OFFICE OF PLANNING AND ZONING **DEVELOPMENT DIVISION**

CERTIFICATE OF TRANSMITTAL

MS #	
SUBDIVISION #	
PROJECT #	
C#	
I hereby certify that the enclosed	
is being submitted for the proposed development of :	
located at or near	
in the Tax Ass	sessment District, Anne Arundel County, Maryland, and
includes all the items required by the Subdivision and D	Development Regulations for a complete submittal.
I understand that if any of the items required are	found to be missing from the submittal, it will not be
accepted for review by the Office of Planning and Zonia	ng/Development Division, and will be returned as
incomplete. The applicant is aware of the above, and will accept all responsibility for delays due to incomplete	
submittals.	
I am enclosing an explanation for each item whi	ch I feel is not required and therefore not included with
the submittal.	
Signature	Date

INSTRUCTIONS

- Fill in type of submittal: Site Development Plan, Sketch, Final, Minor, or Amended Plat Fill in official Project Name or Owner's Name 1.
- 2.
- Fill in distance to nearest intersection 3.
- Fill in Tax Assessment District Number 4.