

Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

Building Address: 3400 Shady Lane  
Glenwood, MD 21738

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Proposed Use: Enclosed porch

Estimated Construction Cost: \$ \_\_\_\_\_

Description of Work: Add Enclosed porch to  
basement end through French doors  
18 x 12 foot

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

| Building Characteristics                                         | Utilities                                                                 |
|------------------------------------------------------------------|---------------------------------------------------------------------------|
| Height:                                                          | <u>Water Supply</u>                                                       |
| No. of stories:                                                  | <input type="checkbox"/> Public                                           |
| Gross area, sq. ft./floor:                                       | <input type="checkbox"/> Private                                          |
|                                                                  | <u>Sewage Disposal</u>                                                    |
| Area of construction (sq. ft.):                                  | <input type="checkbox"/> Public                                           |
|                                                                  | <input type="checkbox"/> Private                                          |
| Use group:                                                       | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|                                                                  | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| <u>Construction type:</u>                                        | <u>Heating System</u>                                                     |
| <input type="checkbox"/> Reinforced Concrete                     | <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Structural Steel                        | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry                                 | <u>Sprinkler System:</u>                                                  |
| <input type="checkbox"/> Wood Frame                              | <input type="checkbox"/> N/A                                              |
| <input type="checkbox"/> State Certified Modular                 | <input type="checkbox"/> Full                                             |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial                                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No         | <input type="checkbox"/> Other Suppression                                |
| Roadside Tree Project Permit #                                   | No. of Heads:                                                             |

Property Owner's Name: Edward Bruns

Address: 3400 Shady Lane

City: Glenwood State: MD Zip Code: 21738

Home Phone: 410-489-6119 Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: Nunley Home Improvements

Contact Person: William Nunley

Address: 9100 Grant Ave

City: Lawel State: MD Zip Code: 20723

License No.: MHAIC 44107

Phone: 301-490-2310 Fax: 490-2310

Email: Billnunley@comcast.net

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics                                                   | Utilities                                                          |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u>                                                |
| <u>Depth</u> <u>Width</u>                                                  | <input type="checkbox"/> Public                                    |
| 1 <sup>st</sup> floor:                                                     | <input type="checkbox"/> Private                                   |
| 2 <sup>nd</sup> floor:                                                     | <u>Sewage Disposal</u>                                             |
| Basement:                                                                  | <input type="checkbox"/> Public                                    |
| <input type="checkbox"/> Finished Basement                                 | <input type="checkbox"/> Private                                   |
| <input type="checkbox"/> Unfinished Basement                               | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space                                       | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Slab on Grade                                     | <u>Heating System</u>                                              |
| No. of Bedrooms:                                                           | <input type="checkbox"/> Electric                                  |
| <u>Multi-family Dwelling</u>                                               | <input type="checkbox"/> Oil                                       |
| No. of efficiency units:                                                   | <input type="checkbox"/> Natural Gas                               |
| No. of 1 BR units:                                                         | <input type="checkbox"/> Propane Gas                               |
| No. of 2 BR units:                                                         |                                                                    |
| No. of 3 BR units:                                                         |                                                                    |
| Other Structure:                                                           |                                                                    |
| Dimensions:                                                                |                                                                    |
| Footings:                                                                  | <input checked="" type="checkbox"/> Roadside Tree Project Permit   |
| Roof:                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| <input type="checkbox"/> State Certified Modular                           | Roadside Tree Project Permit #                                     |
| <input type="checkbox"/> Manufactured Home                                 |                                                                    |

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 Signature Print Name

Email Address Date

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

**FOR OFFICE USE ONLY**

| AGENCY               | DATE          | SIGNATURE OF APPROVAL |
|----------------------|---------------|-----------------------|
| State Highways       |               |                       |
| Building Officials   |               |                       |
| PSZA ( Zoning )      |               |                       |
| PSZA ( Engineering ) |               |                       |
| Health               | <u>7/6/12</u> | <u>R Baich</u>        |
| Fire Protection      |               |                       |

Is Sediment Control approval required for issuance? ☐ Yes ☐ No  
☐ CONTINGENCY CONSTRUCTION START  
☐ ONE STOP SHOP

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met? ☐ Yes ☐ No

Is Entrance Permit Required? ☐ Yes ☐ No

Historic District? ☐ Yes ☐ No

Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

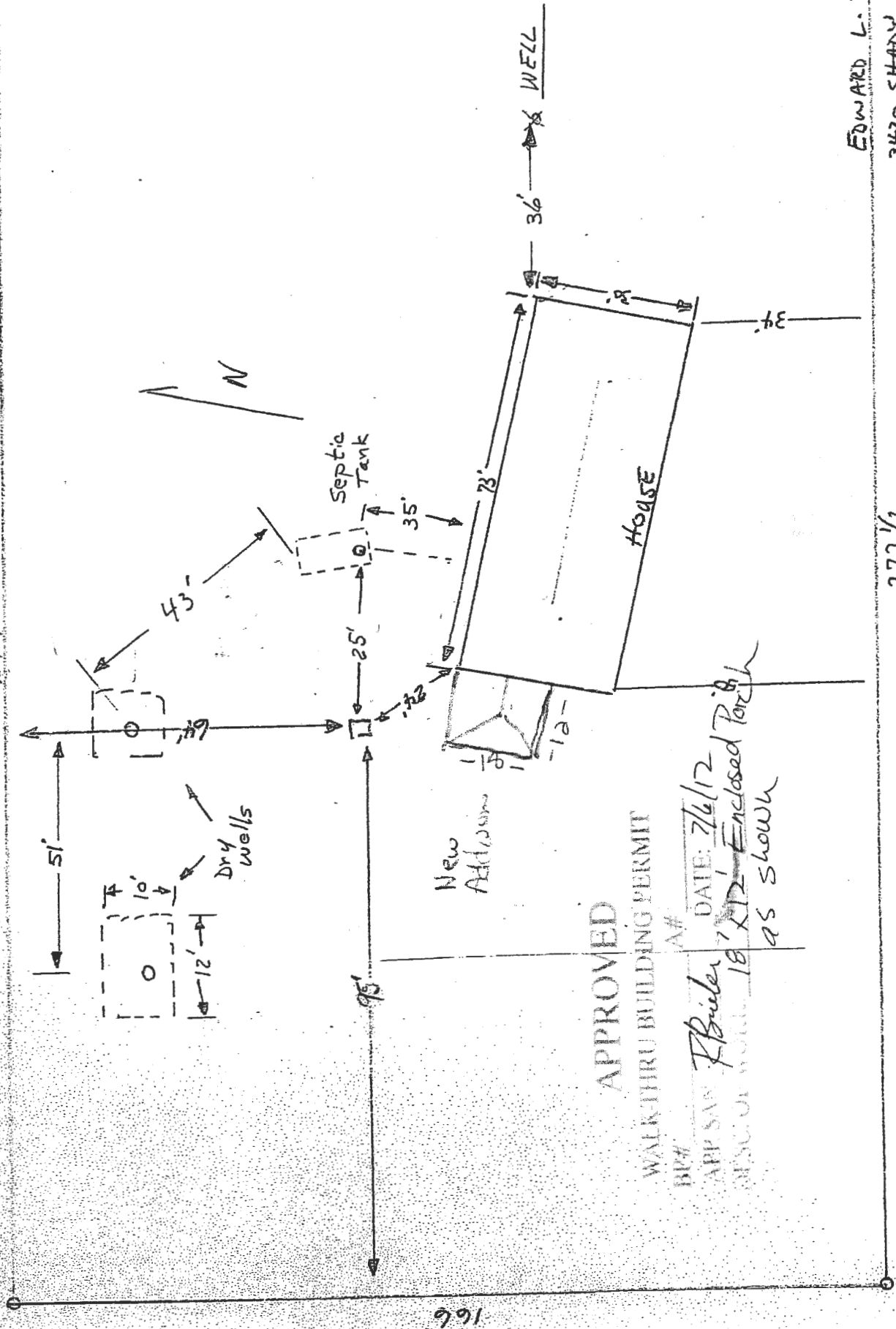
|                 |    |
|-----------------|----|
| Filing Fee      | \$ |
| Permit Fee      | \$ |
| Tech Fee        | \$ |
| Excise Tax      | \$ |
| PSFS            | \$ |
| Guaranty Fund   | \$ |
| Add'l per Fee   | \$ |
| Total Fees      | \$ |
| Sub- Total Paid | \$ |
| Balance Due     | \$ |

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T:\Operations\Updated Forms\New building app 11.10.2010.docx

