Real Property Data Search (w2)

Search Result for HOWARD COUNTY

	p	Viev	w GroundRei	nt Redemptio	on		View Gr	oundRent Reg	istration	
Tax Exer	mpt:			Spec	ial Tax Recap	ture:				
Exempt	Class:			NON	E ·					
Account lo	dentifier:		District -	04 Account	Number - 309	111				
					ner Information					
Owner Na	me:		BARNAR LLC	D BROTHER	S Use: Princ	ipal Res	sidence:	RESIDENT NO	IAL	
Mailing Ac	ddress:		RD	NT MICHAEL AIRY MD 217		Refere	nce:	/10997/ 006	697	
				Location &	Structure Infor	mation				
Premises	Address:		RD	NT MICHAEL 21771-0000	.S Lega	l Descri	ption:	LOT 4 3.01 1075 SAIN DAYTON E PROP	T MICHAI	
Мар:			District:	Subdivision:	Section:	Block		Assessment Year:	Plat No:	7887
0007	0003 (0279	(0000			4	2017	Plat Ref:	
Special `	Tax Areas	3:			Town: Ad Valoren Tax Class:	1:		NON 100		
Built	Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land County Area Use 3.0100 AC			
1968		1,	,528 SF				3.0	100 AC		
Stories 1	Basem YES		pe ANDARD UN	Exterio IIT BRICK		Bath	Garage 1Det/1Ca		ajor Reno	vation
				Val	ue Information					
			Base Va	alue	Value		Phase-ii	n Assessments	;	
					As of 01/01/2017		As of 07/01/20		s of 7/01/2019	i .
Land:			220,000	i	220,000		01/01/20			
	ements		220,000		220,000					
Improve			205 100		187 600					
Total:			205,100 425,100)	187,600 407.600		407.600	40	07,600	
Total:	ntial Land	:	205,100 425,100 0)	187,600 407,600		407,600	40	07,600	
Total:		:	425,100)			407,600		07,600	
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Total: Preferen Seller: B	atial Land		425,100 0 B SR ET AL	Tran Date:	407,600		407,600	0	e: \$0	
Total: Preferen Seller: B Type: No	ARNARD	DAYTON	425,100 0 B SR ET AL OTHER) Tran Date: Deed	407,600 sfer Informatio : 12/06/2007		407,600	0 Pric Dee	e: \$0	
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 $https://sdat.dat.maryland.gov/RealProperty/Pages/viewdetails.aspx?County=14\&SearchTyp... \ 6/7/2019$

APPLICATION

3/19/84

SEWAGE DISPOSAL TESTING

33642

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

4H DISTRICT DATE - 3/12/89

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
I, HEREBY. APPLY FOR THE NECESSARY TEST I	ORDER TO CONSTRUCT (OR RECONSTRUCT) A SE	WAGE DISPOSAL SYSTEM.	
PROPERTY OWNER - Robert	Riggleman		
ADDRESS Bobert 1	ichaels Rob Woodbine		
PROPERTY LOCATION:		247-87.00)
SUBDIVISION _ Riggleman Pro	perty	LOT NO. 2	
ROAD AND DESCRIPTION	· · · · · · · · · · · · · · · · · · ·		
SIZE OF LOT Bacres		TYPE BLDG. SFO	
		(NUMBER OF BEDROOMS)	
THE SYSTEM INSTALLED UNDER THIS APPLICAT	TION IS ACCEPTABLE ONLY UNTIL PUBLIC FA	CILITIES BECOME AVAILABLE. I FULLY UNDERST	AND THI
FEE CONNECTED WITH THE FILING OF THIS PE	RC TEST APPLICATION IS NON-REFUNDABLE	UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO	COMPL
WITH ALL M.O.S.H.A. REQUIREMENTS IN TEST	ING THIS LOT. A amuel	B Porto III	
	. (S	GINATURE OF APPLICANT)	
APPROVED BY	FOR	DATE	
REJECTED BY	FOR	DATE	
HOLD PENDING FURTHER TESTS		DATE	
REASONS FOR REJECTION OR HOLDING			

