Menu Reset Cancel Help Record Detail * (This section is required.) Permit Type Permit Number Opened Date Building/Residential/Misc/Pool Spa B18002929 08/20/2018 Description of Work SFD/40' X 16' IN GROUND POOL, DEPTH 3' TO 6', FENCE TO CODE / **8.29.18 REVISED PLOT PLAN SHOWING WELL & SEPTIC PROTECTED BY TEMPORARY BARRIER, REQUESTED BY THE HEALTH Online Permit
B18002929

RBircher, 8/30/2018

RBircher, Heath Dopt,
approved Cor Heath Dopt,
B18002929 check spelling Address * (This section is required.) Search Reset Clear Get Parcel & Owner Street # Street Name Street Type RD 3311 SANG Unit# X Coordinate Y Coordinate **Unit Type** -77.00549 39.2871 --Select-City State Zip Code Primary MD GLENWOOD 21738 Yes Parcel * (This section is required) Search Reset Clear Get Address & Owner GIS ID . Parcel Parcel Area Land Value Improved Value **Exemption Value** Plan Area 902424 92 40025 215600 620500 404900 RURAL Legal Description IMPSLOT 20 40025 SQ[]3311 SANG RD[]HOLLY HILLS SII RSB A&B check spelling Block Lot Census Tract Council Dist Supervisor Dist Map # DAP Zone Primary 20 605601 9999 Yes Plan Area State Tax Id Subdivision Name HOLLY HILLS 1404359755 Section Area Tax Map 14 Grid Zoning District ADC Map 14-24 RR-DEO 4812-K5 SDP No. Final Plan No. WP File No. F-13-046 Record Plat No. WS Contract No. FDP No. 12602 Owner Occupied Year Built Historic District 1998 O Yes O No O Yes @ No Historic District Registry No. Flood Plain Stat Area 4-06 O Yes

No **Bullding No**

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Submit Cancel

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

Date:	8/29/18		
To:	Debbie Whalen		
	(Person's Name and Division)		######################################
From:	(Your Name, Company Name and Telephone Number)	46) 507 770	S -4
Subject	ct: Project name <u>Be/were G/</u>	enwood 217	38
	Project site address 311 Sang Rd		
	Permit# 1518002929 si)P #	
	Other information pertinent to this project		***************************************
✓ Pleas	ase check the attachments below that you are submitting with t	this transmittal:	######################################
	Letter of response to address plan review comment letter		
	Revised plans and/or revised details: When submitting for a	complete re-review, dup	licate sets shall be submitted.
	Letter Summarizing Changes		
	Energy conservation calculations		
	Copies of (be specific).		
		PZ/ DED Request	Applicant's Request
	Two sets of single family dwelling model plans to be placed	4	***
	Other Show reptie fank twell wi	LIPE PINTERIA	DOVVIEV
	Contact Person Information: (Required)		***************************************
	Karen Rowley	Telephone No:	410 5077705
	Please Print Name	E-Mail Address: /	Khkpermits D Soyaha
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PLEAS. NECES	SE ASSURE ALL DOCUMENTS AND/OR REVISIONS A SSARY, BY A LICENSED ARCHITECT OR ENGINEE	ARE APPROPRIATELY	' <u>SIGNED AND SEALED,</u> IF 'SED THAT INSUFFICIENT
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	E THE BUILDING PERMIT IS APPROVED BY THE PLAP		, ————————————————————————————————————
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	NOTIFY THE APPROPRIATE CONTACT PERSON F IRIES SHALL BE DIRECTED TO THE PERMIT DIVISIO		
	PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO		
	SE ALLOW A <u>MINIMUM OF FIVE (5) WORKING DAYS</u>		
THAN	IK YOU.		
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White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\Operations\Updated forms\transmitfrm - Rev. 04/2014