EDWARD L. BRUNAS  
3420 SHADY LANE  
GLENWOOD, MD 217

272 1/2

Not to Scale



APPROVED  
WALKTHRU BUILDING PERMIT

A#

BP#

APP. SA#

DATE: 7/6/12

18' x 12' Enclosed Porch  
AS SHOWN

|                                                                                                                                                                                                 |  |                                     |                                                                          |                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--------------------------------------------------------------------------|-----------------------------|--|
| DEPT. OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLICOTT CITY, MD 21043<br>PERMITS (410) 313-2455<br>INSPECTIONS (410) 313-1810<br>AUTOMATED INFORMATION (410) 313-3800 |  | HOWARD COUNTY<br>PERMIT APPLICATION |                                                                          | B09 002400<br>PERMIT NUMBER |  |
| Building Address <u>3420 Shady Lane</u>                                                                                                                                                         |  |                                     | Property Owner's Name <u>Edward L. Burns</u>                             |                             |  |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____                                                                                                                                                    |  |                                     | Address <u>3420 Shady Lane</u>                                           |                             |  |
| Census Tract _____ Subdivision _____                                                                                                                                                            |  |                                     | City _____ State _____ Zip Code _____                                    |                             |  |
| Section _____ Area _____ Lot _____                                                                                                                                                              |  |                                     | Home Phone <u>(410) 989-6419</u> Work Phone _____                        |                             |  |
| Tax Map _____ Parcel _____ Grid _____                                                                                                                                                           |  |                                     | Applicant's Name & Mailing Address, (if other than stated herein): _____ |                             |  |
| Zoning _____ Map Coordinates _____ Lot Size _____                                                                                                                                               |  |                                     | Phone _____ Fax _____                                                    |                             |  |
| Existing Use _____                                                                                                                                                                              |  |                                     | Contractor Company _____                                                 |                             |  |
| Proposed Use _____                                                                                                                                                                              |  |                                     | Contact Person _____                                                     |                             |  |
| Estimated Construction Cost \$ <u>1,000</u>                                                                                                                                                     |  |                                     | Address _____                                                            |                             |  |
| Description of Work <u>Install 54' Amateur Radio Tower 8' Mast and Antennas</u>                                                                                                                 |  |                                     | City _____ State _____ Zip Code _____                                    |                             |  |
| Occupant or Tenant _____                                                                                                                                                                        |  |                                     | License No. _____                                                        |                             |  |
| Contact Name _____                                                                                                                                                                              |  |                                     | Phone _____ Fax _____                                                    |                             |  |
| Address _____                                                                                                                                                                                   |  |                                     | Engineer or Architect Company _____                                      |                             |  |
| City _____ State _____ Zip Code _____                                                                                                                                                           |  |                                     | Contact Person _____                                                     |                             |  |
| Phone _____ Fax _____                                                                                                                                                                           |  |                                     | Address _____                                                            |                             |  |
|                                                                                                                                                                                                 |  |                                     | City _____ State _____ Zip Code _____                                    |                             |  |
|                                                                                                                                                                                                 |  |                                     | Phone _____ Fax _____                                                    |                             |  |

| BUILDING DESCRIPTION - COMMERCIAL                                                                                                                     |                                                                                                                                                                         | BUILDING DESCRIPTION - RESIDENTIAL                                                                                                                                  |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Building Characteristics</b>                                                                                                                       | <b>Utilities</b>                                                                                                                                                        | <b>Building Characteristics</b>                                                                                                                                     | <b>Utilities</b>                                                                                                                                                        |
| Height: _____                                                                                                                                         | Water Supply: _____<br>Public _____ Private _____                                                                                                                       | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____                                                               | Water Supply: _____<br>Public _____ Private _____                                                                                                                       |
| No. of stories: _____                                                                                                                                 | Sewage Disposal: _____<br>Public _____ Private _____                                                                                                                    | 1 <sup>st</sup> floor: _____<br>2 <sup>nd</sup> floor: _____<br>Basement: _____                                                                                     | Sewage Disposal: _____<br>Public _____ Private _____                                                                                                                    |
| Gross area, sq. ft. per floor: _____                                                                                                                  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| Use group: _____                                                                                                                                      | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> | No. of Bedrooms <u>2</u>                                                                                                                                            | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____<br>State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____                                            | Multi-family dwellings: _____<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____                 | Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____                                                                    |
|                                                                                                                                                       |                                                                                                                                                                         | Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____                                                                                       |                                                                                                                                                                         |
|                                                                                                                                                       |                                                                                                                                                                         | State Certified Modular _____<br>Manufactured Home _____                                                                                                            |                                                                                                                                                                         |

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.

|                                                 |                                      |
|-------------------------------------------------|--------------------------------------|
| <u>Edward L. Burns</u><br>Applicant's Signature | <u>EDWARD L. BURNS</u><br>Print Name |
| _____<br>Title/Company                          | <u>1 SEP 2009</u><br>Date            |

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*

FOR OFFICE USE ONLY -

| AGENCY                                                   | DATE           | SIGNATURE         | APPROVAL | DPZ SETBACK INFORMATION                                  | PROPERTY ID #                  |
|----------------------------------------------------------|----------------|-------------------|----------|----------------------------------------------------------|--------------------------------|
| Land Development, DPZ                                    |                |                   |          | Front: _____                                             | Filing fee \$ _____            |
| State Highways                                           |                |                   |          | Rear: _____                                              | Permit fee \$ _____            |
| Building Officials                                       |                |                   |          | Side: _____                                              | Excise tax \$ _____            |
| Dev. Engineering, DPZ                                    |                |                   |          | Side St: _____                                           | Add'l per fee \$ _____         |
| Health                                                   | <u>10-9-09</u> | <u>Dana Beard</u> |          | All minimum setbacks met?                                | TOTAL FEES \$ <u>55</u>        |
| Fire Protection                                          |                |                   |          | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____        |
| Is Sediment Control approval required prior to issuance? |                |                   |          | Is Entrance Permit Required?                             | Balance due \$ _____           |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                   |          | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # _____                  |
|                                                          |                |                   |          | Historic District?                                       | Validation # _____             |
|                                                          |                |                   |          | YES <input type="checkbox"/> NO <input type="checkbox"/> |                                |
|                                                          |                |                   |          | Lot Coverage for New Town Zone                           |                                |
|                                                          |                |                   |          | SDP/Red-line approval date                               | Accepted by <u>[Signature]</u> |
|                                                          |                |                   |          |                                                          |                                |

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T:Operations/Updated forms

**HG-54HD**  
**54-Foot Self-Supporting Tower**



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**TELEX. hy-gain.**

TELEX COMMUNICATIONS, INC.  
8601 East Cornhusker Highway, P.O. Box 5579, Lincoln, NE 68505-5579

PN 801771-4

MADE IN U.S.A.

ORDER NO. **130-1**

# CHAPTER 1

## GENERAL INFORMATION

### WARNING

Installation of this product near power lines is dangerous. For your safety, **FOLLOW THE INSTRUCTIONS.**

### GENERAL DESCRIPTION

This model is a 54-foot self-supporting tower designed to support 16.0 square feet of antenna area with winds up to 60 mph. This all steel tower has a guide system that allows the tubing to be open at each end insuring complete galvanizing and total moisture drainage.

The tower is extended from its nested position by manual crank. A thrust bearing can be bolted to the top section allowing a 2" diameter mast.

**NOTE:** If you are installing the Hy-Gain HDR-300 Rotator on your tower, you will not be able to nest the tower completely.

### UNPACKING AND UNCRATING

Be sure to check your tower for any freight damage or missing parts. If you find damage, notify the trucking line that delivered the equipment immediately and advise Hy-Gain of the damage. Send a copy of the freight damage claim to:

Hy-Gain  
Telex Communications, Inc.  
8601 East Cornhusker Highway  
P.O. Box 5579  
Lincoln, Nebraska 68505-5579  
Attention: Traffic Department

### SPECIFICATIONS

|                           |                                                                                          |
|---------------------------|------------------------------------------------------------------------------------------|
| Height:                   |                                                                                          |
| Extended .....            | 54 feet (16.45m)                                                                         |
| Nested .....              | 21 feet (6.40m)                                                                          |
| Guying .....              | Self-supporting                                                                          |
| Construction .....        | All welded construction with leg guides and "W" configuration torsion resistant bracing. |
| Material .....            | all steel                                                                                |
| Plating .....             | hot dipped galvanized                                                                    |
| Wind Survival .....       | 60 mph (96.55 kmph) (fully extended with maximum load)                                   |
| Antenna Load Limits ..... | 16.0 sq. ft. (1.488 sq. m)                                                               |

### EQUIPMENT SUPPLIED

The HG-54HD tower is supplied complete, including reinforcing steel and base mount. The tower corresponds to the drawings contained in this manual. Refer to the Parts List section for a complete breakdown of parts.

The Parts List shows the standard commercial packaging. Any changes or modifications, if any, which may be incorporated as the result of special contractual agreements are covered under

### EQUIPMENT REQUIRED BUT NOT SUPPLIED

| DESCRIPTION                   | USE                                |
|-------------------------------|------------------------------------|
| 1 Tool box with common tools. | Tower Assembly and Base Foundation |
| 1 Measuring tape, 12'         | Base Foundation                    |
| 1 Level                       | Base Foundation                    |
| 3 Bolts, 3/4" x 2 1/2"        | Base Foundation                    |
| Wood                          | Base Foundation Installation       |

# CHAPTER 3

## INSTALLATION PROCEDURES

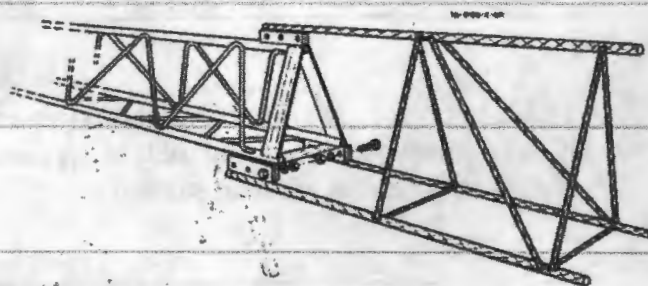
### CHECKING BASE FOUNDATION ASSEMBLY

**IMPORTANT**  
FOR PROPER ALIGNMENT, THE TABS ON THE TOWER BASE FOUNDATION ASSEMBLY MUST CORRESPOND WITH THE TABS ON THE TOWER.

During shipment or while in storage, damage may have resulted to the tabs on the tower base foundation assembly.

Before installation of this tower, check proper alignment of the tabs. To do this, set the tower horizontally on two supports. Attach the base foundation assembly to the tower using the three-quarter inch (3/4") hardware, as shown below.

If the tabs on the base foundation assembly are out of alignment, use a large hammer to realign.