THIS IS NOT A PERMIT

APPLICATION

2311/1

•	SEWAGE	DISPOSAL TESTING		A _ 336 TX
	STATE OF MARYLAND - DEPAR	TMENT OF HEALTH AND	MENTAL HYGIENE	Ρ
	HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043		DISTR	
	TELEPHONE: 992-2330		DA	ITE 3/12/84
TO:	THE COUNTY HEALTH OFFICER			
	ELLICOTT CITY. MARYLAND 1. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT		ACE DISPOSAL SYSTEM	
	$\rho \rightarrow - \rho \rightarrow \rho$		AGE DISPOSAL STSTEM.	
PROP	RTY OWNER KODCRT Kiggle	MAN	MD.	
	ADDRESS 1850 ST. Michae	LSRD, You		42-2092
PROP	RTY LOCATION:			
SUBD	VISION Riggleman Property		LOT NO)
POAD	AND DESCRIPTION			
NOAD			1 <u>2</u>	
	DELOT Backs		YPE BLDG. SFO	
SIZE	DF LOT 2 a Crr 5	T	YPE BLDG. (NU	JMBER OF BEDROOMS)
THE	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLI	E ONLY UNTIL PUBLIC FAC	LITIES BECOME AVAIL	ABLE. I FULLY UNDERSTAND THE
FEE	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION	ON IS NON-REFUNDABLE U	NDER ANY CIRCUMSTA	NCES. I ALSO AGREE TO COMPLY
WIT	I ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	Samuel 1	3 Ports "	F
		- , '	NATURE OF APPLICAN	(T)
APPR	DVED BY	FOR	D	ATE
REJĒ	CTED BY	FOR	D	ATE
HOLD	PENDING FURTHER TESTS	- <u></u>	Di	ATE
REAS	DNS FOR REJECTION OR HOLDING	· · · · · · · · · · · · · · · · · · ·		

THIS IS NOT A PERMIT

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H. COUNTY HEALTH OFFICER



Bureau of Environmental Health 3525 Ellicott Mills Drive Ellicott City, Maryland 21043

Director - 461-9956 Water & Sewerage, Permits - 461-9933 Community Environmental Health - 461-9944 Technical Services - 461-9955

September 4, 1987

Mr. Dayton Barnard 1037 St. Michael Road Mt. Airy, Maryland 21771

> RE: Percolation Testing Barnard Property Tax Map 7 Parcel 279

Dear Mr. Barnard'

Percolation testing conducted August 31, 1987 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Ciain Wrelin

Craig Williams, Director Water and Sewerage Program

CW:JR

	HOWARD COUNT	TY - Maryland		
Pursi	uant to Resolut	tion No. 49 (1	1969 Legislati	ve Session)
	Recomm	nendations/Con	nments	
BO	ARD OF APPEALS	-	ZONING B	OARD
			DATE: 3/1	
Petition No	BA 84-06V	Map No. 7	Block 19	Parcel 243
Applicant:				
Applicant's Addr				
Owner:	same			
Owner's Address:				
Petition:	Variance to	reduce 3 act	re lot size to	2.25
Attorney:	P.Malloy	Addre	s: Park Ave.,	Ellicott City
Location of Prop	erty: W side	e Shaffersvil	le Road, S of	Florence Road
*****	19 and 1			*****
HEARING - DATE:_				
Return Comments	as of: 4/23	/84	to Compre	hensive Planning
***	*****	****	*****	*****
	Depar Depar Land Fire A Trans	tment of Publ	eation & Parks n nning	
COMMENTS: 4/16/84 objection to	Proposed new ercyosal	lot bar go	Frank S	olation texte; no

()

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5

(Signature)

Attachments

OFFICE OF PLANNING & ZONING

FINAL PLAT/ORIGINAL

(Name)

