



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

FOR CITY USE ONLY	
PERMIT #	Mec21-0622
ISSUED	11-4-2021
EXPIRES	5-4-2022

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 Mechanical code as adopted by the City of Annapolis.

Residential     Commercial     New building     Existing building

Job location 121 Main St Annapolis MD 21401

Property Tax ID # 02000000679000 Related Building Permit # \_\_\_\_\_

Property owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Occupant \_\_\_\_\_ Phone \_\_\_\_\_

State license holder MD John Jackson MD license # 57438

Trading as \_\_\_\_\_ Phone 2904684270

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

Gas fired heating appliance BTU input \_\_\_\_\_ output \_\_\_\_\_

Oil fired heating appliance GPH of burner \_\_\_\_\_ Size & type of flue or vent \_\_\_\_\_

Cost of entire installation (material and labor) \$7,000

Additional comments 3 Ton Heat pump install

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 John Jackson Date 11/4/21

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Total fee due	<u>\$125.00</u>	Received by <u>J. W. Wells</u> Date _____
Special condition (if any) / Notes _____		