

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

Date: 10-28-22 ONLINE SUBMITTAL PAPER SUBMITTAL

To: PLAN Review
Apolonio Saliciano P. _____
(Reviewer/Requestor's Name) (Division)

From: Apolonio Saliciano P. 410 430-4119
(Your Name, Company Name) (Phone Number)

Subject: Project name value Drug Co.
Project site address 9105 all saints Rd St M. Laurel MD
Permit # B2700368 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
- 3 Copies of revised plans (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 and/or # _____
- Other _____

Contact Person Information: (Required)

Apolonio Saliciano P. Telephone No: 410-430 4119
Please Print Name E-Mail Address: Mex American corp@gmail.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 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 [Signature]
White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\HoCoTransmittalForm05.2022

RECEIVED

OCT 28 2022

LICENSES & PERMITS
DIVISION

Review

cc: Health Dept

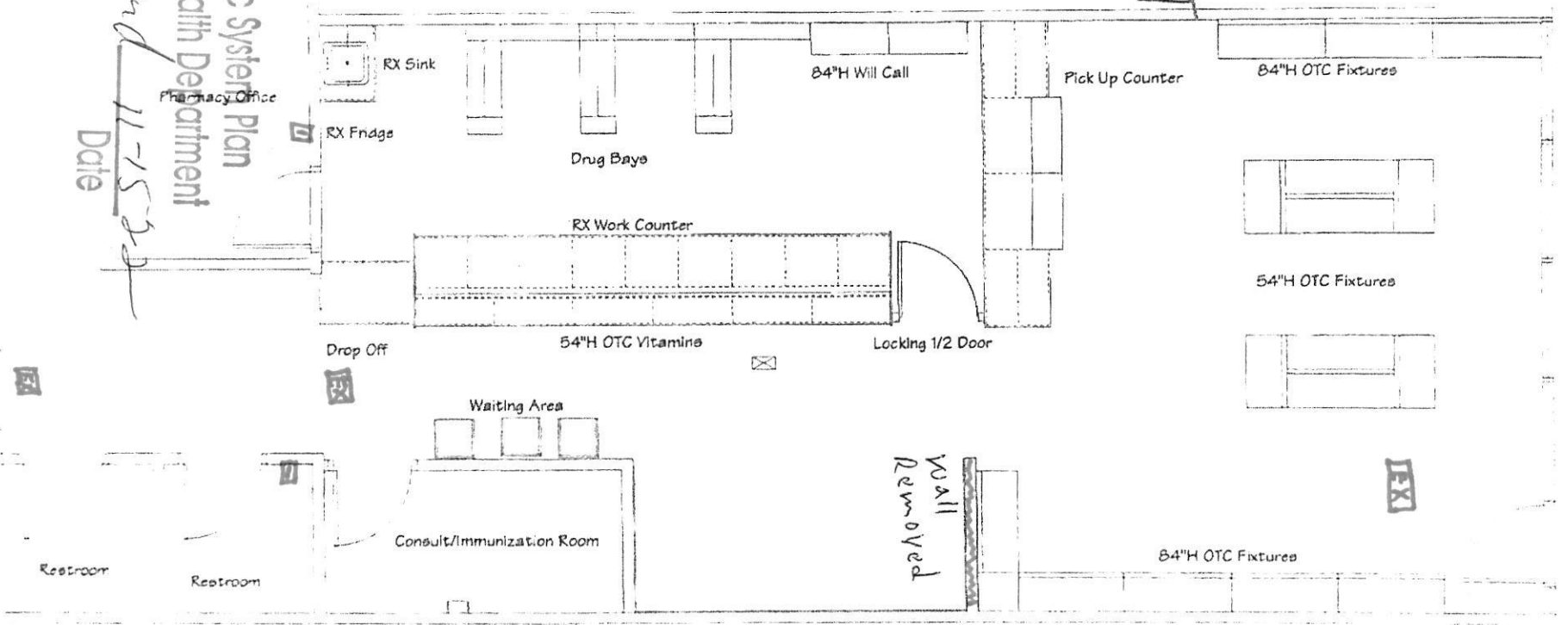
RECEIVED

OCT 28 2022

LICENSES & PERMITS
DIVISION

License # 22838387

Approved Septic System Plan
Howard County Health Department
Signature: *Dave DeWard*
Date: 11-15-22



M. A. Contractor 808 upland drive Salisbury MD 21801	<input checked="" type="checkbox"/> Approved	Name: Value Drug Co		Title: All Saints RX	
	<input type="checkbox"/> Rejected (As Noted)	Address: 9105 All Saints Road, St M		NOT TO SCALE	Date: 6/28/2022
		City: Laurel	State: MD	DWG. By: MGB	Sheet #
		Job #:			Option 3