

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

Date: _____

To: _____
(Reviewer/Requestor's Name) (Division)

From: _____
(Your Name, Company Name) (Phone Number)

Subject: Project name _____
Project site address _____
Permit # _____ SDP # _____
Other information pertinent to this project _____

✓ 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

Energy conservation calculations

Copies of _____ (be specific).

Health Department Request

DPZ/ DED Request

Applicant's Request

Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____

Other _____

Contact Person Information: (Required)

_____ Telephone No: _____
Please Print Name

E-Mail Address: _____

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 OPTION #4 OR BY VISITING [MYHOWARD.INFO](#). 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 _____