Real Property Data Search (w2)

NB 8/19/19

Search Result for HOWARD COUNTY

and the second	lap		view Ground	Rent Redemption			View Gr	oundRent	t Registra	ation
Tax Ex	empt:			Specia	al Tax Recap	ture:				
Exemp	t Class:			NONE						
Account	Identifier	:	D	istrict - 06 Accou	unt Number -	411029				
				Own	er Information	1				
Owner N	ame:			DIG SHERWICK L		Use: Principal	Residence	IN	DUSTRI	AL
Mailing A	ddress			100 PEACHTREE		Deed Ref			0 6973/ 00	221
	luuress.		S	TE 1000 TLANTA GA 3030		Deed Ker	erence.	71	0975/00.	221
				Location & S	Structure Info	rmation				
Premises	Address	:		309 SHERWICK C ESSUP 20794-000		Legal Des	scription:	83	309 SHEF	E 5.360 A RWICK CT IAPOLIS JT
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessn Year:		Plat No:
0048	0001	0146		0000			PAR D	2020		Plat Ref:
Specia	I Tax Area	as:			Town:		он, ливник и ун ун ун облосой үүн төгөөлөөнөөн ологоодой ой		NONE	Medicanal Sound (1977) and an experiments of a 1979 May 1979 Section and America
					Ad Valorem	1:			104	
					Tax Class:					
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1973	y Structu	le Duilt	Above Grade	Living Area	Finished ba	sement Ar		oerty Land	Area	County Use
Stories	Base		Type DISTRIBUTION	WAREHOUSE	Exterior	Full/Half	Bath Ga	rage L	ast Majo	or Renovation
				Valu	e Information					
			Base	/alue	Value		Phase-in /	Assessme	nts	
					As of 01/01/2017		As of 07/01/2019		As of 07/01	
Land:			1,167,4		1,167,400					
Improv	ements		4,427,	000	4,427,000					
				100						
Total:	ntiallan	d.	5,594,4	400	5,594,400		5,594,400			
Total:	ntial Lan	d:	5,594,4 0			n	5,594,400			
Total: Prefere				Trans	fer Informatio	n	5,594,400	Price: \$5	800.000	
Total: Prefere Seller:	DEER PC		0	Trans Date: 0			5,594,400	Price: \$5 Deed2:	,800,000	
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Homeowners' Tax Credit Application Information	
Homeowners' Tax Credit Application Status: No Application Date:	

- 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

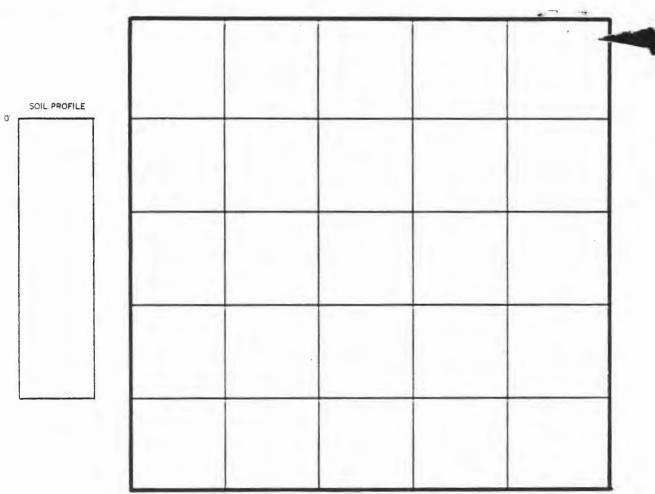
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

A.M

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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 RG 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

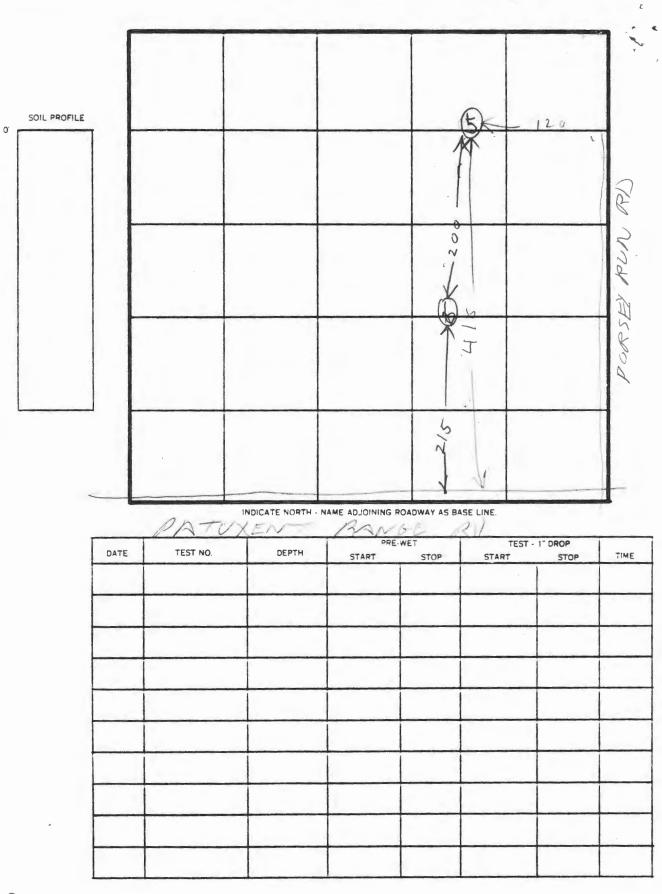
ENVIRONMENTAL HEALTH SERVICES P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