**Figure 2**  
Checking Base Foundation Assembly

### PLANNING YOUR PROCEDURE

Good planning is a key to a successful and safe tower installation. If you're not sure about a careful, safe installation, don't try to do it yourself. Call for professional help (Yellow Pages under Towers or your local power company).

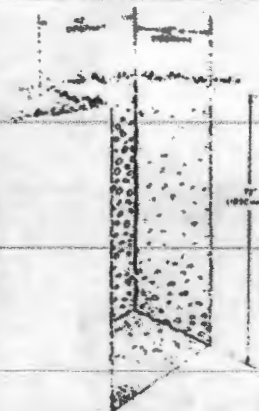
The tower should be as close as possible to its related equipment. Determine the best possible site while thinking about power lines, but also think about overhanging tree limbs that may be blown into the tower during high winds.

### FOUNDATION

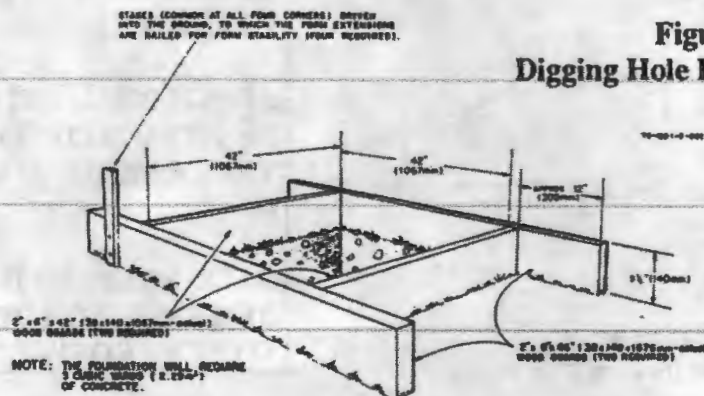
Dig a hole 42" (1067 mm) square by 72" (1829 mm) deep as shown in Figure 3.

### WOOD FORMS CONSTRUCTION

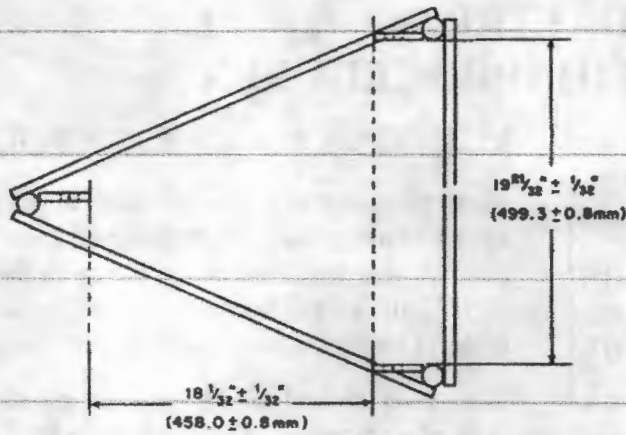
Construct a wooden frame around the hole to support the base foundation assembly as shown in Figure 4.



**Figure 3**  
Digging Hole For Foundation



**Figure 4**  
Constructing Wooden Frame For Concrete Base



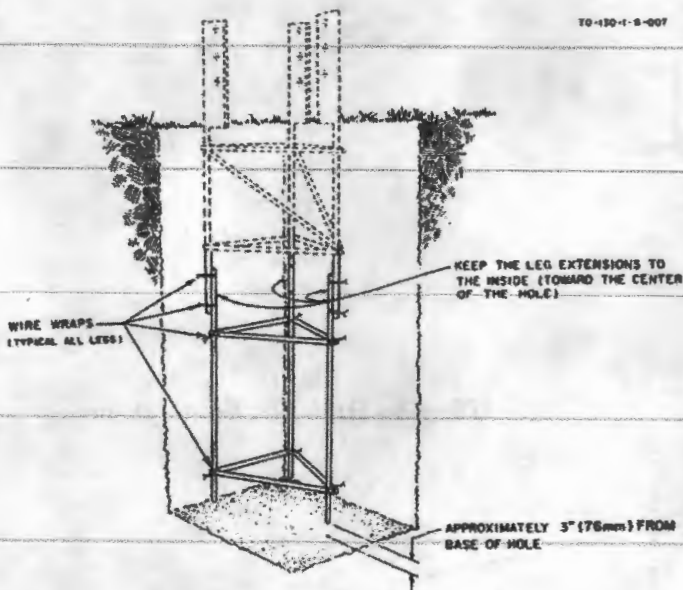
NOTE: The 18 1/32 inch dimension may be measured by laying a straight board or level across the two ears and measuring from back edge in the center of the board.

**Figure 5**  
**Top View of Base Foundation Assembly**

In the U.S.A. the dimensions of lumber are listed, and referred to, as the size after it is rough-cut at the sawmill, prior to being dried, planed and sold on the market. A sample would be the two by four (2" x 4"), which after being dried and planed will measure 1 1/2" x 3 1/2" (38 x 89 mm), or a two by six (2" x 6") which will measure 1 1/2" x 5 1/2" (38 x 140 mm).

Orient your tower base in the direction your tower will be raised. The two parallel ears of the base foundation assembly will be in the hinged side.

**IMPORTANT**  
**THE TABS ON THE BASE FOUNDATION ASSEMBLY MUST MATCH THE SPACING DIMENSIONS CALLED OUT IN FIGURE 5.**



**Figure 6**  
**Attaching Reinforcing Extension**

The tabs on the tower base foundation assembly may have been knocked out of alignment during shipment or while in storage.

**IMPORTANT**  
**CHECK AND REALIGN THE TABS USING A LARGE HAMMER, SO THEY WILL AGREE WITH THE DIMENSIONS GIVEN IN FIGURE 5.**

**ADDITIONAL REINFORCEMENT MUST BE ATTACHED TO THE BASE FOUNDATION ASSEMBLY AS SHOWN IN FIGURE 6.**

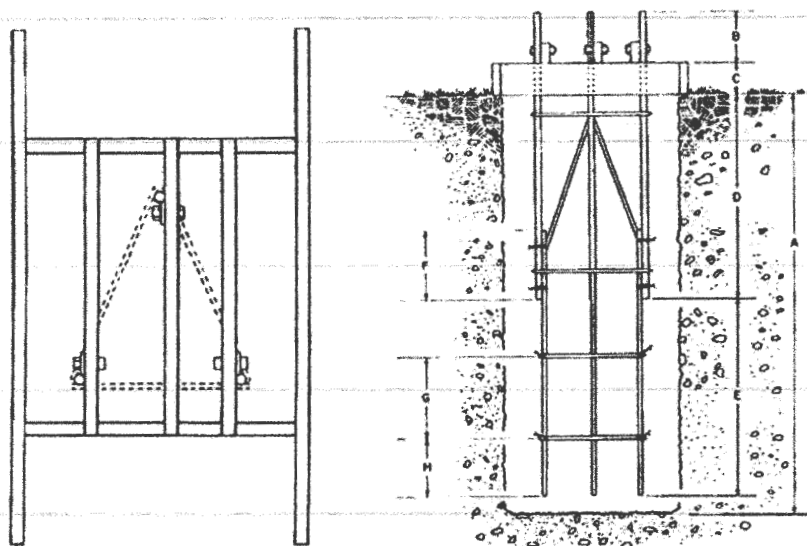
**BASE FOUNDATION ASSEMBLY MUST BE LEVEL FOR TOWER TO RAISE AND LOWER PROPERLY.**

Pour concrete carefully into hole. Make certain base assembly maintains the proper clearance from the outside edges of the hole. Refer to Figure 9.

The concrete shall be designed to provide a minimum 28 day strength of 2000 PSI and shall contain not more than 7 1/2 gallons of water per sack of cement.

After the concrete is poured, check base assembly, making sure it is level and it hasn't shifted during the pour.

TO-0130-B-008



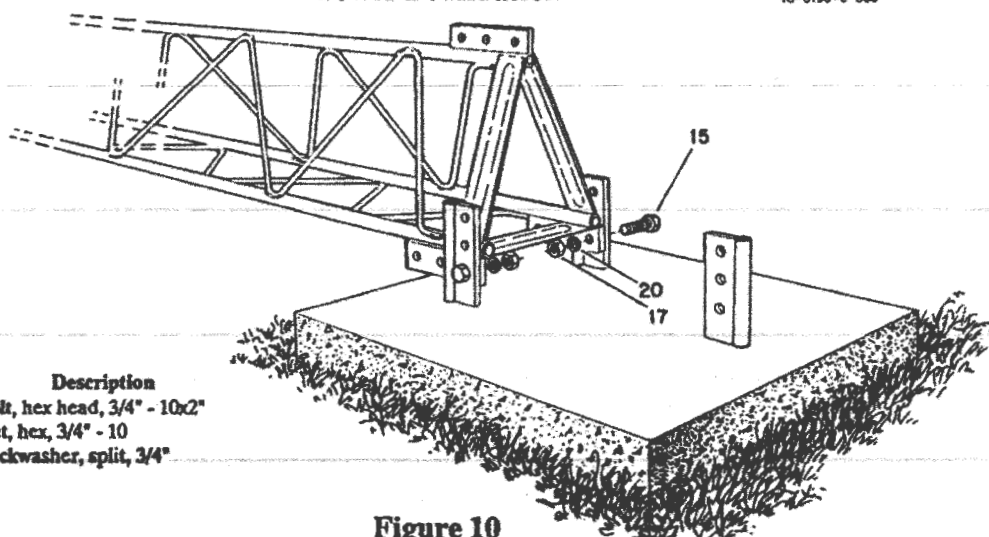
TOP VIEW

SIDE VIEW

**Figure 9**  
**Tower Foundation**

| LETTER | PRODUCT 130-1<br>DIMENSION     |
|--------|--------------------------------|
| A      | 72"<br>(1829 mm)               |
| B      | 8 3/4"<br>(222 mm)             |
| C      | 6"<br>(152 mm)                 |
| D      | 35 1/4"<br>(895 mm)            |
| E      | 34"<br>(864 mm)                |
| F      | 12" overlap (min.)<br>(305 mm) |
| G      | 14"<br>(356 mm)                |
| H      | 10"<br>(254 mm)                |

TO-0130-C-008



| Item No. | Description                  |
|----------|------------------------------|
| 15       | Bolt, hex head, 3/4" - 10x2" |
| 17       | Nut, hex, 3/4" - 10          |
| 20       | Lockwasher, split, 3/4"      |

**Figure 10**  
**Attaching Tower to Base Tabs**

If the base is not level, tap the ears of the base with a hammer to level.

