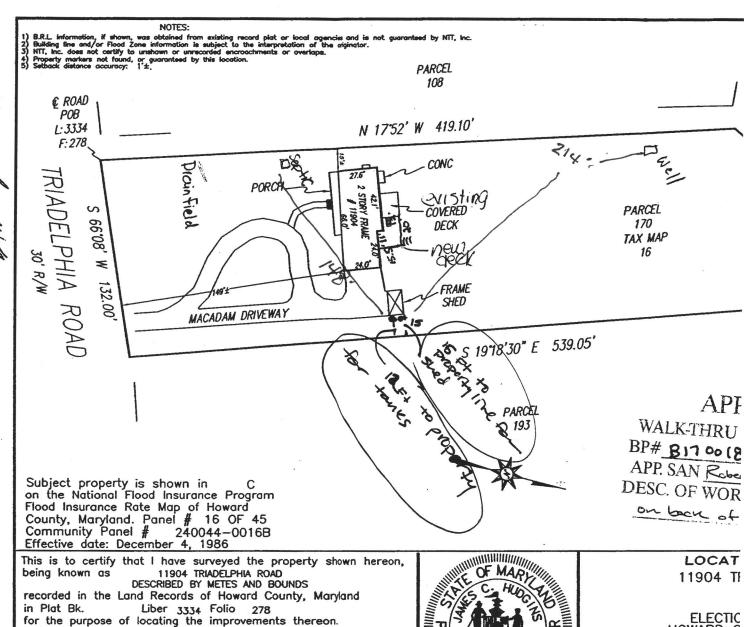
COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

| Date: | 8/22/19 |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To: | Annette - DP2 (Person's Name and Division) |
| From: | Tay Nusbown Southern States (410) 348.9420 (Your Name, Company Name and Telephone Number) |
| Subject: | Project name Andrew Libernou |
| | Project site address 11904 Triadel phia Rd |
| | Permit # 13-19002431 SDP # |
| | Other information pertinent to this project |
| √ Please | e 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. |
| | Energy conservation calculations Set back from property line is different than original Plot Plan |
| / | |
| | Copies of Revised Plot Plan (be specific). Submitted. |
| | 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 |
| | Contact Person Information: (Required) |
| | Telephone No: |
| Ì | Please Print Name |
| | E-Mail Address: |
| and the second section of the second | |
| NECESI INFORI OF INS ONCE I SIGNAT WILL I INQUIR AND PI | E ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF SARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT MATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT PECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED TORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS PIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS LAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. E ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. IT YOU. |
| Received | by AKH PER DPZ |

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



REVISED Date: 8/22/19

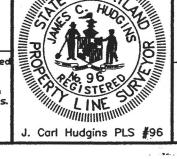
Comments: <u>B190024</u>31

MARTINER SETRACKS SHOWN

** This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.

** This plat is not to be retied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.

** This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



LOCAT 11904 TI

ELECTIC HOWARD C

NTT Associates. 16205 Old Frederick Ro Mt. Airy, Maryland 217 Ph. (410)442-2031 Fax No. (410)442-131

148 from lanks to Sentic 214' from Tail to 111211