Real Property Data Search (w2)

Search Result for HOWARD COUNTY

MB 8/19/19

View Map		View GroundRe	ent Redemption	n		VICV	GroundRe	ent Regist	ration	
Tax Exempt:			Spec	ial Tax Recapt	ture:					
Exempt Class:			NONE							
Account Identifier:		Distri	ict - 06 Accoun	t Number - 44	8100					
			Owr	ner Information						
Owner Name:		LIBEF	RTY SANDY CO	OURT LLC	Use: Prine		sidence:	IND NO	USTRI	\L
Mailing Address:		STE 4	AST SWEDES 400 NE PA 19087-	FORD RD	Deed	l Refere	ence:	/139	929/004	153
				Structure Infor	mation					
Premises Address	:		SANDY CT UP 20794-0000)	Lega	l Descr	iption:	824	R I-1 12 2 SANE IP BLO	OY CT
Map: Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessr Year:	nent	Plat No:	5338
0048 0007	0167		0000			11	2020		Plat Ref:	
Special Tax Area	IS:			Town: Ad Valorem Tax Class:	:			NONE 104		
Primary Structur	re Built	Above Grade L 233,508 SF	iving Area	Finished Bas	sement Ar		Property La	nd Area	Cou	nty Use
		200,000 01				1	2.6900 AC			
Stories Base	ement	Type STORAGE WAR		Exterior F	ull/Half Ba			Last Majo	or Rend	vation
Stories Base	ement	Туре	EHOUSE	Exterior Formation				Last Majo	or Rend	vation
Stories Base	ement	Туре	EHOUSE Val			th (or Rend	ovation
Stories Base	ement	Type Storage war	EHOUSE Val	ue Information Value As of		th Phase As of	Garage -in Assessn	nents As c	of	vation
	ement	Type STORAGE WAR Base Va	EHOUSE Vali	ue Information Value As of 01/01/2017		th (Garage -in Assessn	nents As c		vation
Land:	ement	Type STORAGE WARI Base Va 2,763,80	EHOUSE Val alue	ue Information Value As of 01/01/2017 2,763,800		th Phase As of	Garage -in Assessn	nents As c	of	vation
Land: Improvements	ement	Type STORAGE WARI Base Va 2,763,80 6,429,90	EHOUSE Value 200	ue Information Value As of 01/01/2017 2,763,800 6,429,900		Phase As of 07/01/2	Garage -in Assessn 2019	nents As c	of	vation
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Homeowners' Tax Credit Application Information				
Homeowners' Tax Credit Application Status: No Application	Date:			

- 1. This screen allows you to search the Real Property database and display property records.

- Click here for a glossary of terms.
 Deleted accounts can only be selected by Property Account Identifier.
 The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

SEWAGE DISPOSAL TESTING

· 32627.

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

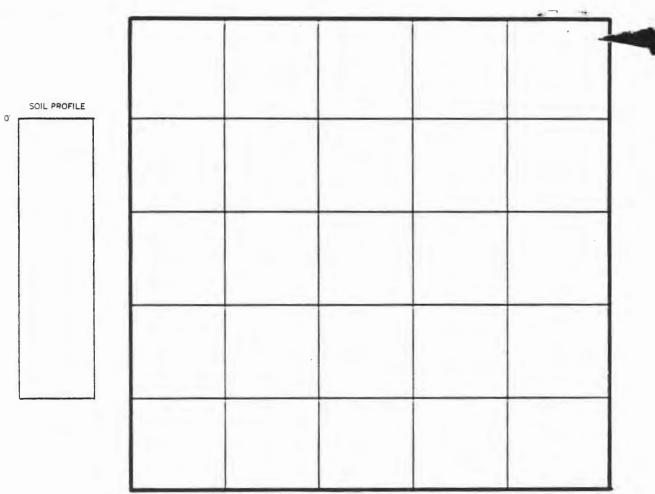
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

A.M

20

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330 DISTRICT 6

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND 1, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER 1.96-6400 ADDRESS PROPERTY LOCATION: SUBDIVISION 500 SIZE OF LOT TYPE BLDG. (NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC/FAGILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION FILING OF THE FILING OF WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE OF APPLICANT) FOR DATE APPROVED BY REJECTED BY . FOR DATE DATE HOLD PENDING FURTHER TESTS 3 PERCOK HOLD REASONS FOR REJECTION OR HOL



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

			PRE	WET	TEST	1" DROP	1
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
						1	1
		-					
		1					