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
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	E ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION	ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
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EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATIO	ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
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
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
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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

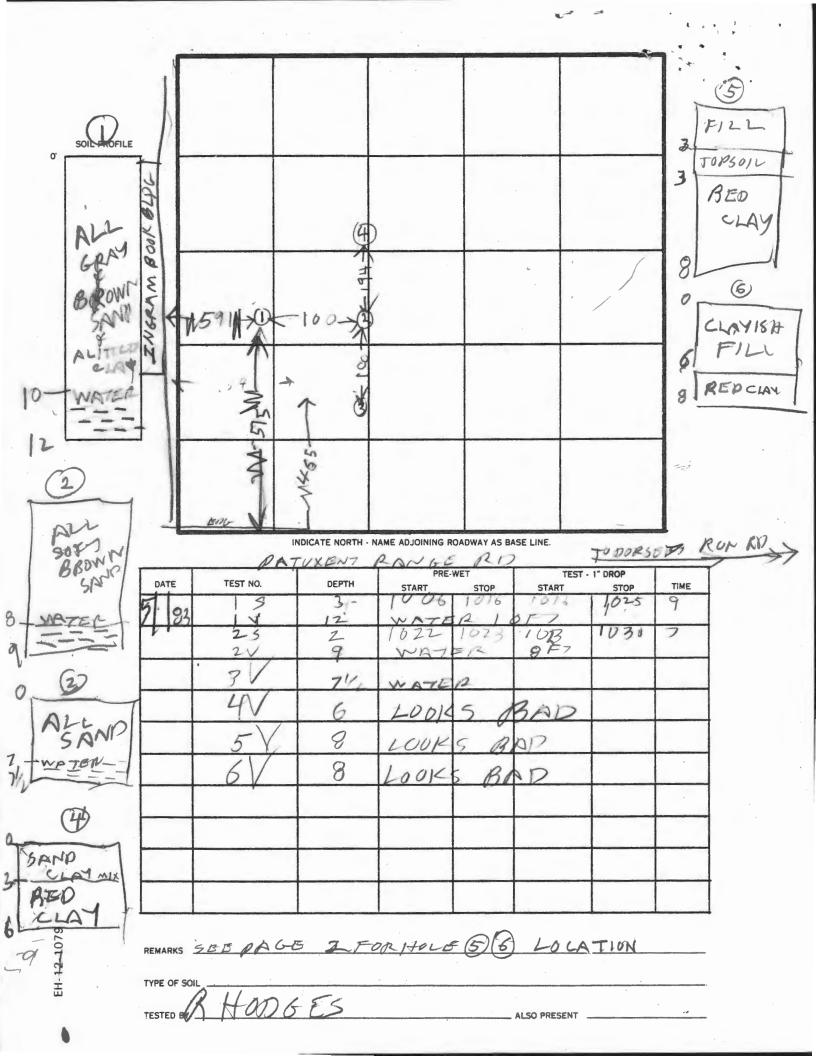
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P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

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>			

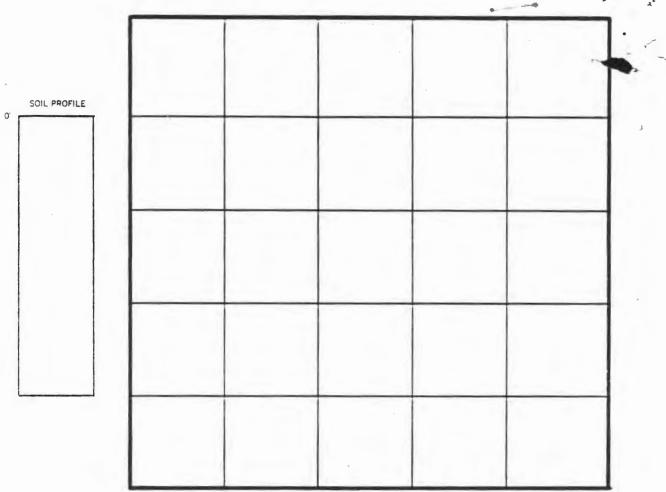
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30 83 30 83 30 83 411/83 5/13/83 9:30 A.M. SEWAGE DISPOSAL	
STATE OF MARYLAND - DEPARTMENT OF	HEALTH AND MENTAL HYGIENE P
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES	DISTRICT6
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 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