*Let the base cure for at least one week before setting up tower!*

## ATTACHING TOWER TO BASE PLATE

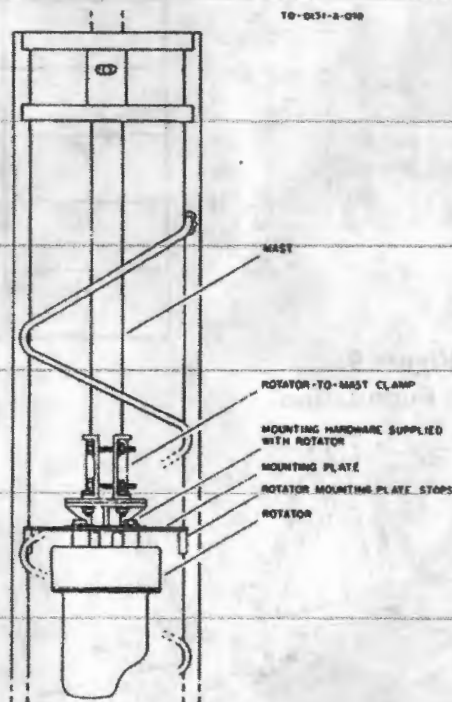
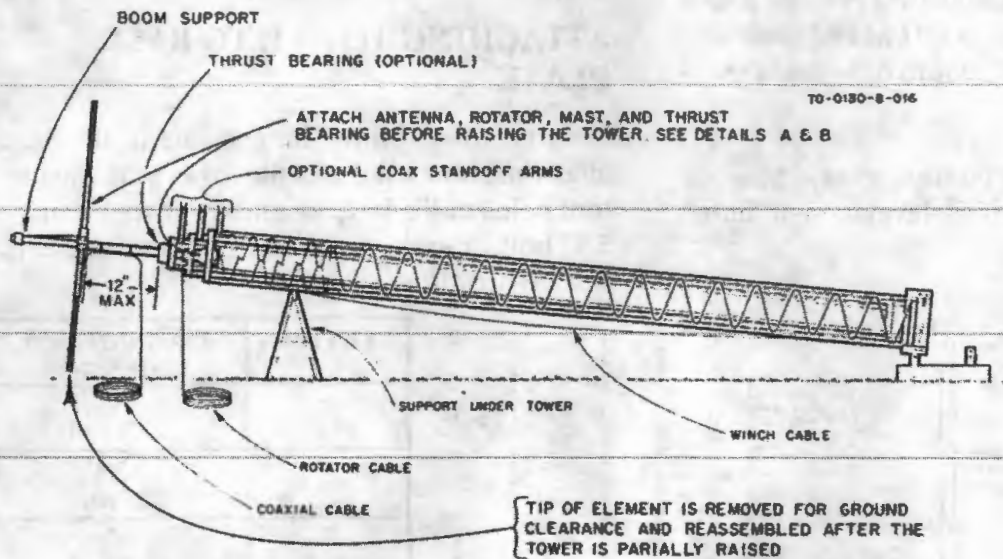
Set your tower on the hinged side of the base, align the bottom holes of the tower with the bottom holes in the base assembly. Install a single 3/4" bolt in each of the two parallel base ears. See Figure 10.

Place the tower on a support, such as a sawhorse, and attach your antenna and/or rotator to the tower before raising the tower as shown in Figure 11.

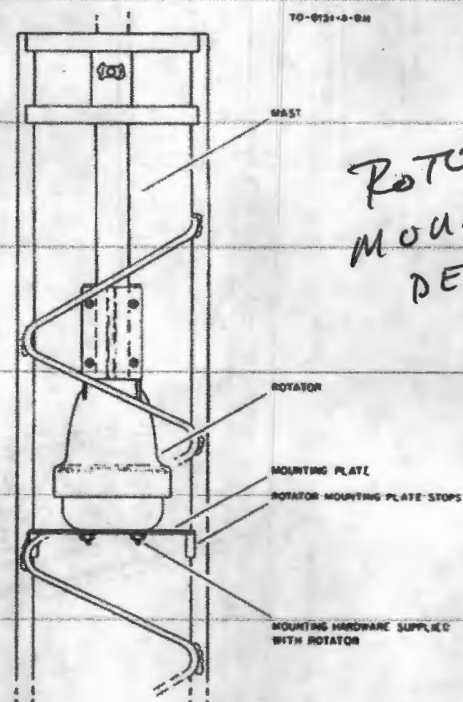
The support should not have any sharp edges that may come into contact with the winch cable.

### WARNING

When attaching coax arms (product 122) or any other tower accessory product to your crank-up tower, ensure that the tower raising cables are free to move. DO NOT allow the raising cables to become pinched between the tower legs, sheave brackets and pulleys or between coax arms and tower legs. Failure to inspect these cables may result in the catastrophic failure of your tower raising system and possible injury to anyone standing nearby!



**Detail "A"**  
Typical Installation of Rotator  
Mounted Below Plate



**Detail "B"**  
Typical Installation of Rotator  
Mounted Above Plate

**NOTE:** When the Hy-Gain HDR-300 Rotator is installed, do not retract the tower all the way. The tower will not be able to nest completely.

**Figure 11**  
Attaching Related Products

# hy-gain®

308 Industrial Park Road  
Starkville, MS 39759 USA  
Ph: (662) 323-9538 FAX: (662) 323-6551

## HAM IV / HAM IVX

### Antenna Rotator

HAM IV has 110 VAC

Controller HAM IVX has 220

# INSTRUCTION MANUAL

## GENERAL DESCRIPTION

The HAM IV rotator consists of a bell type rotator, a metered control unit and the necessary mounting hardware. The stock HAM IV is intended for in-tower mounting on the base plate which is part of the tower. However, in some instances, mast mounting is desired. The Lower Mast Support Kit, PN 51467 10, contains a lower mast support and the necessary hardware to facilitate mounting the HAM IV Rotator on top of a mast.

New features in the HAM IV include an 8 pin Cinch connector on the rear panel of the control, a chassis ground connection on the 110 VAC model, and a locking Cinch™ connector at the rotor unit.

### CAUTION

When using the lower mast support, antenna size is restricted to 7.5 square feet of wind surface area

The rotator unit must be wired to the control unit with an 8-wire cable. The control unit must be placed inside the house or other protected location. Included in the shipping box are:

- A. Instruction Manual
- B. Rotator Unit
- C. Controller Unit
- D. Mounting Hardware Pack
- E. Connector Parts Pack

Due to the wide variety of towers available, each installation will have different requirements. The gauge of the 8-wire cable to connect the control unit to the rotator depends upon the distance between the rotator and control. The longer the distance, the larger the diameter of the wire required. Various antennas or beams require different installation methods.

