

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

Date: Nov. 20, 2017

To: DAN SWINDER, PLAN REVIEW
(Person's Name and Division)

From: DC Quality Homes (301) 351-5929 RECEIVED
(Your Name, Company Name and Telephone Number)

Subject: Project name MAGNO RESIDENCE NOV 21 2017
Project site address 13615 Nichols Dr PLAN REVIEW DIVISION
Permit # B17003594 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 ** REMOVE RETAINING WALL FROM SCOPE OF WORK*
- ____ Energy conservation calculations
- Copies of revised plot plan (be specific).
- ____ Health Department Request ____ DPZ/ DED Request Applicant's Request
- ____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ____ Other _____

Contact Person Information: (Required)

Alan Kinney
Please Print Name

Telephone No: 301.351-5929

E-Mail Address: _____

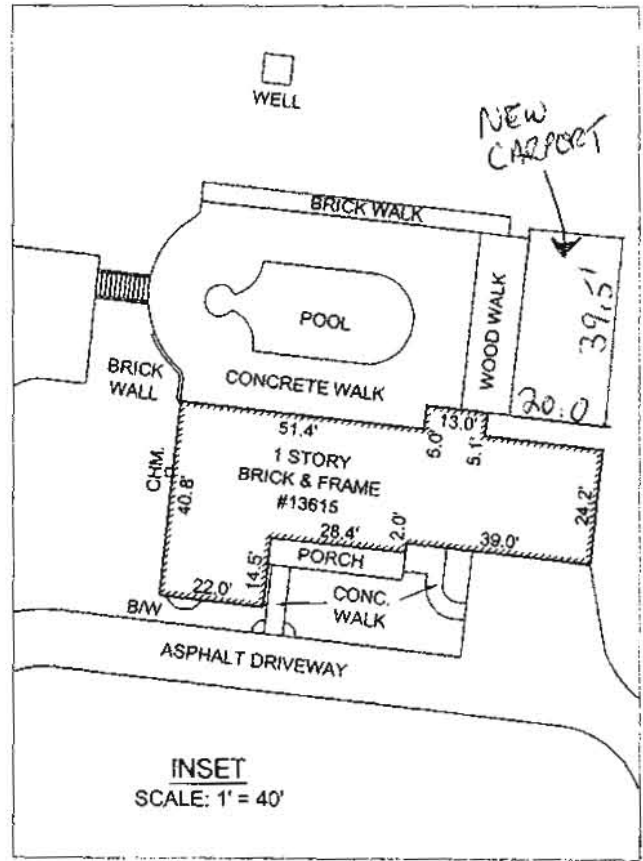
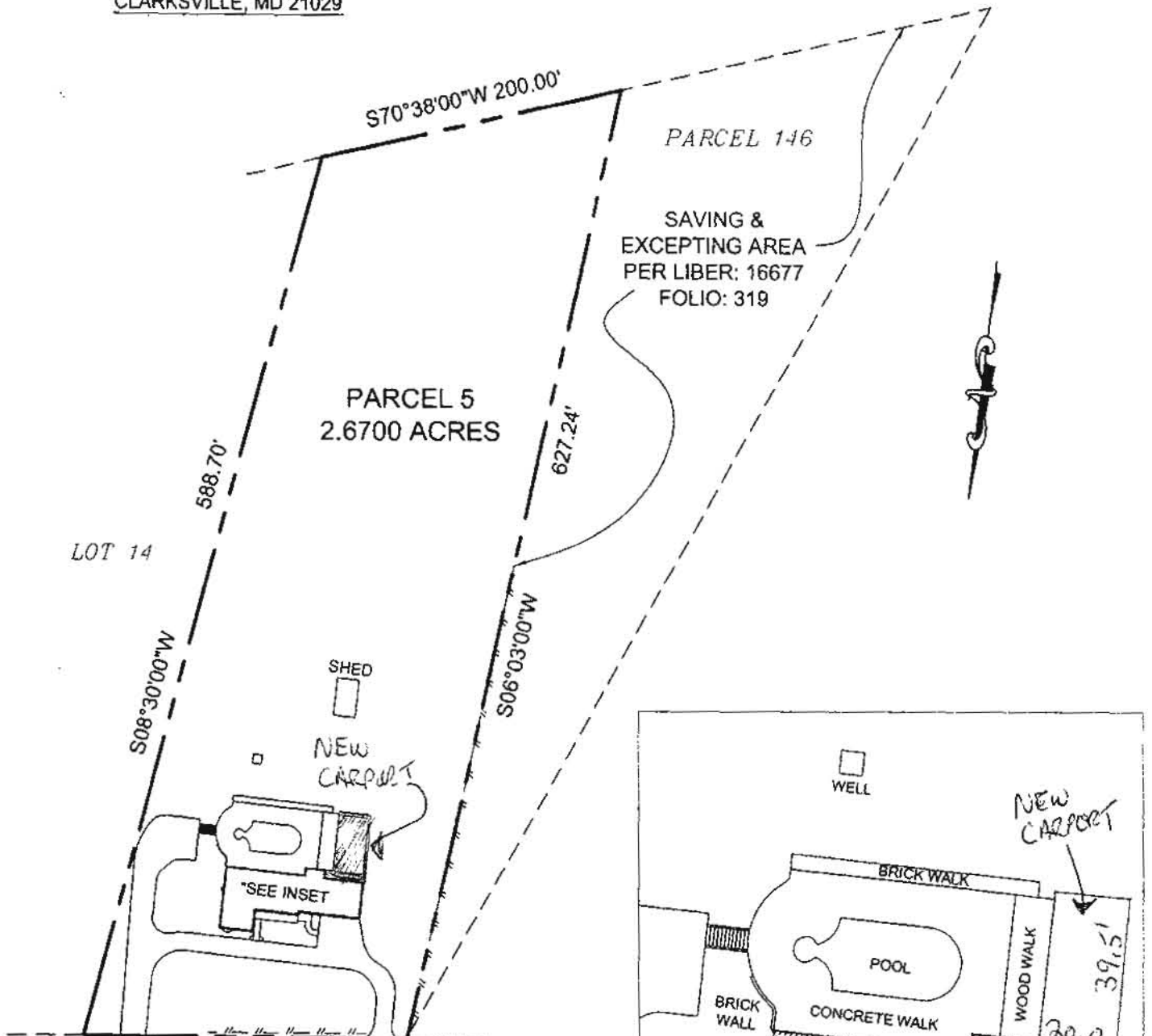
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUISITE 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 410-313-2455. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKH

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

~~BE~~ REMOVE RETAINING WALL FROM PLOT, POW, + PLANS
CC: PIZ
DED
Health

ADDRESS: 13615 NICHOLS DRIVE
CLARKSVILLE, MD 21029



N83°30'00\"/>

*Approved
R/E 12/4/17
B17003596*

REVISED

Date: 11/20/17

Comments: B17003596

*REMOVE RETAINING WALL
FROM SCOPE OF WORK*

- NOTES:
- THIS IMPROVEMENT LOCATION DRAWING:
 - IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
 - IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
 - DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT