



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 10/3/14

Permit No.: B14003601

Building Address: 2822 Bridalwreath Courth
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD w/ Detached Garage
 Estimated Construction Cost: \$ 25,000
 Description of Work: Build a 28'x22' detached garage
Single story

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Todd and Shirley Stup
 Address: 2822 Bridalwreath Courth
 City: Woodbine State: MD Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Christopher Haas (JNJ Improvements)
 Address: 678 Ritchie Hwy
 City: Severna Park State: MD Zip Code: 21146
 Phone: 410 647-1185 Fax: _____
 Email: chris@jnjimprovements.com

Contractor Company: JNJ Improvements
 Contact Person: Christopher Haas
 Address: 678 Ritchie Hwy
 City: Severna Park State: MD Zip Code: 21146
 License No.: MHIC 95536
 Phone: 410 647-1185 Fax: _____
 Email: chris@jnjimprovements.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input checked="" type="checkbox"/> Other: <u>Unconditioned</u>	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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.

Christopher Haas
 Applicant's Signature
chris@jnjimprovements.com
 Email Address
President / JNJ Improvements Inc.
 Title/Company

Christopher Haas
 Print Name
10/2/14
 Date

RECEIVED
OCT 03 2014
 LICENSES & PERMITS
 DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/3/14</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>51495</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pavilion	B21003901	10/18/2021

Description of Work
 SFD/ CONSTRUCT A 20' X 20' DETACHED PAVILLION **400 SQ FT MUST HAVE FROST FREE FOOTINGS/**11.16.21 REVISION REQUEST TO CHANGE SIZE OF PAVILLION TO 20 X 15, ADD OUTDOOR FIREPLACE AND RELOCATE FOR HEALTH DEPARTMENT*

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
2822	BRIDALWREATH	CT
Unit Type	Unit #	X Coordinate
-Select-		-77.04944
		Y Coordinate
		39.28858
City	State	Zip Code
WOODBINE	MD	21797
	Primary	
	Yes	

OK
 11/17/21

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
926421	66	40029	215600	699200	1483600	RURAL

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

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	16	605601	5				
Plan Area		State Tax Id		Subdivision Name			
		1404373804		Belle Haven Estates			
Section		Area		Tax Map			
				14			
Grid		Zoning District		ADC Map			
14-20		RC-DEO		4812-C4			
SDP No.		Final Plan No.		WP File No.			
		F-07-038					
Record Plat No.		WS Contract No.		FDP No.	Primary		
19948-1995					Yes		
Owner Occupied		Year Built		Historic District			
<input type="radio"/> Yes <input type="radio"/> No		2013		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Historic District Registry No.		Stat Area		Flood Plain			
		4-08		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
 STUP TODD A
Address Line 1
 2822 BRIDALWREATH CT
Address Line 2
 Address Line 3

Mail City
 WOODBINE
Phone
 410-489-0655
E-mail

Mail State
 MD
Primary
 Yes

Mail Zip Code
 21797

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * 08010106852
 License Type * MHIC Ind
 Primary Yes

Business Name ABSOLUTE LANDSCAPE & TURF SERVICES
 First Name MATTHEW Middle Name Last Name SABINE
 Address Line 1 4781 TEN OAKS RD.
 Address Line 2

City DAYTON State MD ZIP Code 21036-0000
 Phone 1 4109844200 Phone 2 Fax
 E-mail MATT@ABSOLUTESCAPES.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Applicant Relationship Applicant Primary Yes

First Name MICHELLE Full Name MICHELLE CLANCY
 Organization Name APPLIED & APPROVED PERMITS LLC
 Street Address P.O. BOX 310
 Address Line 2

City PERRY HALL State MD Zip Code 21128
 Phone 443-340-1229 Cell Fax
 E-mail MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost 12000 Housing Units 0 Number of Buildings 0 Public Owned No
 Construction Type --Select--

PAVILION

PAVILION INFORMATION

Capital Project-No Fee Yes No
 Capital Project Number Total Square Footage 400 Fee Exempt Yes No
 Roadside Tree Project Permit Yes No Roadside Tree Project Permit #
 Existing Use SFD Water Supply Private Sewage Disposal Private Expiration Date 5/16/2022

Submit Cancel

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

Date: 11/1/21

To: HEALTH
(Reviewer/Requestor's Name) (Division)

From: MICHELLE CLANCY 443-610-7514
(Your Name, Company Name) (Phone Number)

Subject: Project name _____
Project site address _____
Permit # B21003901 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 model plans to be placed on permanent file: Model Name/ # _____
- Other REVISED SITE PLAN MOVING PAVILLION SLAB TO MEET SETBACK FOR HEALTH

*OK, but area reduced
fireplace added*

Contact Person Information: (Required)

MICHELLE CLANCY Telephone No: 443-610-7514
Please Print Name E-Mail Address: michelle@appliedandapproved.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 _____

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

Date: 11/16/21

To: HEALTH/DILP
(Reviewer/Requestor's Name) (Division)

From: MICHELLE CLANCY 443-610-7514
(Your Name, Company Name) (Phone Number)

Subject: Project name _____
 Project site address _____
 Permit # B21003901 SDP # _____
 Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

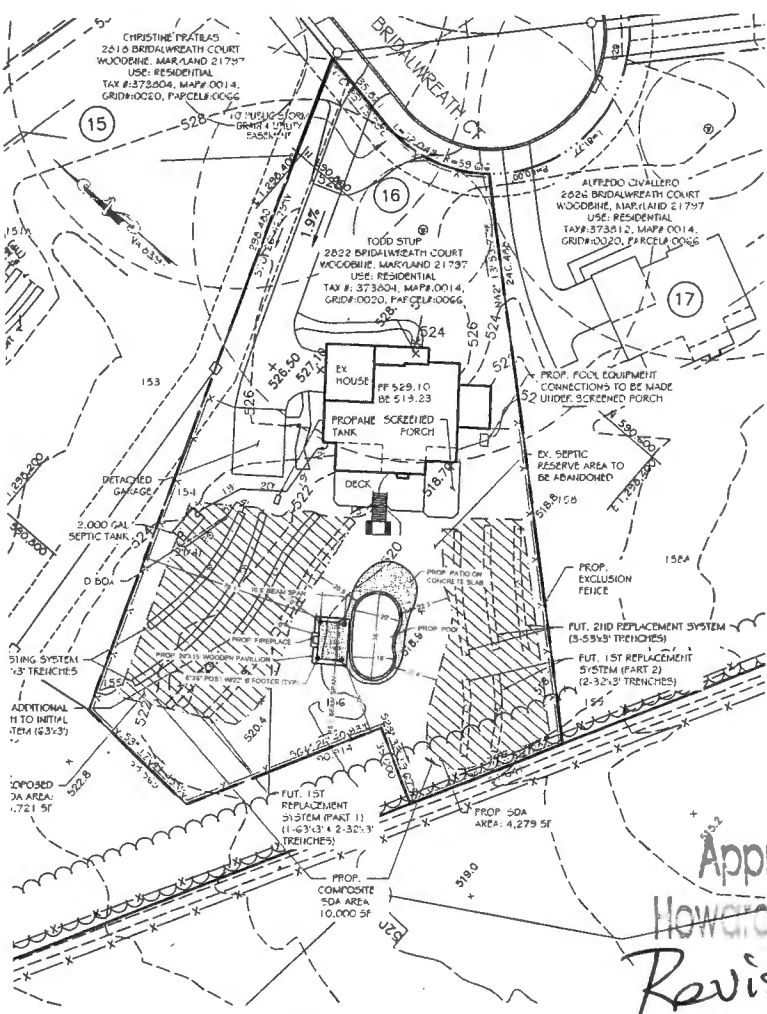
- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
 Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____
- Other CHANGE SIZE OF PAVILLION TO 15'X20' ADD OUT DOOR FIRE PLACE AND MOVE LOCATION FOR HEALTH

Contact Person Information: (Required)

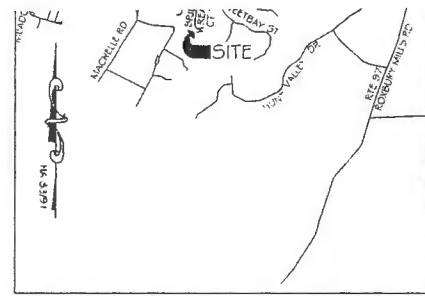
MICHELLE CLANCY Telephone No: 443-610-7514
 Please Print Name E-Mail Address: michelle@appliedandapproved.com

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 _____



LOT 16 PLAN VIEW
SCALE: 1"=50'



VICINITY MAP
SCALE: 1"=2000'

DRAWING LEGEND

- 500 — EXISTING GRADE
- 502 — PROPOSED LIMIT OF DISTURBANCE
- ← + 665.5 PROP. SPOT ELEV. FLOW ARROW
- PROPOSED 20' SEPTIC RESERVE BUFFER
- EXISTING 30' WELL BUFFER
- EXISTING 100' WELL BUFFER
- - - - - PROPERTY LINE
- - - - - BUILDING RESTRICTION LINE
- - - - - FENCE
- ▭ EXISTING SEWAGE DISPOSAL AREA
- ▭ PROPOSED SEWAGE DISPOSAL AREA
- 174 EXISTING WELL PASSED PERCOLATION TEST
- 127 FAILED PERCOLATION TEST

Approved Septic System Plan
 Howard County Health Department
 Revised Plot Plan
 Submitted to move
 Proposed Pavilion 10' from SDA
Briek 4/8/2021
 Signature Date
 B21003901

NOTE:
 THE PURPOSE OF THIS REVISION IS TO ADJUST THE SEPTIC TRENCH LOCATIONS TO ALLOW SPACE FOR AN IN-GROUND POOL TO BE INSTALLED

OWNER:
 TODD A STUP
 2822 BRIDAL WREATH COURT,
 WOODBINE, MD 21797
 301-440-5180

DEVELOPER:
 N/A

DESIGNER:
 BRIAN COLLINS
 936 RIDGEBROOK RD
 SPARTANSBURG, MD 21152
 410-516-7800

PROFESSIONAL CERTIFICATION I HEREBY CERTIFY THAT THE INFORMATION SHOWN HEREIN IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. LICENSE NO. 28935 EXPIRATION DATE: 1/15/2023

DATE: 7/19/2021

KCI TECHNOLOGIES
 ENGINEERS
 PLANNERS
 ARCHITECTS
 CONSTRUCTION MANAGERS
 936 RIDGEBROOK ROAD
 SPARTANSBURG, MD 21152
 TELEPHONE (410) 366-7800
 FAX (410) 366-7868

REVISIONS			DATE
NO.	DATE	DESCRIPTION	BY

LOT 16 PERC CERTIFICATION PLAN

BELLE HAVEN ESTATES
 2822 BRIDAL WREATH COURT
 WOODBINE, MARYLAND 21797
 TAX #: 373804 SUBDIVISION: 1401

DRAWING NO.
 SHEET 1 OF 1
 NO. JOB NUMBER

Record Detail (This section is required.)

