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

Date:	10-1-20
To:	(Person's Name and Division)
From:	(Your Name, Company Name and Telephone Number)
Subject	t: Project name
	Project site address 192   Sunt Michaels Rd
	Permit # BZ0003244 SDP #
	Other information pertinent to this project
✓ Pleas	se 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
	Energy conservation calculations
4	Copies of Ste Hans (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 #
V	Other Kensed Site Plan to Show well + Septic Pocation
	Contact Person Information: (Required)
	Telephone No:
	Please Print Name
	E-Mail Address:
	SE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF
	SSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT RMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT
	SPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION,
<b>ONCE</b>	THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED
	ATORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, THE PERMIT DIVISION NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS
	RIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS
_	PLAN REVIEW INOUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436.

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PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED.

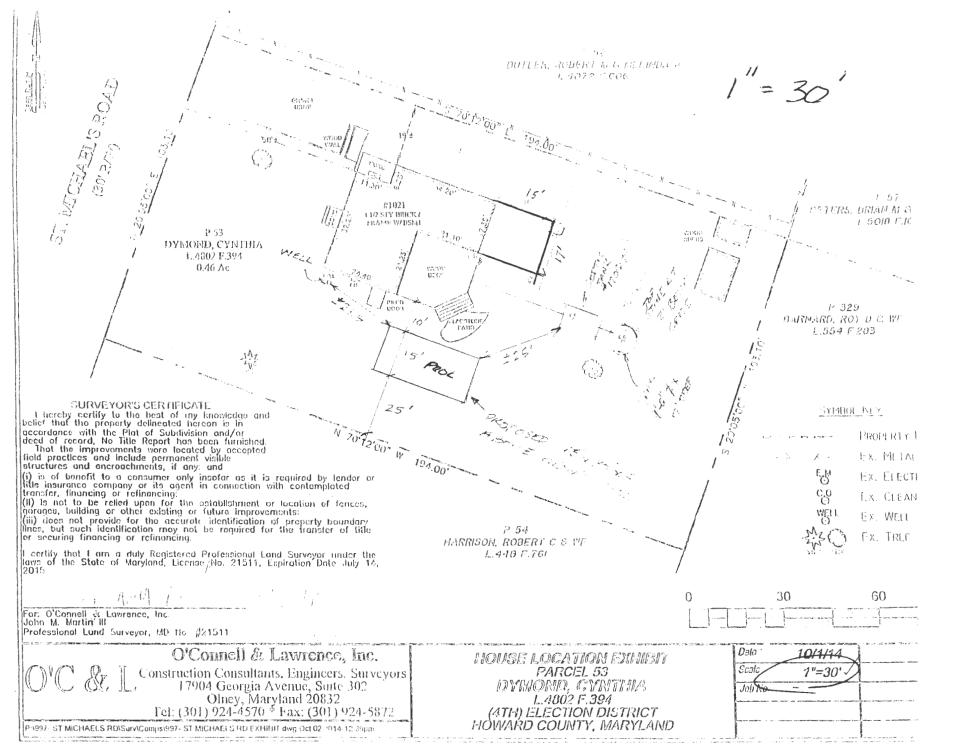
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LICENSES & PERMITA

Received by

THANK YOU.

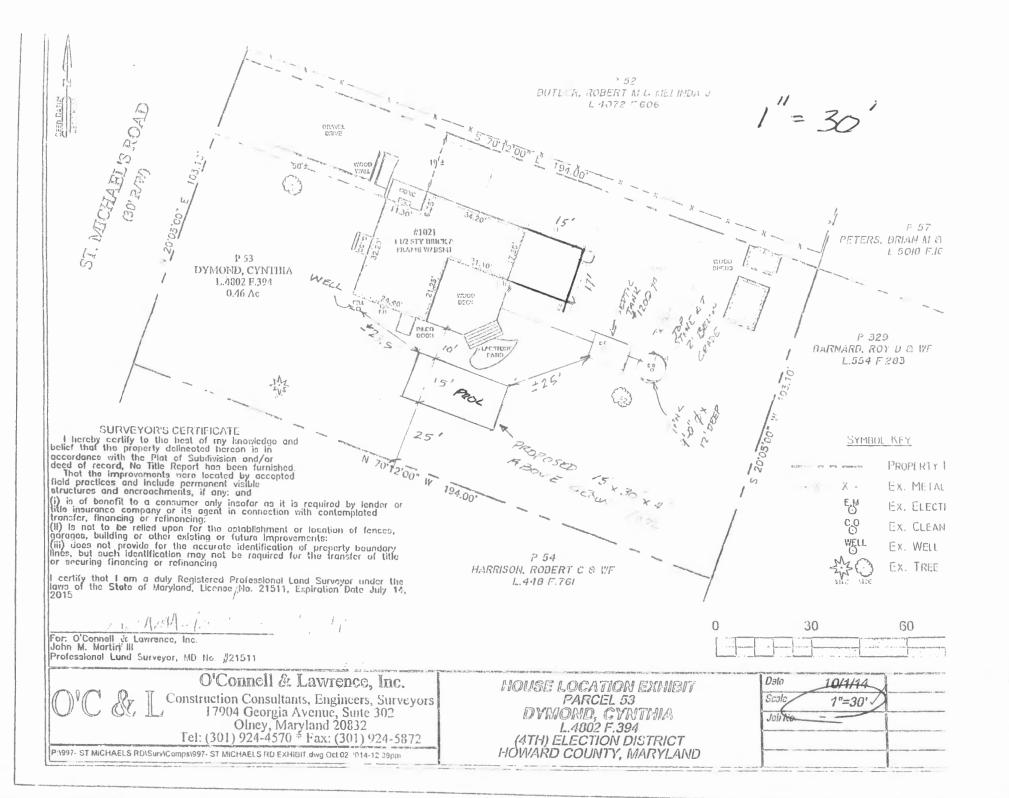
White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\Operations\Updated forms\transmit.frm - Rev. 04/2014



