

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

Date: 8/20  
To: A GARRETT Building Permit  
(Person's Name and Division)  
From: Adriana Thompson (443) 826-0506  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Nick Fitzoulakis  
Project site address 7419 Flamewood Drive Clarksville MA 21029  
Permit # B20002181 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 dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
  - Other Payment was made

**Contact Person Information: (Required)**

Please Print Name: Adriana Thompson Telephone No: 443-826-0506  
Health E-Mail Address: Adriana@Thompsongar.com  
8/26/20

**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 DROPOBOX

INV# 628866  
\$25, NO  
PAYMENT  
SUBMITTED

**RECEIVED**

AUG 19 2020

LICENSES & PERMITS  
DIVISION