ALSO PRESENT

4î

PEMARKS _

TYPE OF SOIL

TESTED BY

A 32427

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IENE	P
DISTRICT	litte
DATE	4/5/83

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476 ELLICOTT CITY. MARYLAND 21043 TELEPHONE: 992-2330

TO:	THE COUNTY HEALTH OFFICER	,		
	ELLICOTT CITY, MARYLAND			
	I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO COM	STRUCT (OR RECONST	RUCT) A SEWAGE DISPOSAL SYS	STEM.
	BAIIP			
PROP	ERTY OWNER			
	ADDRESS 110 West Road To	wson M	PHONE	296-44118
PROP	ERTY LOCATION:			
SUBDI	IVISION		LOT NO.	B.
	AND DESCRIPTION			
·				
SIZE	OF LOT		TYPE BLDG.	(NUMBER OF BEDROOMS)
THE	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPT	FABLE ONLY UNTIL P	UBLIC FACILITIES BECOME	AVAILABLE. I FULLY UNDERSTAND THE
FEE	CONNECTED WITH THE FILING OF THIS PERC TEST APPLI	CATION IS NON-REFI	JNDABLE UNDER ANY CIRCI	JMSTANCES. I ALSO AGREE TO COMPLY
WITH	H ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.			
			(SIGNATURE OF AP	PLICANT)
APPRO	OVED BY	FOR		DATE
REJEC	CTED BY	FOR		DATE
HOLD	PENDING FURTHER TESTS			DATE
DFAS	ONS FOR REJECTION OR HOLDING			
READ				

THIS IS NOT A PERMIT

..... .1 PROFILE 0' ET. STW WARD BED GINGRAN BOOK CIPT 3-NITH 9 PARKINGLOT 51RAL 1 60 20 GRAG Drop PARMOLOT OLASS 9 EXIST ING WAREHOUSE 4 CLA' INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. PARKLUT PRE-WET TEST - 1" DROP DATE TEST NO. DEPTH TIME START STOP START STOP SOWI 1022 5 HOLCI 1022 102 5 3 51193 BLEVATION Ola 1 11 B STHIG) 3 10 94 V2 7 1033 1033% 5 10334 GOOKS 2 2K ALL SAND 3 8 REG LOW 4 4 22 1125 5 11 1123 1123 2 11/7 04 2 1202 12 0016 016 3 120 26 21 121 D 11 DOK OK GA 5/11/92 SAN DUKS LL REMARKS CITY WRITER , DOT ALMOST LEVUL TYPE OF SOIL NOT STAKED MEAR BY BUILDING USE NILLANCES ALSO PRESENT BUD ROESNER SURVEYOR EH-12-1079

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT DATE

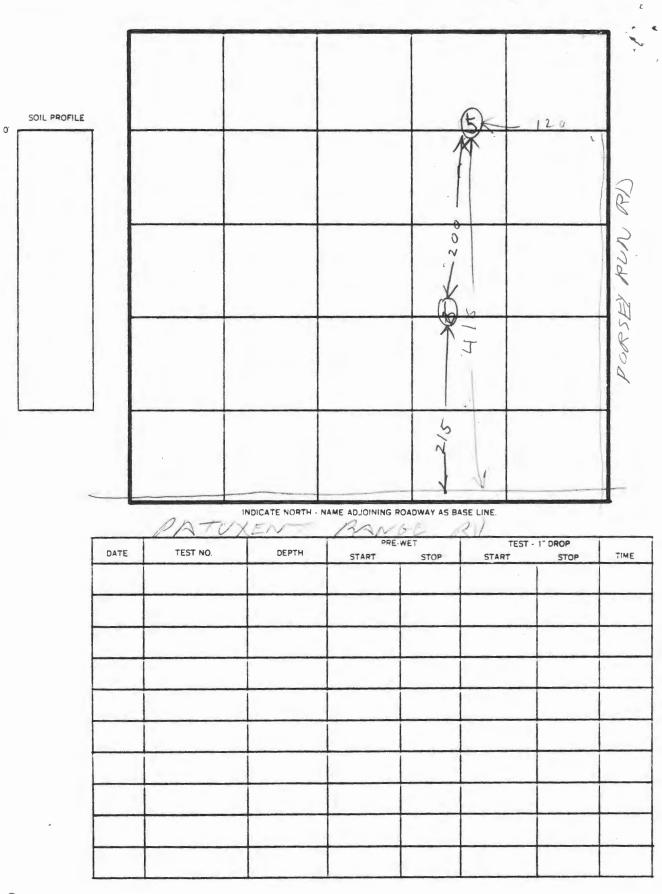
ENVIRONMENTAL HEALTH SERVICES P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

