

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

Date: 6-6-14
 To: Robert Bricker Health Dept
 (Person's Name and Division)
 From: Douglas Mast, Mast Constant (240) 405-0763
 (Your Name, Company Name and Telephone Number)
 Subject: Project name Schneider Addition
 Project site address 16080 A E Mullinix Rd
 Permit Number B14001518 SDP# NA
 Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of Plan plan (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

RECEIVED
 JUN 6 2014
 LICENSES & PERMITS
 DIVISION

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

 (Person's name) (_____) (Telephone number)

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. 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 [Signature]

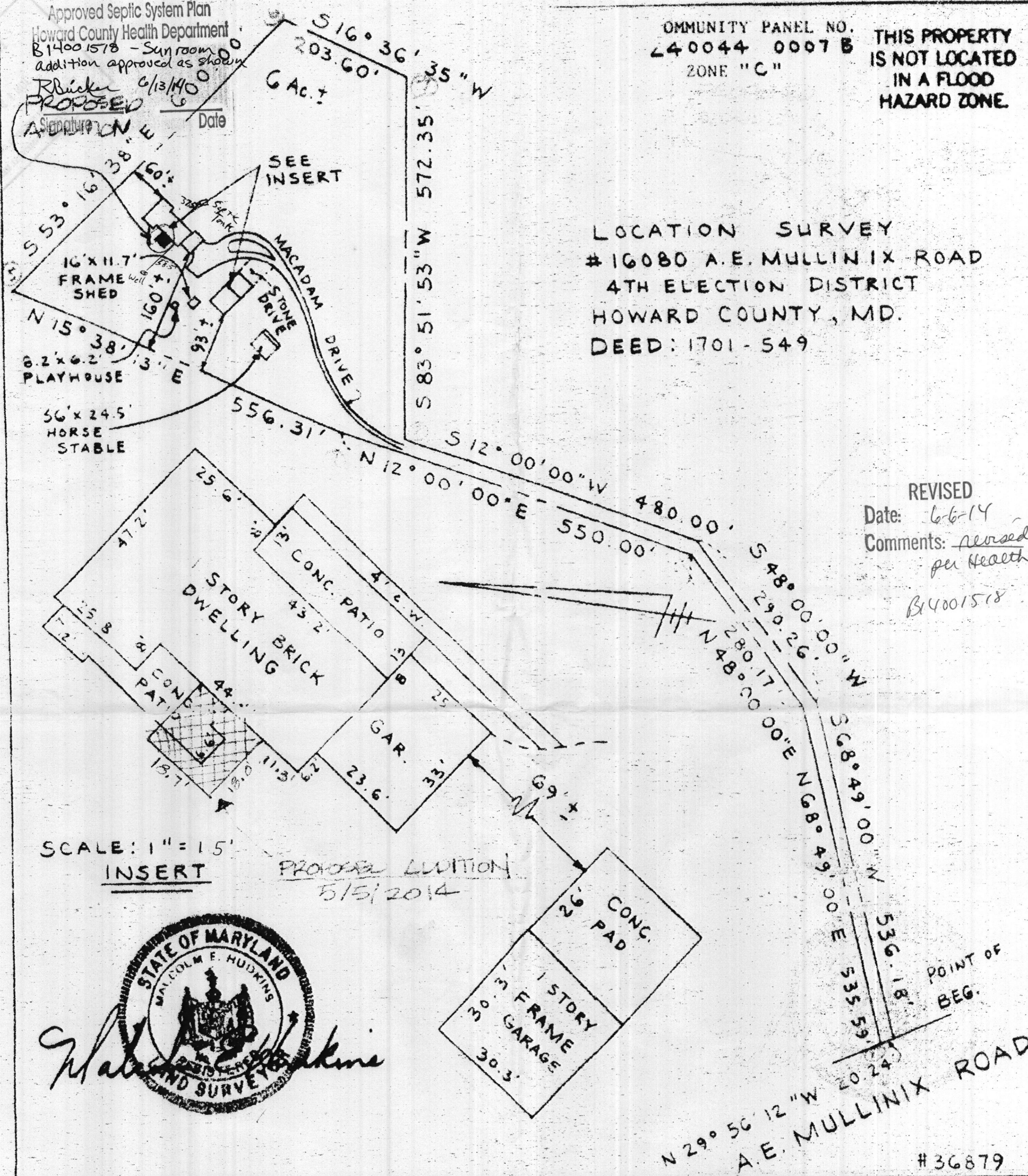
white: Plan Review Division
 yellow: Applicant
 pink: Permit Division

Approved Septic System Plan
Howard County Health Department
B14001578 - Sun room
addition approved as shown

R. Bicker 6/13/14
PROPOSED
Signature _____ Date _____

COMMUNITY PANEL NO.
40044 0007 B
ZONE "C"

**THIS PROPERTY
IS NOT LOCATED
IN A FLOOD
HAZARD ZONE.**



LOCATION SURVEY
#16080 A.E. MULLINIX ROAD
4TH ELECTION DISTRICT
HOWARD COUNTY, MD.
DEED: 1701-549

REVISED
Date: 6-6-14
Comments: Revised
per Health
B14001578

SCALE: 1" = 15'
INSERT

PROPOSED ADDITION
5/15/2014



I HEREBY CERTIFY THAT THE LOT SHOWN HEREON HAS BEEN SURVEYED FOR THE PURPOSE OF LOCATING ALL IMPROVEMENTS AND THAT ALL SUCH IMPROVEMENTS ARE LOCATED AS SHOWN

M&H DEVELOPMENT ENGINEERS, INC.

DRAWN	SURVEYED	CHECKED	SCALE	DATE
L.B	L.B	V.J.M	1" = 100'	2/25/92

200 East Joppa Road
Room 101 Shell Building
Jowson Maryland 21204
(301) 828-9060

#36879