Cinch'm a Division of Labinal Components & Systems,

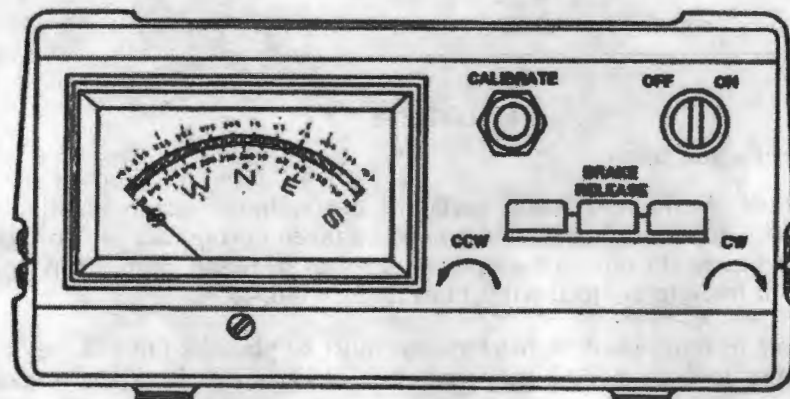


Figure 1  
Control Unit - Front Panel

| Specifications                                      |                                                                                |
|-----------------------------------------------------|--------------------------------------------------------------------------------|
| Input Voltage                                       | 120 VAC 50/60 Hz                                                               |
| Optional                                            | 220 VAC 50/60 Hz                                                               |
| Motor                                               | 24 VAC 2.25 Amp, capacitor start, capacitor run                                |
| Brake Solenoid                                      | 24 VAC, 5.0 Amps                                                               |
| Power Transformer                                   | 120 VAC/26 VAC 10% duty, thermal switch protected                              |
| Optional                                            | 220 VAC/26 VAC 10% duty, thermal switch protected                              |
| Meter Transformer                                   | 120 VAC/23 VAC continuous duty                                                 |
| Optional                                            | 220 VAC/23 VAC continuous duty                                                 |
| Meter                                               | DC voltmeter 1000 ohms/volts, 1 MA full scale                                  |
| Meter Scale                                         | Direct Reading: North centered, 5 degree increments                            |
| Optional                                            | Direct Reading: South centered, 5 degree increments                            |
| Maximum Antenna Size:                               |                                                                                |
| A. Tower Mounted as per Figure 3                    | 15 sq. ft. (1.4 sq. m) of wind surface area                                    |
| B. Outside Tower or mast Mounted as per Fig. 5 or 6 | 7.5 sq. ft. (0.7 sq. m) of wind surface area                                   |
| *Maximum Effective Moment (EM)                      | 2,800 ft. lb. (387 Kg. M)                                                      |
| Operational Temperature Range                       | -30 deg. F to 210 deg. F (-34 deg. to 99 deg. C)                               |
| Maximum Interconnect Cable Resistance:              |                                                                                |
| A. Terminals 1 and 2                                | .8 ohm                                                                         |
| B. Terminals 3,4,5,6,7, and 8                       | 2.0 ohms                                                                       |
| Rotation Time                                       | 45-60 seconds with 60 Hz input                                                 |
| Brake                                               | Positive, electrically operated wedge, 75 segments<br>spaced 4.8 degrees apart |
| Rotator Size                                        | 8 in. (20 cm) max. diameter by 13.5 in. (34 cm) high                           |
| Maximum Antenna Mast Size                           | 2 1/16" O.D. (52 mm)                                                           |
| Mounting Hardware                                   | Stainless steel hardware and plated steel clamp plate                          |
| Control Unit Size                                   | 8.5 in x 9.0 in. x 4.3 in. (21.6 cm x 22.8 cm x 11.0 cm)                       |
| Shipping Volume                                     | 2,280 cubic inches (37,350 ccms)                                               |
| Shipping Weight                                     | 23.4 pounds (10.6 kb)                                                          |
|                                                     |                                                                                |
|                                                     |                                                                                |
|                                                     |                                                                                |

### CAUTIONS

Install properly and safely

Towers, often the highest metal parts in the vicinity, require caution during erection and placement. Extreme care must be taken during erection so that metal towers and beams do not contact power lines even if the beams slip or rotate, towers fall or fracture or metal wires blow in the wind, etc.

Metal towers or other position mechanisms must be placed so that if they fracture or blow over in high winds, they cannot contact power lines, be a hazard to individuals, or endanger property.

**When not mounted within a tower with a thrust bearing, as shown in Figures 5 and 6, the rotator must be DEBATED.**

# SteppIR™

Yagi • Dipole • Vertical

(Patent Pending)

## *SteppIR Yagi / Dipole Instruction Manual*



3el



### **SteppIR Antennas**

23831 S.E. Tiger MT. RD. Issaquah, WA 98027

Tel: 425-391-1999 Fax: 425-391-8377 Toll Free: 866-783-7747

Web: [www.steppir.com](http://www.steppir.com)

6/25/04

**SteppIR Yagi / Dipole Antenna Specifications**

| <b>Specifications</b>           | <b>⇒</b> | <b>Dipole</b>                            | <b>2 El Yagi</b>                          | <b>3 el Yagi</b>                          |
|---------------------------------|----------|------------------------------------------|-------------------------------------------|-------------------------------------------|
| Weight                          | ⇒        | 10.5 lb / 4.5 kg                         | 34 lb / 13.6 kg                           | 45 lb / 19 kg                             |
| Max. wind surface area          | ⇒        | 1.9ft <sup>2</sup> / 0.17 m <sup>2</sup> | 3.9 ft <sup>2</sup> / 0.37 m <sup>2</sup> | 6.0 ft <sup>2</sup> / 0.57 m <sup>2</sup> |
| Longest Element                 | ⇒        | 36 ft / 10.97 m                          | 36 ft / 10.97 m                           | 36 ft / 10.97 m                           |
| Maximum Power                   | ⇒        | 2000 Watts PEP                           | 2000 Watts PEP                            | 2000 Watts PEP                            |
| Boom Length                     | ⇒        | N/A                                      | 57" / 1.44 m                              | 16 ft / 4.87 m                            |
| Boom Diameter                   | ⇒        | N/A                                      | 1-3/4"                                    | 1-3/4"                                    |
| Frequency Coverage (continuous) | ⇒        | 20m - 6m                                 | 20m - 6m                                  | 20m - 6m                                  |
| Turning Radius                  | ⇒        | 9 ft / 2.74 m                            | 14.4 ft / 4.39 m                          | 19.7 ft / 6 m                             |
| Cable Requirements (22 AWG)     | ⇒        | 4 conductor                              | 12 conductor                              | 12 conductor                              |
| Tuning Rate                     | ⇒        | 1.17 mhz / Sec                           | 1.17 mhz / Sec                            | 1.17 mhz / Sec                            |
| Balun Included (see below)      | ⇒        | No                                       | Yes                                       | Yes                                       |
| Wind survivability              | ⇒        | 100 mph / 160.9 kph                      | 100 mph / 160.9 kph                       | 100 mph / 160.9 kph                       |



## 6M5X 6 Meter Yagi

Jon N6JK / VP9 13 June 2003



### SPECIFICATIONS

|                        |                         |
|------------------------|-------------------------|
| Model                  | 6M5X                    |
| Frequency range        | 50-50.5 + FM dims       |
| Gain                   | 9.4 dBd                 |
| Front to back, Typical | 21 dB                   |
| Beamwidth              | E=42° / H=52°           |
| Recommended Stacking   | 15-21' High 19-23' Wide |
| Feed impedance         | 50 Ohms / SO-239        |
| VSWR                   | 1.2:1 @ 50.1 MHz        |
| Power Handling         | 1.5 KW                  |
| Match Type             | 'T' Match               |
| Balun                  | 4:1 Coaxial             |
| Lightening Protection  | All Ele.Grnded          |
| Boom length/ Dia.      | 18' / 1-1/2" Dia        |
| Turning Radius         | 11' 6"                  |
| Element Type           | 3/8" tube               |
| Mast Size              | 1-1/2 to 2" nom.        |
| Wind Area / Survival   | 2.2 sq. ft. / 100 MPH   |
| Weight / ShipWt.       | 9 lbs / 11 lbs          |

### FEATURES

The 6M5X is the latest computer optimized version of our popular 6M5. The 6M5X is two feet longer but front to back and gain are noticeably improved. We just made a good thing better maintaining low wind load and great performance for its size. It will compliment the rest of your antenna system and not overload your tower. Quick and easy to assemble, it is also great for mountain topping, grid expeditions and DXpeditions. The 6M5X features the same machined aluminum element mounting blocks, and sealed "T" match block, that all M2's use. The 6M5X is perfect for the Ham trying 6 meters for the first time or the seasoned vet who may stack them for lower angle of radiation or even

# 6M5X DIMENSIONS

ELEMENT  
SPACING

BOTTOM VIEW

ELEMENT  
TUBE LENGTH

ALL ELEMENTS 3/8" TUBE.

0.0 58.812"

SHORTING BARS  
LOCKED WITH  
8-32 X 1/4" SET  
SCREWS

SECURE BALUN WITH  
BLACK NYLON TIES.

24.875 56.50"

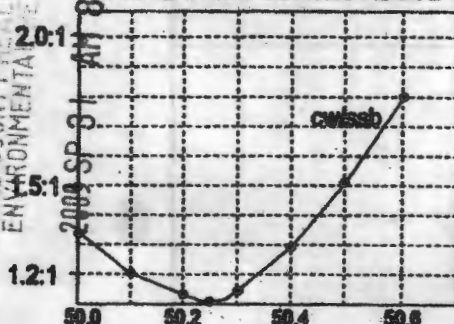
MOUNT DRIVEN ELE. WITH  
AN 8-32 X 1-3/4" SCREW

57.0

COUPLE BOOM SECTIONS  
WITH 8-32 X 1-3/4" SCREWS  
AND LOCKNUTS

69.25 53.75"

TYPICAL VSWR CURVES ABOVE 10' IN HEIGHT.



114.0

MOUNT BOOM TO  
MAST PLATE AT 93"  
or (BALANCE POINT)

147.125

52.5"