Permit Type Building/Residential/Misc/Pavilion	Permit Number B21003901	Opened Date 10/18/2021
Description of Work SFD/ CONSTRUCT A 20' X 20' DETACHED PAVILLION **400 SQ FT MUST HAVE FROST FREE FOOTINGS		

[check spelling](#)

'OK'
11/8/21
EB

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 2822	Street Name BRIDALWREATH	Street Type CT
Unit Type -Select-	Unit #	X Coordinate -77.04944
		Y Coordinate 39.28858
City WOODBINE	State MD	Zip Code 21797
		Primary Yes

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID 926421	Parcel 66	Parcel Area 40029	Land Value 215600	Improved Value 699200	Exemption Value 483600	Plan Area RURAL
Legal Description IMPSLOT 16 40029 SQ [2822 BRIDALWREATH COURT] [BELLE HAVEN ESTATES						

[check spelling](#)

Block 16	Census Tract 605601	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1404373804	Subdivision Name Belle Haven Estates				
Section	Area	Tax Map 14				
Grid 14-20	Zoning District RC-DEO	ADC Map 4812-C4				
SDP No.	Final Plan No. F-07-038	WP File No.				
Record Plat No. 19948-1995	WS Contract No.	FDP No.	Primary Yes			
Owner Occupied <input type="radio"/> Yes <input type="radio"/> No	Year Built 2013	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area 4-08	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No						

Owner (This section is required.)

Search Reset Clear

Name
STUP TODD A

Address Line 1
2822 BRIDALWREATH CT

Address Line 2

Address Line 3

Mail City WOODBINE	Mail State MD	Mail Zip Code 21797
Phone 410-489-0655	Primary Yes	
E-mail		

Cell Number Fax Number

Professionals *(This section is not required.)*

Search Reset Clear

License # 08010106852	Business Name ABSOLUTE LANDSCAPE & TURF SERVICES			
License Type MHIC Ind	First Name MATTHEW	Middle Name	Last Name SABINE	
Primary Yes	Address Line 1 4781 TEN OAKS RD.	Address Line 2		
	City DAYTON	State MD	ZIP Code 21036-0000	
	Phone 1 4109844200	Phone 2	Fax	
	E-mail MATT@ABSOLUTESCAPES.COM			

Applicant *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

Type Applicant	First Name MICHELLE	MI	Last Name CLANCY	
Relationship Applicant	Full Name MICHELLE CLANCY			
Primary Yes	Organization Name APPLIED & APPROVED PERMITS LLC			
	Street Address P.O. BOX 310			
	Address Line 2			
	City PERRY HALL	State MD	Zip Code 21128	
	Phone 443-340-1229	Cell	Fax	
	E-mail MICHELLE@APPLIEDANDAPPROVED.COM			

Addl Info

Est Construction Cost 12000	Housing Units 0	Number of Buildings 0	Public Owned No	
Construction Type --Select--				

PAVILION

PAVILION INFORMATION

Capital Project-No Fee <input type="radio"/> Yes <input checked="" type="radio"/> No	Capital Project Number	Fee Exempt <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit #
Existing Use SFD	Total Square Footage 400	Water Supply Private	Sewage Disposal Private	Expiration Date 4/23/2022

Submit Cancel

Bricker, Robert

From: Oswald, Hank
Sent: Thursday, October 21, 2021 7:38 AM
To: Bricker, Robert
Subject: FW: B21003901_2822 BRIDALWREATH

FYI - Hank

From: Matt Sabine <matt@absolutescapes.com>
Sent: Thursday, October 21, 2021 6:20 AM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Subject: Re: B21003901_2822 BRIDALWREATH

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good Morning Hank,

This application would consist of installing (4) footers for the upright support post on the pavilion and installing a 4" thick concrete slab with natural stone laid over the top for the patio.

There is no foundation for the structure.

Please let me know if more is needed.

Thank you,

Matt Sabine
President
Absolute Landscape & Turf Services Inc.
Office: 410-489-0655
Absolutescapes.com

On Oct 20, 2021, at 11:24 AM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Matt:

I a follow-up question regarding Building Permit #B21003901 (20 x 20 Pavillion) for 2822 Bridalwreath Court. What is the base of this structure? Concrete? Pavers?

Thanks,