

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

Date: 5/4/2017
To: Annette Merson
(Person's Name and Division)
From: Gabriele Council (443) 760-5822
(Your Name, Company Name and Telephone Number)
Subject: Project name Brad Shoard
Project site address 9671 Oak Hill Drive Ellicott City Md. 21045
Permit # B17001509 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 REVISED PLOT PLAN (be specific).
 Health Department Request DPZ Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other revised plans per request of zoning

RECEIVED
MAY 4 2017

LICENSES & PERMITS
DIVISION

Contact Person Information: (Required)

Gabriele Council
Please Print Name

Telephone No: 443-760-5822

E-Mail Address: gabrielecouncil@msn.com

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.

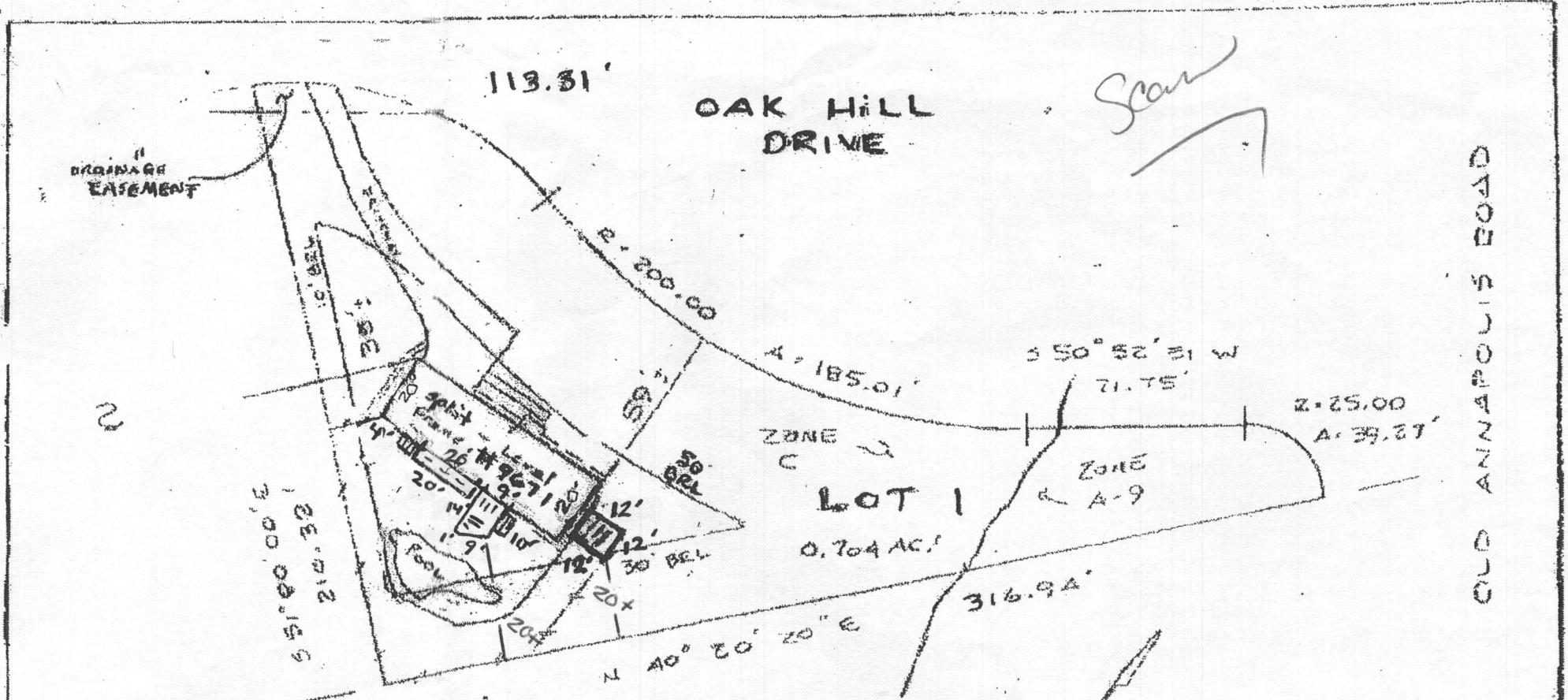
Received by 

cc: Health

PLOT PLAN TO SCALE
PER DPZ

REVISED
 Date: 5/4/17
 Comments: B17001509
 TO SCALE

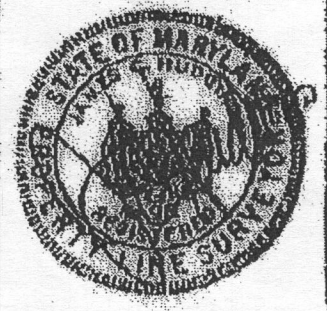
NO. 021 022
 OFF COLUMBIA → 12536543626
 12/19/2002 16:43
 12/17/02 TUE 16:30 FAX



Subject property is shown in Zone A-9-C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland. Panel# 28 of 45
 Community Panel# Z40044-0028 B
 Effective Date: DEC 4, 1986

This is to certify that I have surveyed the property
 known as LOT 1
 9671 OAK HILL DRIVE
 sheet: of recorded PLAT NO. 4278 among the
 Land Records of HOWARD County, Maryland for the
 purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
 NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#106

Approved Septic System Plan
 Howard County Health Department
 OAK HILL ESTATE
 5th ELECTION DISTRICT
 HOWARD COUNTY, MD
 Signature: [Handwritten Signature] Date: 5-15-17

HTF ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Phone: 442-2031

Scale	1" = 50'
Date	MARCH 5, 1992
Field By	JCM
Drawn By	JCM
Project #	11742