USE 8-32 X 2"  
SCREW AND LOCKNUT  
TO MOUNT BLOCKS

171.0

1/4 x 10" ELEMENT  
SUPPORT ROD INSIDE  
3/8" ELEMENT

8-32 x 1" HOWE

1/4-20 x 2" HOWE

TOP VIEW OF ANTENNA

3/8" ELEMENT

215.0

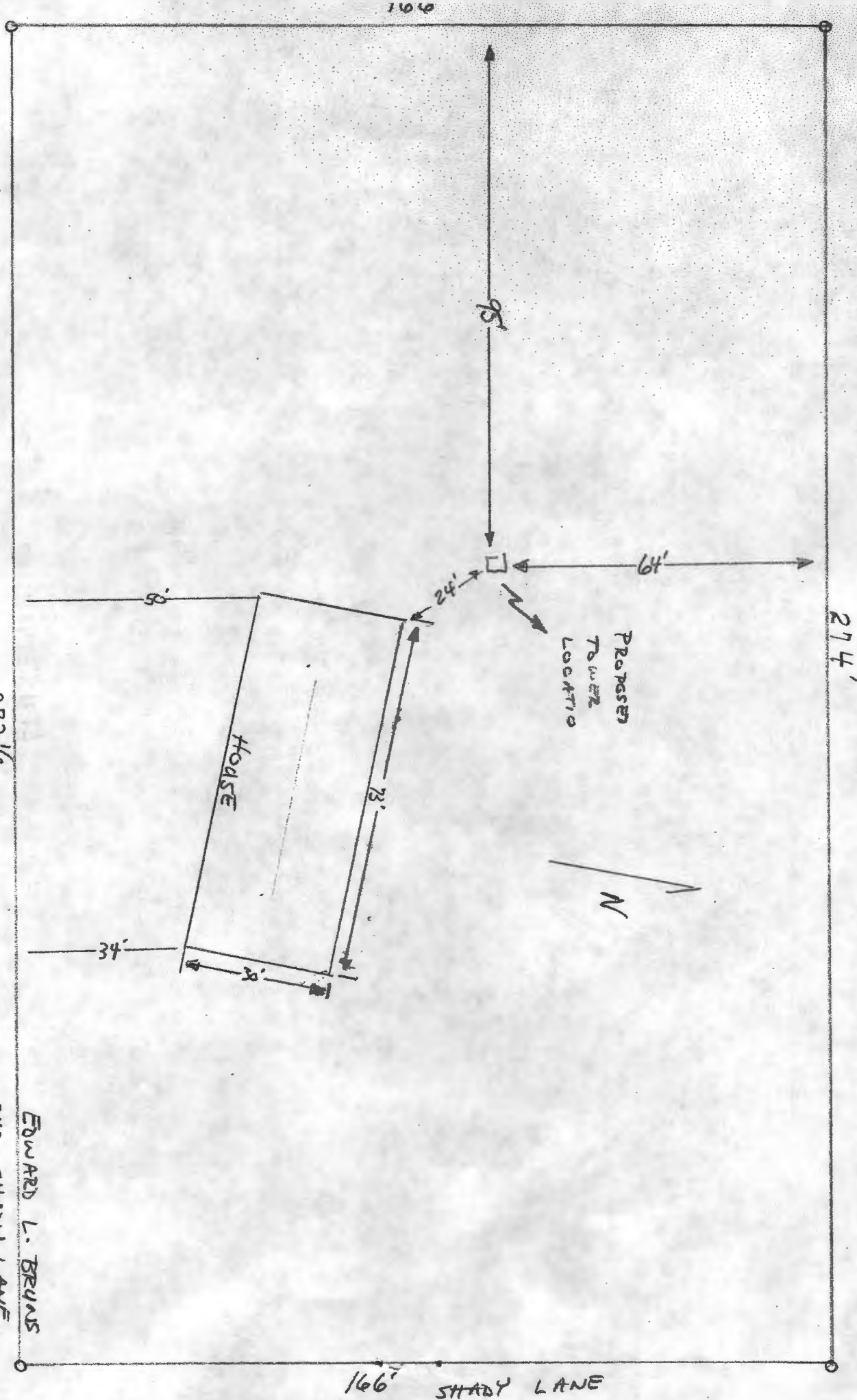
52.125"

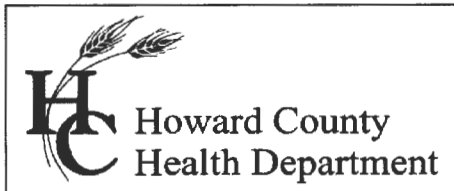
USE 8-32 X 1"  
SCREW AND  
LOCKNUTS

6M5X DIMS  
M. STAAL  
6-10-89  
REV 12-13-9

EDWARD L. BRUNS  
3420 SHADY LANE  
GLENWOOD, MD 21738

272 1/2





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 24, 2009

RE: 3420 Shady Lane  
Glenwood, Maryland 21738  
Building Permit# B09002400

Dear Mr. Bruns:

Further review of building permit # B09002400 is contingent upon submission of a building plan showing the following:

- Septic Tank, Dry Well, and all Septic Components
- Well

In addition, the following information must be submitted:

- Tower Antenna Information:
  1. Tower Manufacturer
  2. Antenna Area
  3. Foundation Size
  4. Foundation Depth
  5. Is the tower free standing or guyed.

I hope these comments are helpful with your plan. Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,  
*Dana L. Bernard*  
Dana L. Bernard, Environmental Sanitarian  
Bureau of Environmental Health  
Well and Septic Program  
Development and Coordination  
Phone (410) 313-2775  
E-mail: [dbernard@howardcountymd.gov](mailto:dbernard@howardcountymd.gov)

DLB  
cc: Well & Septic program file

September 29, 2009

RE: 3420 Shady Lane  
Glenwood, Maryland 21738  
Building Permit #B09002400

Dear Ms. Bernard:

In response to your request for further information regarding my building permit application, I am enclosing 5 copies of my property plat showing the locations of all septic system components and the well.

Additional information regarding the proposed tower and antennas are as follows:

1. The manufacturer of the tower is HY-GAIN which is now located at 308 Industrial Park Road, Starkville, MS 39739 Ph: (662) 323-6551
2. The total antenna area including the mast, is approximately 9 square feet.
3. The foundation size is 3.5 feet by 3.5 feet.
4. The foundation depth is 6 feet.
5. The tower is free standing, no guy wires required.

The complete system will consist of the HG-54HD tower, a ten foot long 2 inch diameter .120" wall steel mast of which 8 feet will extend above the towers top. The mast will be rotated by a HY-GAIN HAM-M antenna rotator operated by 24 volts. The HAM-M will be mounted inside the tower.

At the top of the tower will be located a 3 element SteppIR yagi weighing 45 pounds having a projected wind surface area of 6.0 square feet.

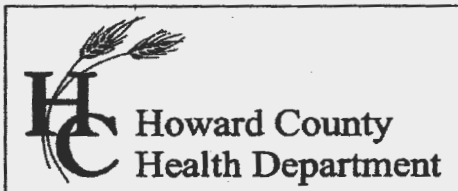
8 feet above the SteppIR will be located a smaller yagi with a projected wind surface are of 2.2 square feet weighing 9 pounds.

Please contact me if more information is required.

Thank you,



Edward L. Bruns, W3EKT.  
3420 Shady Lane  
Glenwood, Maryland 21738  
Ph: (410) 489-6119



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 24, 2009

RE: 3420 Shady Lane  
Glenwood, Maryland 21738  
Building Permit# B09002400

Dear Mr. Bruns:

Further review of building permit # B09002400 is contingent upon submission of a building plan showing the following:

- Septic Tank, Dry Well, and all Septic Components
- Well

In addition, the following information must be submitted:

- Tower Antenna Information:
  1. Tower Manufacturer
  2. Antenna Area
  3. Foundation Size
  4. Foundation Depth
  5. Is the tower free standing or guyed.

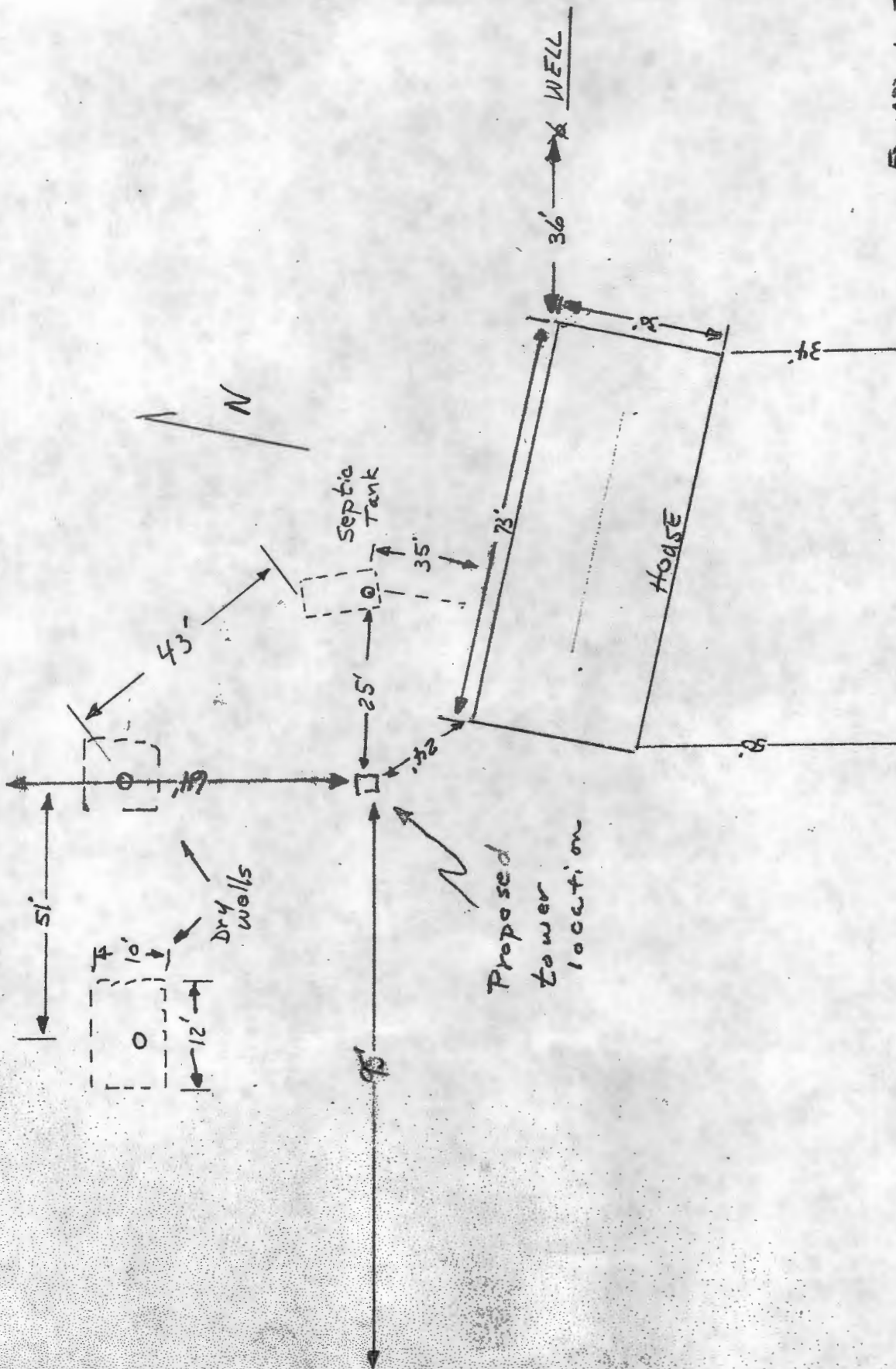
I hope these comments are helpful with your plan. Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,  
*Dana L. Bernard*  
Dana L. Bernard, Environmental Sanitarian  
Bureau of Environmental Health  
Well and Septic Program  
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Phone (410) 313-2775  
E-mail: [dbernard@howardcountymd.gov](mailto:dbernard@howardcountymd.gov)

