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

Date:	10/19/2020					
То:	George Martin/Jeff Williams	Plans R	eview/Health Department			
	(Reviewer/Requestor's Name)	(Division)				
From:	Ashley Schaeffer, All About Permi	ts LLC	(410) 530-8863			
	(Your Name, Company Name)		(Phone Number)			
Subject	: Project name					
	Project site address 3435 Shady	Lane				
	D000004E0	SDP#				
	Other information pertinent to this projection					
✓ Pleas	se check the attachments below that you are subr	nitting with this transmittal:				
	Letter of response to address plan review comment letter					
1	Revised plans and/or revised details: When submitting for a complete re- review, duplicate sets shall be submitted.					
7						
Letter Summarizing Changes						
H	Energy conservation calculations					
	Copies of	(be specific).				
	Health Department Request	DPZ/ DED Reques	t Applicant's Request			
	Two sets of single-family model plans to be placed on permanent file: Model Name/#					
	Other					
	Contact Person Information: (Required)					
	Ashley Schaeffer	Telephone No:	(410) 530-8863			
	Please Print Name		allahoutpermits@hotmail.com			
		E-Mail Address:	allaboutpermits@hotmail.com			
NECES INFOR OF INS ONCE SIGNA WILL INQUI MYHO THE P	SE ASSURE ALL DOCUMENTS AND/OR RESSARY, BY A LICENSED ARCHITECT OR RMATION MAY RESULT IN THE DELAY OF SPECTIONS, LICENSES AND PERMITS WILL THE BUILDING PERMIT IS APPROVED BY A TORY AGENCIES, AND THE BUILDING IN NOTIFY THE APPROPRIATE CONTACT OF SHALL BE DIRECTED TO THE PER DWARD.INFO. CODE RELATED QUESTICATION REVIEW DIVISION AT 410-313-2436.	E ENGINEER. PLEASE F REVIEW BY THE PLA LL CONTACT YOU IF THE Y THE PLAN REVIEW DI PERMIT <u>IS</u> READY FOR PERSON FOR PERMIT MIT DIVISION AT 410-3 DNS AND PLAN REVIEW PLEASE ALLOW A <u>MII</u>	BE ADVISED THAT INSUFFICIENT NS EXAMINER. THE DEPARTMENT IERE IS A PROBLEM. IN ADDITION, VISION AND ALL OTHER REQUIRED ISSUANCE, THE PERMIT DIVISION IF PICK UP. ALL PERMIT STATUS 13-2455 OPTION #4 OR BY VISITING INQUIRIES SHALL BE DIRECTED TO			
		a	proved			

 $White-Plan\ Review\ /\ Yellow-Applicant\ /\ Pink-Permit\ Division\ T:\ Operations\ \ Updated\ forms\ \ \ HoCoTransmittal Form 04.2020$

October 19, 2020

TO: Department of License and Permits

From: All About Permits LLC

Re: Updated Plans per Health Dept comment

Please amend the permits to the addresses listed below:

Permit#	Lot#	Address	Revision
B20003153	Lot 6	3435 Shady Ln	Updated plans
			Showing Health Dept
			Changes

Thank you,

Ashley Schaeffer

All About Permits LLC

7905 Solley Road

Glen Burnie, MD 21060

410-733-0433

allaboutpermits@hotmail.com









