

RECEIVED

PERMIT NUMBER: B 20003890

DATE ACCEPTED: OCT 29 2020

RESIDENTIAL BUILDING PERMIT APPLICATION DIVISION
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
 www.howardcountymd.gov

BUILDING SITE ADDRESS *REQUIRED*

Street Address: **2822 Bridalwreath Ct** Unit: _____
 City: **Woodbine** State: **MD** Zip Code: **21797**
 Subdivision/Village/Complex Name: **Belle Haven Estates** SDP/WP/BA #: _____
 Lot: **16** Tax Map: **0014** Parcel: **0066** Grading Permit #: _____

DESCRIPTION OF WORK *REQUIRED*

Existing Use: **Basement** Proposed Use: **Finished Basement** Estimated Cost: **\$35,000.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): **Todd A Stup** Primary Residence: Yes No
 Owner's Street Address: **2822 Bridalwreath Ct.**
 City: **Woodbine** State: **MD** Zip Code: **21797**
 Phone: **(301) 440-5180** Email: **kdavis@comintcon.com**

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: **Kris Davis** Contact Name: **Kris Davis**
 Street Address: **PO Box 95**
 City: **Kingsville** State: **MD** Zip Code: **21087**
 Phone: **(443) 465-6779** Email: **kdavis@comintcon.com**

CONTRACTOR INFORMATION *REQUIRED*

Business Name: **Self Performed by Owner of Property**
 Licensee's Name: _____ License #: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: **CDS Architectural Design** Name: _____
 Street Address: **14733 Janica Dr**
 City: **Rockville** State: **MD** Zip Code: **20853**
 Phone: **(301) 252-1887** Email: _____

BUILDING CHARACTERISTICS *REQUIRED*

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: _____ Roadside Tree Project: No Yes: # _____
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION *(PLEASE SELECT/COMPLETE ALL THAT APPLY)*

Model Name & Options:
 # of Bedrooms (SF): _____ # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: _____ # Full Baths: _____ # Half Baths: _____ # Fireplaces: _____
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: _____ 1st Fl Depth: _____ 2nd Fl Width: _____ 2nd Fl Depth: _____ Bsmt Width: _____ Bsmt Depth: _____
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: _____ sq ft Occupiable Area: _____ sq ft

AGREEMENT/ DISCALIMER *REQUIRED*

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

APPLICANT'S ORIGINAL SIGNATURE: _____ DATE SIGNED: _____

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health SHA CID

SUBMITTAL FEES: _____ PAYMENT: _____ ACCEPTED BY: *Dmpbx*

T:\Operations\UpdatedForms\ResidentialBuildingPermitApp01.28.2020 *no payment*

Kris Davis
Todd Stup
2822 Bridalwreath Ct
Woodbine, MD 21797

Re: Stup Residence

Permit #: B20003890

To: Robert Bricker
Howard County Health Department
Bureau of Environmental Health- Well & Septic

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JAN 04 2020

LICENSES & PERMITS
DIVISION

Mr. Bricker,

You contacted me with regards to a set of floor plans that illustrate all rooms of the residence. Please see attached set of plans (2 sets) which show everything you have requested. I have also included a picture of the Basement rough-in which was completed back in 2013 when the house was originally constructed. If you have any questions, please feel free to reach out to me on my cell phone or over email.

Thanks,

Kris Davis



Cell: 443-465-6779

Email: kdavis@comintcon.com

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LICENSES & PERMITS
DIVISION



**2822 Bridalwreath Court
Woodbine, MD 21797
Lot #16 Belle Haven Estates**

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE - ELLICOTT CITY, MD 21043
*** THIS PERMIT MUST BE CONSPICUOUSLY POSTED ON SITE ***

Residential Interior Alteration Single Family Dwelling Permit

PERMIT NUMBER: B20003890

APPLICATION DATE: 10/29/2020

ISSUE DATE: 11/23/2020

SITE ADDRESS:

2822 BRIDALWREATH CT
WOODBINE, MD 21797

PROPERTY OWNER INFO:

TODD A. STUP
2822 BRIDALWREATH CT
WOODBINE, MD 21797
Phone #: 301-440-5180

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LICENSES & PERMITS
DIVISION

Subdivision: Belle Haven Estates

Lot No.: 16 **Tax Map:** 14 **Grid:** 14-20

ADC Map: 4812-C4 **SDP No.:** **Zoning:** RC-DEO **Census Tract:** 605601

DESCRIPTION OF WORK:

SFD/ FINISHED BASEMENT TO INCLUDE FITNESS ROOM, BATHROOM, OFFICE, & LOUNGE AREA, APX 2270 SQ. FT.
FLOOR PLANS TOO LARGE TO SCAN

PRIMARY CONTRACTOR INFO:

Contractor License No.: 0

License Address: HOMEOWNER
TODD A. STUP

Phone #: 2822 BRIDALWREATH CT
WOODBINE, MD 21797
301-440-5180

PRIMARY CONTACT INFO:

Contact Type: CONTACT

P. O. BOX 95
KINGSVILLE, MD 21087
Phone #: 443-465-6779

Building/Lot Characteristics

Legal Description: IMPSLOT 16 40029 SQ[]2822 BRIDALWREATH COURT[]BELLE HAVEN ESTATES

Existing Use:

Water Supply:

Height:

Sewage Disposal:

Basement:

SF # of Bedrooms:

SF # of Full Baths:

SF # of Half Baths:

Zoning Setback Requirements:

Front -	Proposed:	Required:
Rear -	Proposed:	Required:
Side -	Proposed:	Required:
Side Street -	Proposed:	Required:

Permit Fees:

Total Fees Invoiced:	\$135.00
Total Fees Paid:	\$135.00
Balance Due:	\$0.00

Meets Minimum Required Setbacks?: Yes **Lot Coverage for NT Zoning:**

To schedule an inspection or check the results of an inspection please call (410) 313-3800

APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES AND PERMITS - BUILDING OFFICIAL

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

Date: 1/4/2021

To: ROBERT BRICKER, HEALTH DEPT
(Person's Name and Division)

From: _____ (_____) _____
(Your Name, Company Name and Telephone Number)

Subject: Project name STUP RESIDENCE
Project site address 2822 BRIDALWREATH CT
Permit # B20003890 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 FLOOR PLANS (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 EMAIL

Contact Person Information: (Required)

Please Print Name

Telephone No:

E-Mail Address:

