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

Date:	3-8-17	
То:	Rerson's Name and Division)	RECEIVED
From:	(Your Name, Company Name and Telephone Number)	MAR 1 3 2017
Subject:	Project name Over / Homeower Project site address 904 Watersville 710 Permit # B/7008815 SDP#	Plan Review Division
	Other information pertinent to this project	
✓ Please chec	k the attachments below that you are submitting with this transmittal:	
Revise	of response to address plan review comment letter ed plans and/or revised details: When submitting for a complete re-review, dup Summer: ng Changes but my ion calculations Heath 254,	plicate sets shall be submitted.
renew.	ealth Department Request DPZ/ DED Request family dwelling model plans to be placed on permanent file: Mode	
Cont	Act Person Information: (Required) MA+h,A; Telephone No:	111 111 111
Please	Print Name E-Mail Address:	inexconstruction a Comenst Net
NECESSARY INFORMATI OF INSPECT ONCE THE E SIGNATORY WILL NOTIS INQUIRIES S AND PLAN	SURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATEL, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVON MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A SUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION A AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUAN FY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CREVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW OW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBJECTED.	TISED THAT INSUFFICIENT MINER. THE DEPARTMENT A PROBLEM. IN ADDITION, AND ALL OTHER REQUIRED CE, THE PERMIT DIVISION UP. ALL PERMIT STATUS CODE RELATED QUESTIONS V DIVISION AT 410-313-2436.
Received by	Try Perision #2	cc: Bldg

t:\forms\transmit.frm - Rev. 04/2014