DLB

cc: Well & Septic program file

274'



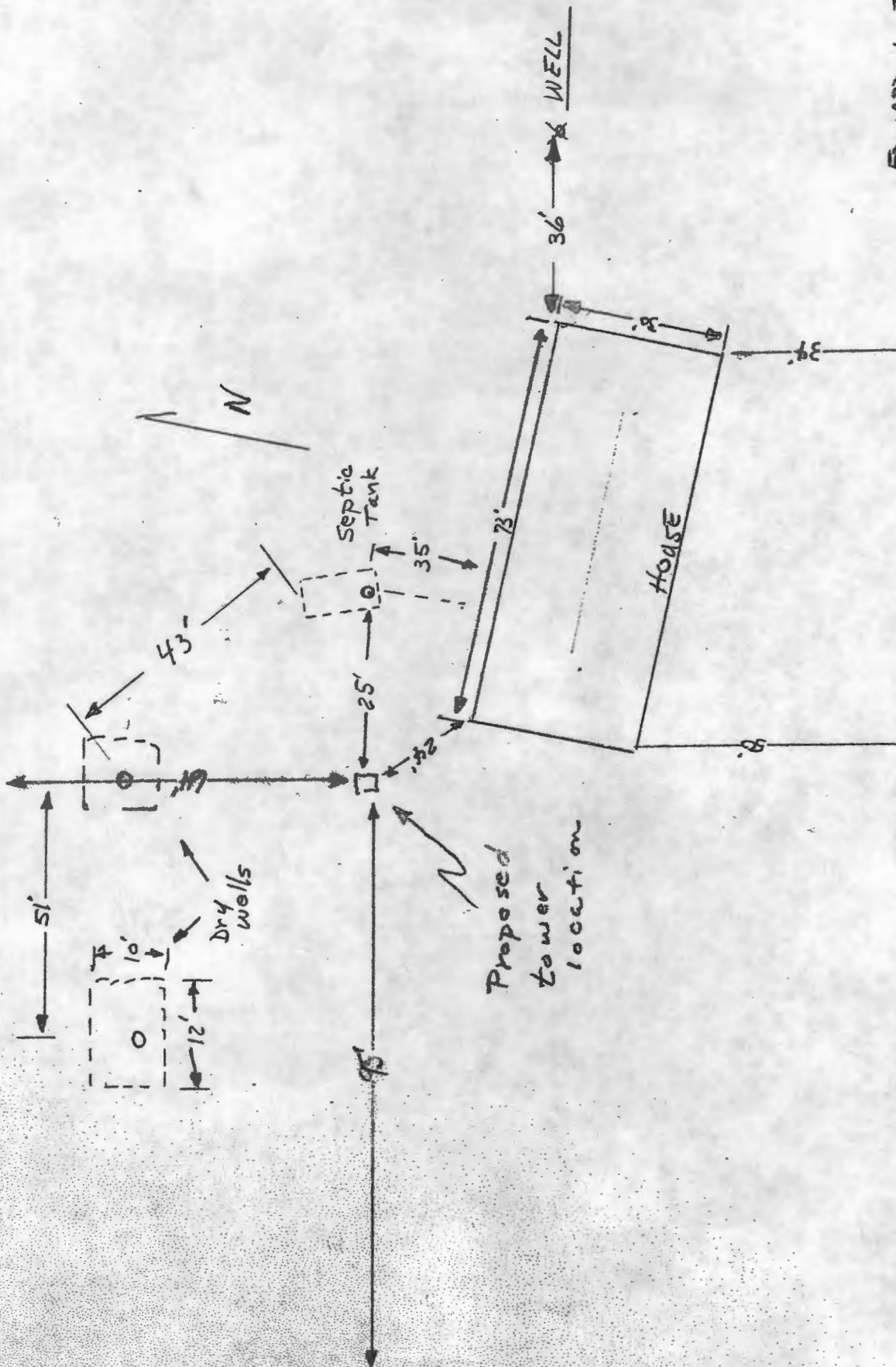
EDWARD L. BRUNS  
3420 SHADY LANE  
GLENNWOOD, MD 21738

272 1/2'

Not to Scale

166

274'



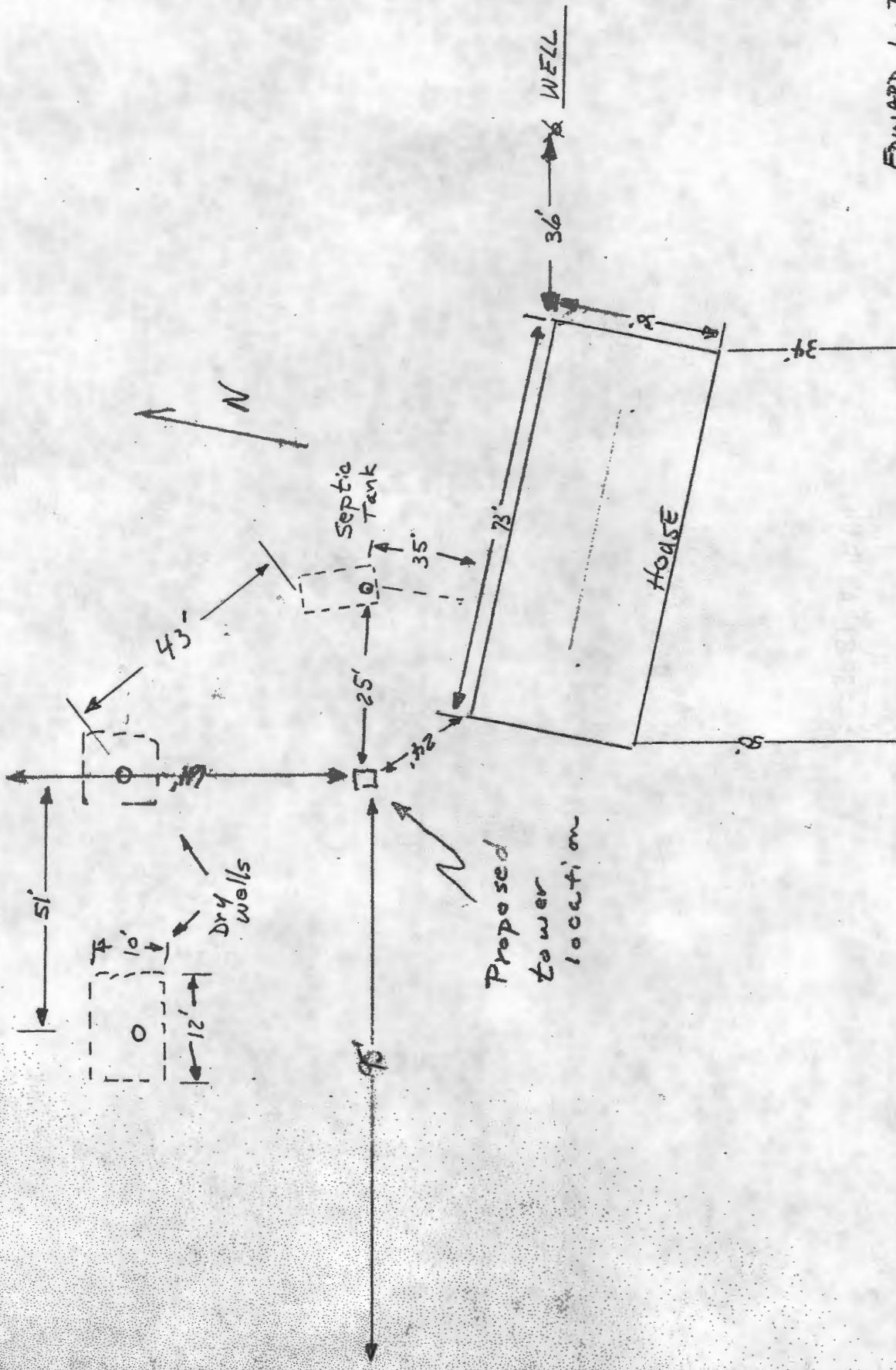
EDWARD L. BRUNS  
3420 SHADY LANE  
GLENNWOOD, MD 21738

272 1/2'