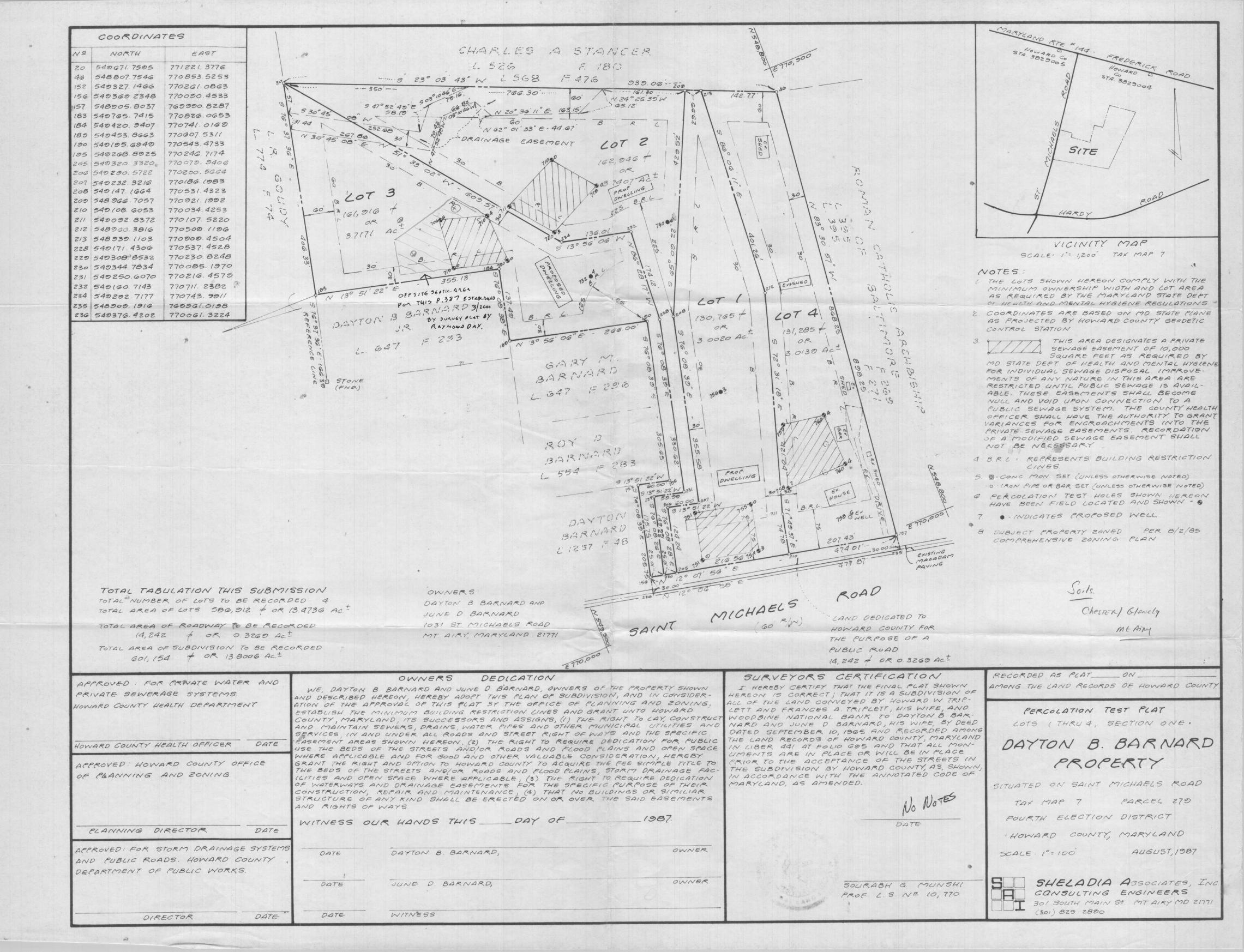
File No.