HOWARD COUNTY HEALTH DEPARTMENT

T

FLUCOTT CITY MARYLAND	
ELLICOTT CITY, MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUC	CT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
ROPERTY OWNER Bill.P. Inc	
101-	111 1 111
ADDRESS 110 W/est Kd 1014.5.	04, MAD 41204 PHONE 296-6400
ROPERTY LOCATION:	
21/1/1/DI	P
JEDIVISION _ 12 a Ltu, Wash-Ing. 1k	LOT NO.
DAD AND DESCRIPTION N. W. Cor. of Pay	Fuxent Kange Kd
5 SON	
+ Donsey Kun Za	VB
ZE OF LOT 550 ×950 +	TYPE BLDG
	(NUMBER OF BEDROOMS)
HE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	E ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
	β
	E ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
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EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION	β
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EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IT ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY (SIGNATURE OF APPLICANT) FOR
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EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IN THE PROVED BY	ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY (SIGNATURE OF APPLICANT) - FOR DATE - FOR DATE - FOR DATE - DATE
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THIS IS NOT A PERMIT





PEMARKS _

TESTED BY ____

TYPE OF SOIL

ALSO PRESENT

Y +

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IENE	Р	-
DISTRICT	6	
DATE	4/5/13	

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

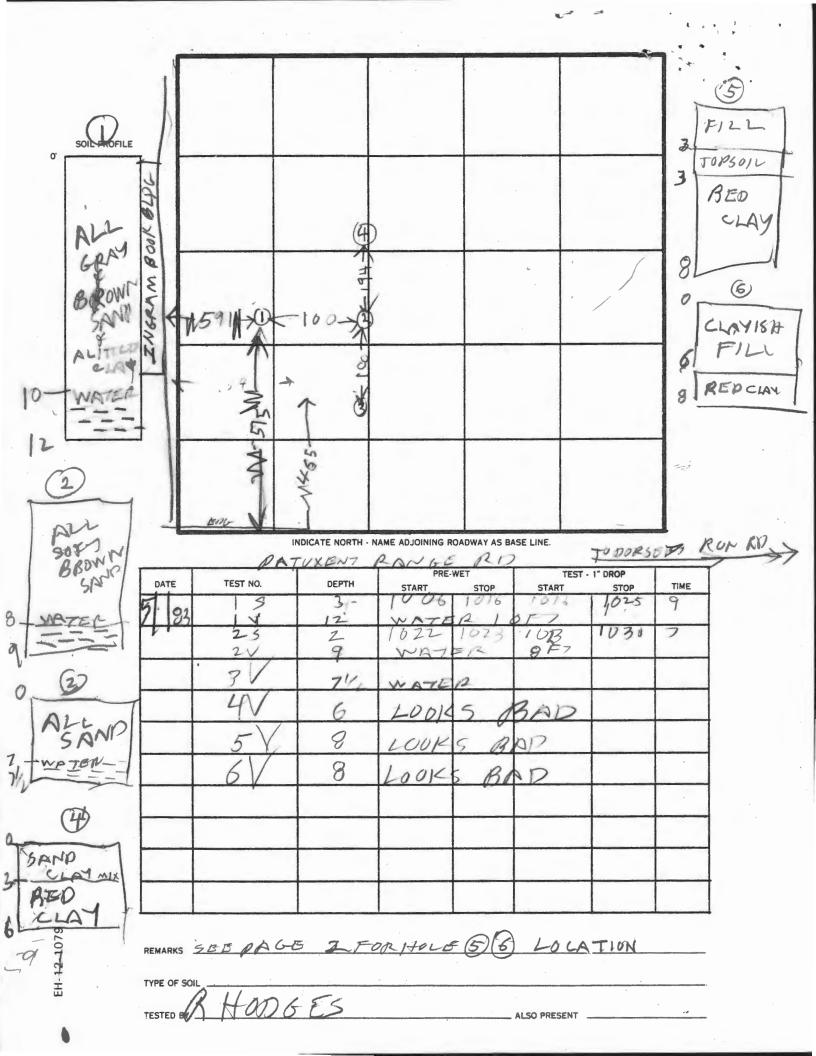
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P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