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 DROPOX

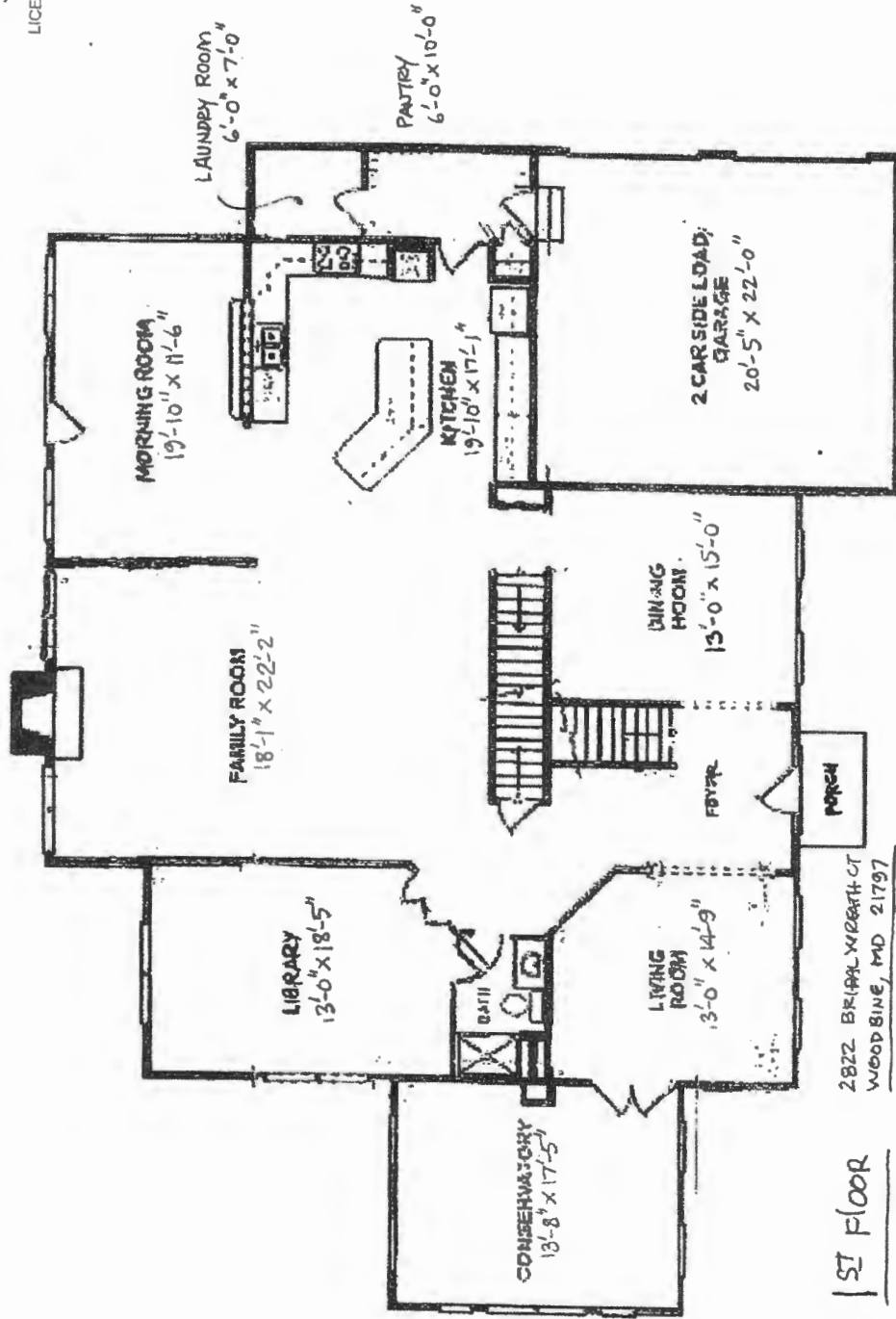
** PER HEALTH
(FWD DIRECTLY
TO)*

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LICENSES & PERMITS
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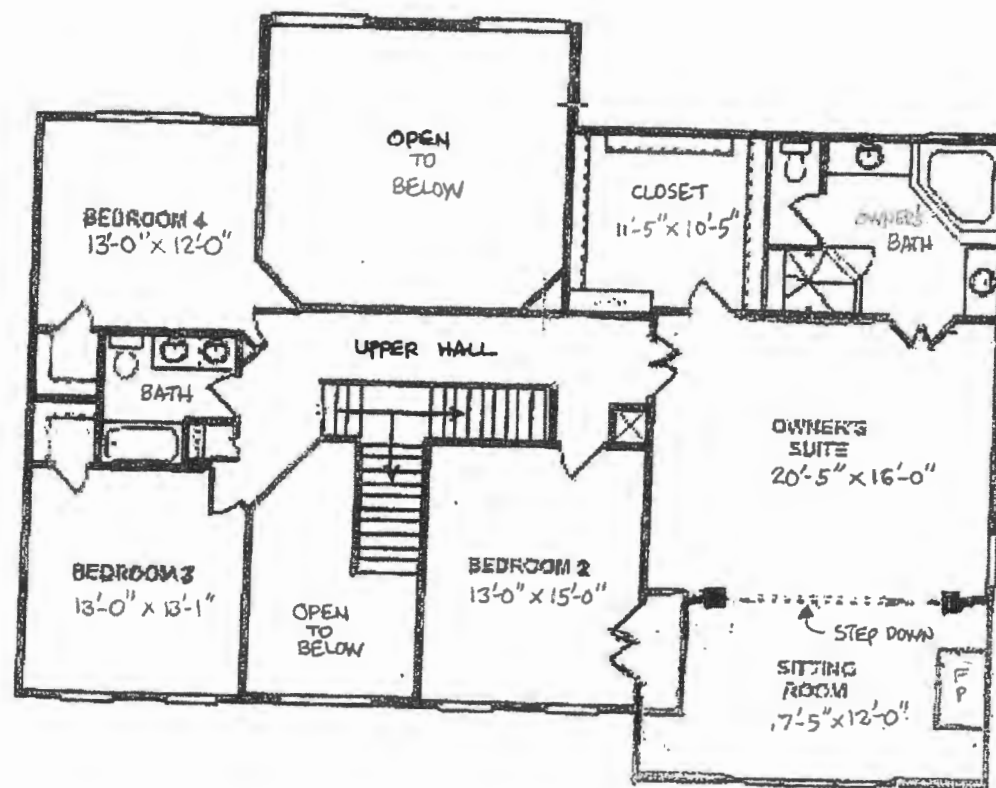
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2ND FLOOR

2822 BRIDAL WREATH CT
WOOD BINE, MD 21797
BELLE HAVEN LOT #16

