



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

FOR CITY USE ONLY	
PERMIT #	Mec19-0111
ISSUED	3-14-19
EXPIRES	9-10-19

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.

Job location Gas Residential Commercial
 Property Tax ID # 04344004 225 A Bxwood Rd Apt 202
 Property owner Southern Management Related Building Permit # _____
 Address 1950 Old Gallows Rd
 City Vienna
 Occupant Admiral Farragut ST VA Zip 22182
 State license holder Steven Travis Kerig Phone 410-268-0377
 Trading as All Season Aire MD license # 38710
 Mailing address 4480 Printers Ct Phone 301-934-0228
 City White Plains
 Proposed work New building Existing building Other _____
 ST M.D. Zip 20695

	Fuel type	Total new install	Alter existing	Replace existing	Service work
Heating	Electric				
Refrigeration	Natural			✓	
Electronics				✓	
ductwork					
Type 2 commercial hood				✓	
Type 2 commercial ductwork					

Is fired heating appliance BTU input 40,000 output 38,400
 fired heating appliance GPH of burner _____ UL approved _____
 size & type of flue or vent 2 inch PVC Combustion air provided YES - 2 inch PVC
 Cost of entire installation (material and labor) 3,760.00
 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 will be started until permit is issued.

Nature of licensed contractor [Signature] Date 3/11/19

Permit fee due \$125.00 Received by [Signature] Date _____
 Special condition (if any) _____
 Permit final date _____ Inspector signature _____