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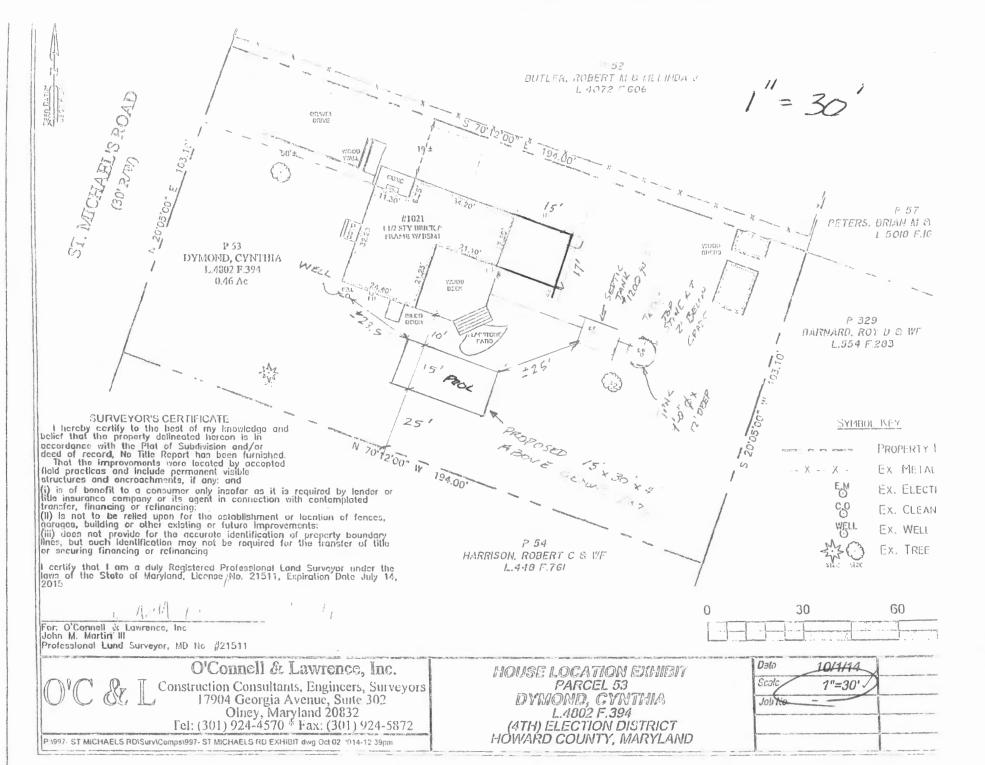
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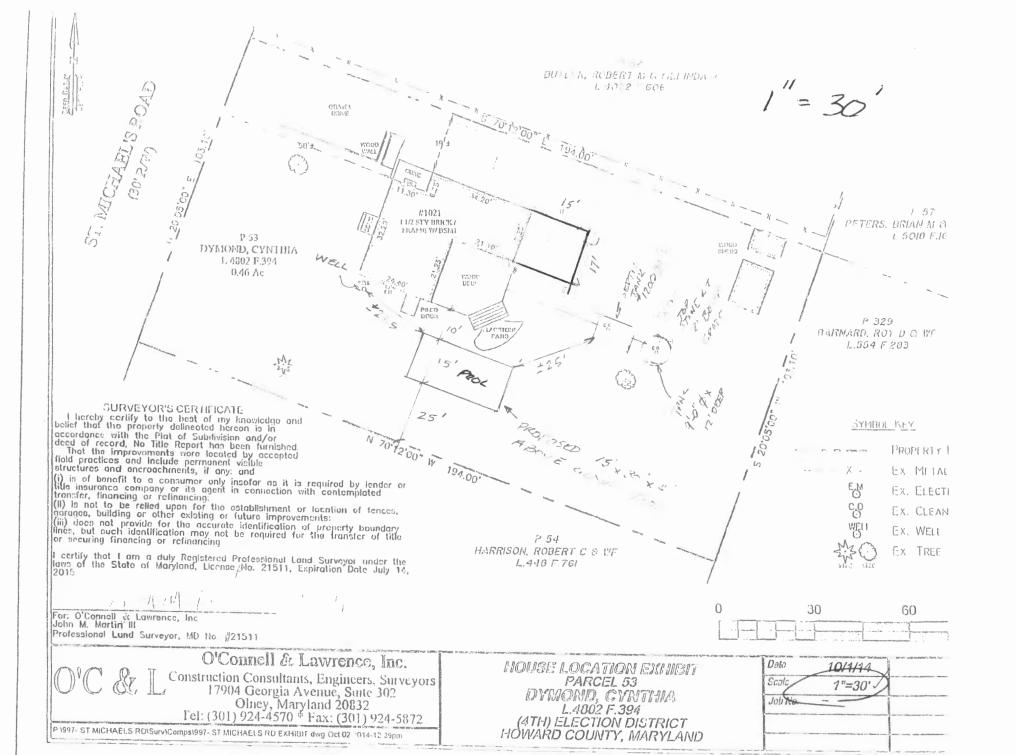
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