Not to Scale

166

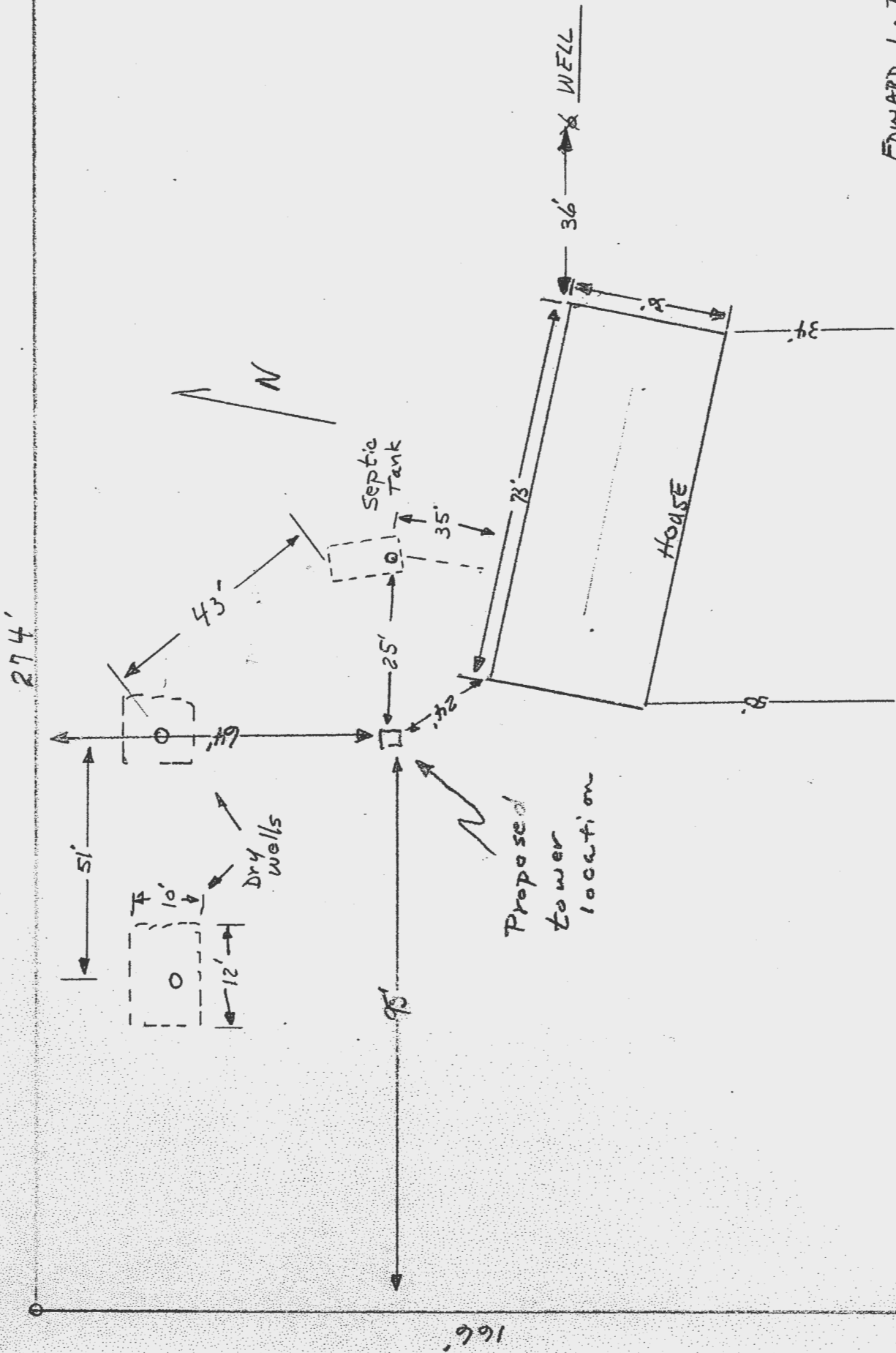
274'



EDWARD L. BRUNS  
3420 SHADY LANE  
GLENWOOD, MD 21738

272 1/2'

Not to Scale



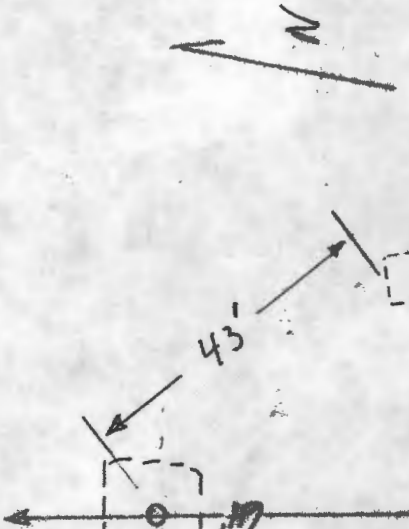
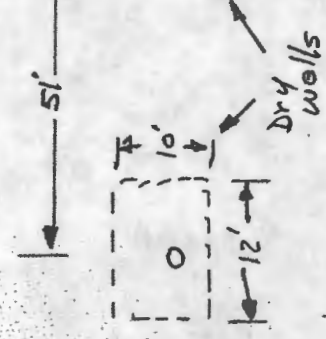
EDWARD L. BRYAN  
 3420 SHADY LANE  
 GLENWOOD, MD 21738

Not to Scale

272 1/2

166

274'



Septic Tank

Proposed tower location

95'

25'

35'

43'



HOUSE

36'

73'

36'

WELL

EDWARD L. BRYAN  
3420 SHADY LANE  
GLENWOOD, MD 21738

272 1/2

Not to Scale

NR-W-4 90/70

SEQUENCE NO. 4554

STATE OF MARYLAND  
DEPARTMENT OF WATER RESOURCES  
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

PERMIT NO. FROM "PERMIT TO DRILL WELL" 14808

DATE RECEIVED 7/19/71

DATE WELL COMPLETED 7/19/71

DEPTH OF WELL 305

DRILLER'S IDENTIFICATION NO. 004

OWNER Walker, STEPHEN

STREET OR RFD Shady Lane

POST OFFICE Pikesville MD

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)

FEET FROM TO CHECK IF WATER BEARING

Yellow Shale 0 10 36

Light Gray Gravel 10 36

Gray Gravel 36 205

6-7-71  
case 18 1/2  
grout 18 1/2  
4 bags cement  
2-3 P.M. R.J.W.

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME Harry J. Allen

(PLEASE PRINT)

SIGNATURE Harry J. Allen

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

YES Y NO N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 40 NO. OF POUNDS 40

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 18 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

ST STEEL CD CONCRETE

PL PLASTIC OT OTHER

MAIN CASING TYPE ST

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 18 1/2

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET)

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

ST STEEL OR BRASS PL PLASTIC

HO HO

PL PLASTIC OT OTHER

DEPTH (NEAREST WHOLE FOOT)

18 1/2 305

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS, AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL.

104



**Maryland Department of Assessments and Taxation**  
**HOWARD COUNTY**  
**Real Property Data Search** (2007 vw2.3d)

[Go Back](#)  
[View Map](#)  
[New Search](#)

**Account Identifier:** District - 04 Account Number - 330331

**Owner Information**

**Owner Name:** BRUNS EDWARD L TRUSTEE  
 BRUNS JEANNETTE M TRUSTEE  
**Use:** RESIDENTIAL  
**Principal Residence:** YES  
**Mailing Address:** 3420 SHADY LN  
 GLENWOOD MD 21738-9513  
**Deed Reference:** 1) / 5957/ 685  
 2)

**Location & Structure Information**

**Premises Address** 3420 SHADY LN  
 GLENWOOD 21738  
**Legal Description** LOT 5 BLK B 1.020 A  
 3420 SHADY LN  
 WARFIELD ESTATES S 2

| Map | Grid | Parcel | Sub District | Subdivision | Section | Block | Lot | Assessment Area | Plat No:  |
|-----|------|--------|--------------|-------------|---------|-------|-----|-----------------|-----------|
| 21  | 4    | 128    |              |             |         |       | 5   | 2               | Plat Ref: |

**Special Tax Areas** Town  
 Ad Valorem NO A/V, RURAL FIRE TAX  
 Tax Class

| Primary Structure Built | Enclosed Area | Property Land Area | County Use |
|-------------------------|---------------|--------------------|------------|
| 1971                    | 1,596 SF      | 1.02 AC            |            |
| Stories                 | Basement      | Type               | Exterior   |
| 1                       | YES           | STANDARD UNIT      | BRICK      |

**Value Information**

|                    | Base Value | Value As Of 01/01/2008 | Phase-in Assessments As Of 07/01/2009 | As Of 07/01/2010 |
|--------------------|------------|------------------------|---------------------------------------|------------------|
| Land               | 320,200    | 387,700                |                                       |                  |
| Improvements:      | 130,200    | 147,580                |                                       |                  |
| <b>Total:</b>      | 450,400    | 535,280                | 506,986                               | 535,280          |
| Preferential Land: | 0          | 0                      | 0                                     | 0                |

**Transfer Information**

|                                      |                           |                         |
|--------------------------------------|---------------------------|-------------------------|
| <b>Seller:</b> BRUNS EDWARD L        | <b>Date:</b> 01/20/2002   | <b>Price:</b> \$0       |
| <b>Type:</b> NOT ARMS-LENGTH         | <b>Deed1:</b> / 5957/ 685 | <b>Deed2:</b>           |
| <b>Seller:</b> WALKER STEPHEN T & WF | <b>Date:</b> 11/06/1985   | <b>Price:</b> \$135,000 |
| <b>Type:</b> IMPROVED ARMS-LENGTH    | <b>Deed1:</b> / 1403/ 307 | <b>Deed2:</b>           |
| <b>Seller:</b>                       | <b>Date:</b>              | <b>Price:</b>           |
| <b>Type:</b>                         | <b>Deed1:</b>             | <b>Deed2:</b>           |

**Exemption Information**

| Partial Exempt Assessments | Class | 07/01/2009 | 07/01/2010 |
|----------------------------|-------|------------|------------|
| County                     | 000   | 0          | 0          |
| State                      | 000   | 0          | 0          |
| Municipal                  | 000   | 0          | 0          |

**Tax Exempt:** NO  
**Exempt Class:**

**Special Tax Recapture:**  
 \* NONE \*

? A14808 P15975?

