditions, regulations and codes of the City of Annapolis which are applicable hereto; that I will perform no work on the above property not specifically described hereon; that the permit is void if authorized work does not commence within 120 days from issue date; that the issued permit is not transferable; that all fees are not refundable; that no work shall be started until permit is issued.

Signature of licensed contractor Wayne K Turner Date 12-4-18

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Total fee due \$125.00 Received by D. Morgan Date 12-4-18

Special condition (if any) _____

Permit final date _____ Inspector signature _____

Notes _____