

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

Date: 2-22-19

To: Plan Review
(Person's Name and Division)

From: Carroll Home Services (443) 456-3626
(Your Name, Company Name and Telephone Number)

Subject: Project name Residential Tank Permit

Project site address 12024 Hill Shop Rd

Permit # B1800.0438 SDP # _____

Other information pertinent to this project _____

RECEIVED

FEB 27 2019

PLAN REVIEW DIVISION

✓ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ☐ Letter Summarizing Changes * correct location of tank
- ☐ Energy conservation calculations
- ☐ Copies of _____ (be specific).

- ☐ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☒ Other Notice of Violation, Copy of Permit

Contact Person Information: (Required)

Blair Merson
Please Print Name

Telephone No: 443-518-9178

E-Mail Address: bmerson@carrollhomeservices.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by [Signature]

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

CC: Health - RKT 3/4/19

Cash
\$25.00

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