## COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

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Date:	10/20/17	
To:	Andrew Angold	
***	(Person's Name and Division)	RECEIVED
From:	(Your Name, Company Name and Telephone Number)	OCT 20 2017
	·	
Subject:	Project name	PLAN REVIEW DIVISION
	Project site address 5502 Hance's France	,
	Permit # 417003498 SDP#	
	Other information pertinent to this project	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
✓ Please	check the attachments below that you are submitting with this transmittal:	Parmina a a a a a a a a a a a a a a a a a a
I	Letter of response to address plan review comment letter	•
Y	Revised plans and/or revised details: When submitting for a complete re-review, duplicate	sets shall be submitted.
r	Letter Summarizing Changes	
E	Energy conservation calculations	
	Copies of (be specific).	
	Health Department Request DPZ/ DED Request	Annlicant's Remest
η	Two sets of single family dwelling model plans to be placed on permanent file: Model nam	
	Other	W 522742 4.18 #
<del></del>	Contact Person Information: (Required)	
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	Tomothe Mans Telephone No: 410	9490068
	F 18028580	awson 1430) me.c.
ī	137-172411 PARALE 6-55. her DI.	
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NECES! INFORM OF INSI ONCE I SIGNAT WILL N INQUIR AND PI	E ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED MATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINE. PECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROTEE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND A PORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, TO NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. WES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE LAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVES ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTS OF THE PLAN SUBMITTS OF THE PERMIT DIVISION AT A SUBMITTS OF THE PERMIT DIVISION AND PLAN SUBMIT DIVISION AND PLAN SUBMITTS OF THE PERMIT DIVI	THAT INSUFFICIENT R. THE DEPARTMENT DBLEM. IN ADDITION, ALL OTHER REQUIRED THE PERMIT DIVISION ALL PERMIT STATUS TRELATED QUESTIONS ISION AT 410-313-2436.
Received	by MP Revision CC:	Health

A-48 10/27/17

White-Plan Review / Yellow-Applicant / Pink-Permit Division

t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

