

**QUEEN ANNE'S COUNTY**  
 208 NORTH COMMERCE STREET, CENTREVILLE, MD 21617  
 410-758-1271 (Phone) 410-758-6602 (Fax)

**MECHANICAL PERMIT**

OWNER: _____ ADDRESS: _____ _____ PHONE: _____	<b>BUILDING PERMIT #</b> JOB SITE - 911 ADDRESS: _____ SUBDIVISION: _____ LOT: _____ BLOCK: _____ SECTION: _____ TAX MAP: _____ PARCEL: _____ DISTRICT: _____ TAX ACCOUNT: _____
<p align="center"><b>INSTALLER</b></p> MASTER: _____ COMPANY: _____ ADDRESS: _____ PHONE: _____ DATE: _____ MD HVAC LIC.#: _____ Q.A. REG. #: _____ Renewal Year: _____ <small>I have been authorized by the owner to do work herein described, and in the execution thereof, I agree to abide by the regulations of the Queen Anne's Co. Plumbing/Electrical Board. I hereby apply for permission to do the work as follows, for which I tender herewith the required fee.</small>	<p align="center"><b>DESCRIPTION OF WORK</b></p> JOB - <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> RENO / ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL <input type="checkbox"/> Heating & Air <input type="checkbox"/> Heating Only <input type="checkbox"/> Air Conditioning Only <input type="checkbox"/> Refrigeration <input type="checkbox"/> Geo-Thermal Loop <input type="checkbox"/> Direct Exchange <input type="checkbox"/> Other Work: _____
<b>MECHANICAL PERMIT #</b> <b>APPROVED BY:</b> _____	<p align="center"><b>LOW VOLTAGE WIRING</b></p> <input type="checkbox"/> I <u>will not</u> be installing the low voltage wiring for this job. <input type="checkbox"/> I <u>will</u> be installing the low voltage wiring for this job. <input type="checkbox"/> No low voltage needed for this job. Please list your Electrical Lic. # authorizing you to do this work. <input type="checkbox"/> Q.A. Co. MASTER ELECTRICAL LIC. # <input type="checkbox"/> Q.A. Co. LIMITED ELECTRICAL LIC. #
<p align="center"><b>FEES</b></p> Non-Refundable Administrative Fee ..... \$10.00 _____ Residential -Heating & Cooling System..... \$50.00 _____ <i>(each additional unit)</i> \$25.00 _____ Heating System Only                     \$50.00 _____ Air Conditioning Only                    \$50.00 _____ Non-Residential - Estimated Job Cost \$ \$0 - \$10,000..... \$60.00 _____ Over \$10,000..... \$60.00+ _____ (\$1.00 per thousand over \$10,000) <b>RECEIPT #</b> _____ <b>TOTAL FEE \$</b> _____	<p align="center"><b>SOURCE OF FUEL</b></p> <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRIC
<p align="center"><b>INSPECTIONS - OFFICE USE ONLY</b></p> _____ _____ _____ _____ RE-INSPECTION _____	<p align="center"><b>DESCRIPTION OF WORK</b></p> <input type="checkbox"/> MANUAL J - RESIDENTIAL