



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

FOR CITY USE ONLY	
PERMIT #	_____
ISSUED	_____
EXPIRES	_____

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 9 President Point Drive B1
 Property Tax ID # _____ Related Building Permit # _____
 Property owner Sammis Residence
 Address 9 President Point Drive B1
 City Annapolis ST MD Zip 21403
 Occupant _____ Phone _____
 State license holder Anthony Decker MD license # 3036
 Trading as Bay Area Mechanical Phone 410-636-6400
 Mailing address 6824 Fort Smallwood Road Ste B
 City Baltimore ST MD Zip 21226
 Proposed work New building Existing building Other _____

	Fuel type	Total new install	Alter existing	Replace existing	Service work
Air conditioning		1			
Heating		1			
Refrigeration					
Hydronics					
Ductwork		1			
Type 2 commercial hood					
Type 2 commercial 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) 12,000.00
 Additional comments Install new Ductwork and Heat Pump

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 Anthony Decker Date 3/24/21

FOR CITY USE ONLY

Total fee due _____ Received by _____ Date _____
 Special condition (if any) _____
 Permit final date _____ Inspector signature _____
 Notes _____