TO:	THE COUNTY HEALTH OFFICER				
	ELLICOTT CITY, MARYLAND			·	
	I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO C				
PROP	PERTY OWNER				
	ADDRESS 110 West Rd, Tows	ion Mid a	2/204/ PHONE	296-4400	
PROP	PERTY LOCATION:				
SUBD	DIVISION		LOT NO	C	
ROAD	D AND DESCRIPTION				
	· · · · · · · · · · · · · · · · · · ·				
SIZE	OF LOT	· · · · · · · · · · · · · · · · · · ·	TYPE BLDG.	(NUMBER OF BEDROOMS)	
	E SYSTEM INSTALLED UNDER THIS APPLICATION IS ACC				
	H ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS L	OT			
WIII	ALL M.U.S.H.A. REQUIREMENTS IN TESTING THIS L	01	(SIGNATURE OF A	PPLICANT)	
APPR	ROVED BY	, FOR		DATE	
REJE	ECTED BY	FOR		DATE	
HOLD	D PENDING FURTHER TESTS			DATE	
REAS	SONS FOR REJECTION OR HOLDING				
	· · · · · ·	. <u></u>			

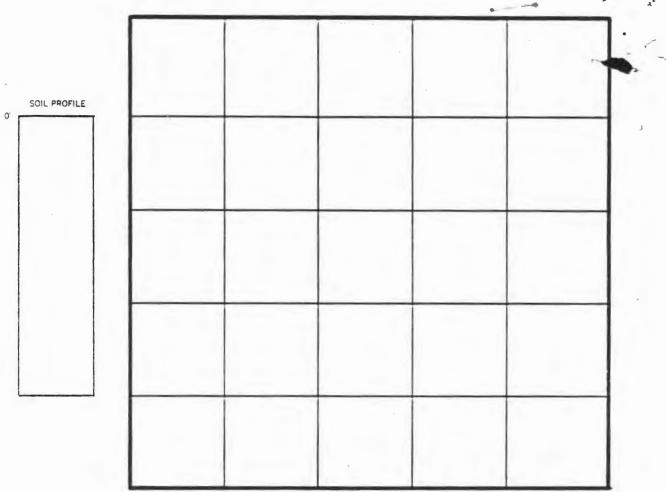
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30 83 30 83 30 83 411/83 5/13/83 9:30 A.M. SEWAGE DISPOSAL	
STATE OF MARYLAND - DEPARTMENT OF	HEALTH AND MENTAL HYGIENE P
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES	DISTRICT6
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330	DATE 4/5/83
TELEFHORE. 552-2550	
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECO	NSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER B.W. I.P. Inc	
ADDRESS 110 Whest Rd Towson,	Md. 21204 PHONE 296-6400
SUBDIVISION Balto. Wash. Ind TE.	LOT NO.
ROAD AND DESCRIPTION S.W. COF. OF Patuxen	+ Range Rd
+ Dorsey Run Rd.	
SIZE OF LOT 650 × 1500 T	TYPE BLDG
	(NUMBER OF BEDROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNT	TIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERST
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-F	
The connected with the filling of this feat test affiliation is non-	CALIFICATION AND CIRCOMSTAINCES. FALSO AGREE TO
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)
APPROVED BY FOR	DATE
REJECTED BY FOR	DATE
HOLD PENDING FURTHER TESTS	DATE
REASONS FOR REJECTION OR HOLDING 4/ 20/83 BACKHK	RC&WATER
The 102 her and Frank	neg worker

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

			PRE	WET	TEST	1" DROP	1
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
						1	
1		1					
		1					
			1			1	

EH 12 1079

PEMARKS

TESTED BY ____

ALSO PRESENT

SEWAGE DISPOSAL TESTING

A 32426

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ENE	Р	_
DISTRICT	6	
	4/5-102	
DATE	10100	

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

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TO: THE COUNTY HEALTH OFFICER			
ELLICOTT CITY, MARYLAND			
I, HEREBY, APPLY FOR THE NECESSARY TEST IN	/	A SEWAGE DISPOSAL SYSTEM	
PROPERTY OWNER	Inc		
ADDRESS 110 West Road	1 Towson, Md 2	1204 PHONE 29	26 - 4410
PROPERTY LOCATION:			
SUBDIVISION		LOT NO	A
ROAD AND DESCRIPTION			
SIZE OF LOT	-	TYPE BLDG	
			NUMBER OF BEDROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICAT			
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTI	NG THIS LOT.		
		SIGNATURE OF APPLIC	(ANT)
APPROVED BY	FOR		DATE
REJECTED BY	FOR		DATE
HOLD PENDING FURTHER TESTS			.DATE
REASONS FOR REJECTION OR HOLDING		temptor	
·	-		
THIS IS	NOT /		RMIT