SIGNATURE APPROVAL

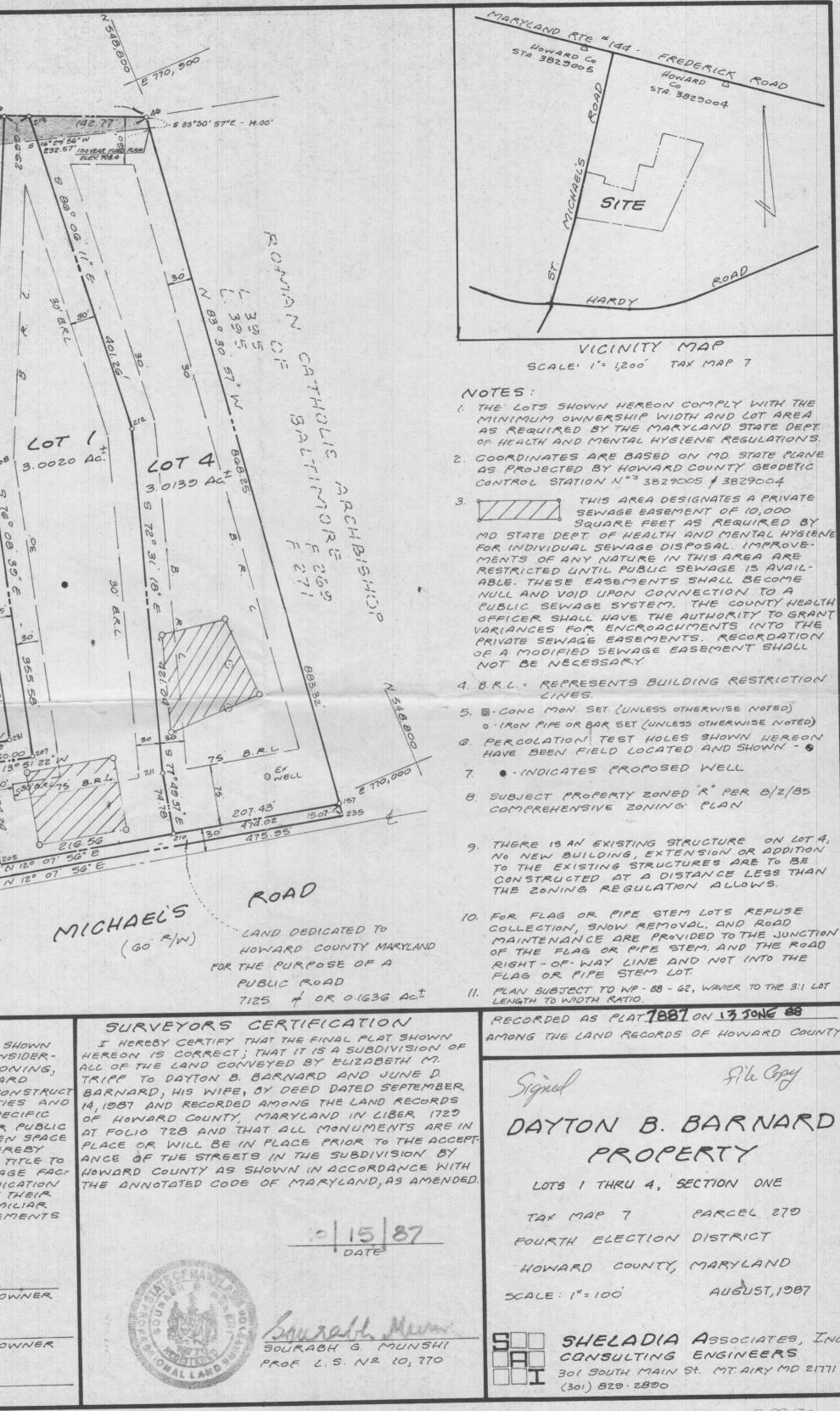
This form is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the next agency, minus the signature, and then returned to the Office of Planning and Zoning for processing. All or any revisions required to the final plat original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

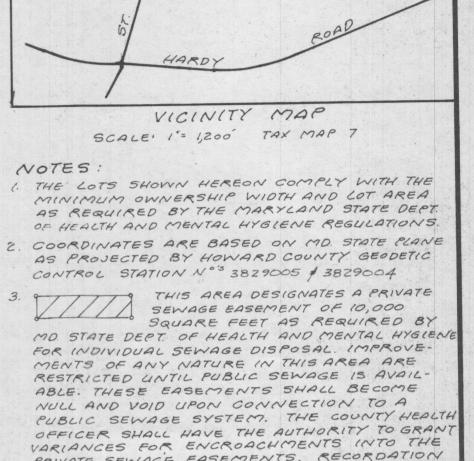
OPZ Cindy Mander	Date Received	Date Forwarded
Reviewing Agent		Carlos Maria
Rejected For:		
DELT INF AT MIL	Date In	Data Farmendad
DPW/HEALTH	Date In	Date Forwarded
Reviewing Agent	5-20	5-2 -88.
Rejected For: orgac 2		
HEALTH/DPW	Date In	Date Forwarded
		WE REPAIR
Reviewing Agent		
Rejected For:		
0.0.7	Date Received	Owner/Engineer
OPZ	Date Received	<u>Notified</u>
Reviewing Agent		
Actions or Revisions Needed:		

OPZ-DOLD & ZA



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ROAD

SHELADIA ASSOCIATES, INC. CONSULTING ENGINEERS 301 SOUTH MAIN St. MT. AIRY MD 2171

AUGUST, 1987

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