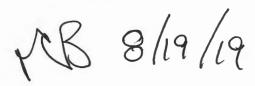
Real Property Data Search (w2)





View Map View GroundRent Redemption				1	View GroundRent Registration					
Tax Exempt:			Speci	ial Tax Reca	pture:	Andrew Salarana Salarana		To transfer account to the account of the second day your Yes		
Exempt Class:		NONE								
Account Identifier:		District -	06 Account Nu	mber - 47886	67					
**			Owr	ner Informatio	n					
Owner Name:			POIINT PORTFO	LIO LLC	Use:			ISTRIAL		
Mallia a Addanasa			REALTY LLC		Principal F					
Mailing Address:		28 STAT 10 TH FL BOSTON			Deed Refe	rence:	/1848	34/ 00107		
			Location &	Structure Info	ormation					
Premises Address:			TUXENT RANGE 20794-0000	RD	Legal Des	cription:	8306	G 4 4.5744 A PATUXENT R O WASH IND		
Map: Grid: Par		ub istrict:	Subdivision:	Section:	Block:	Lot:	Assessm Year:	ent Plat No:	7379	
0048 0001 017	2		0000			G 4	2020	Plat Ref:		
Special Tax Areas:		THE REPORT OF THE PROPERTY OF		Town:	70° 000 000 000 000 000 000 000 000 000		A second of the	NONE		
				Ad Valorer	n:			104		
				Tax Class:						
Primary Structure Bu 1985		ove Grade 125 SF	Living Area	Finished Ba	asement Ar		operty Land 5700 AC	d Area Co	unty Use	
Stories Basement	,,	DIDUTION		Exterior	Full/Half	Bath (Garage i	Last Major Re	novation	
	DIST	RIBUTION	WAREHOUSE	ue Information	n					
		Base \		Value		Phase-it	n Assessmo	ents		
		5400		As of		As of		As of		
				01/01/2017		07/01/20	19	07/01/2020)	
Land:		1,194,4		1,194,400						
Improvements		2,955,6		2,955,600			_			
Total:		4,150,0	000	4,150,000		4,150,00	0			
Preferential Land:		0								
			Trans	sfer Informati	on .					
Seller: ICON OWNER	POOL 2			sfer Informati 12/13/2018	on		Price: \$9	,436,683		
Seller: ICON OWNER WEST/NORTHEAST/ Type: ARMS LENGTH		ED	Date:				Price: \$9	,436,683		
WEST/NORTHEAST/	IMPROV	ED	Date: Deed1	12/13/2018		1 M Stallands, Londy Arrivance and an April 2 secure and		olisakkii. k. 1980 tiisikkii qa shahillaan sa mooneelilli 87000 taaban ka 2000kii	Community of Admin A well of All consequents	
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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.

4. 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.

PLICATION 32627. A.M SEWAGE DISPOSAL TESTING STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE HOWARD COUNTY HEALTH DEPARTMENT DISTRICT **ENVIRONMENTAL HEALTH SERVICES** P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330 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 LOCATION: (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-RESUNDANCE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE OF APPLICANT) APPROVED BY

THIS IS NOT A PERMIT

REJECTED BY .

HOLD PENDING FURTHER TESTS

SOIL PROFILE
O'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

PEMARKS					
TYPE OF SOIL					
	4º	1,	.,		
TESTED BY		- motor in	ALSO P	DESENT	

PL 12 1979

APPLICATION

SEWAGE DISPOSAL TESTING

A 32627

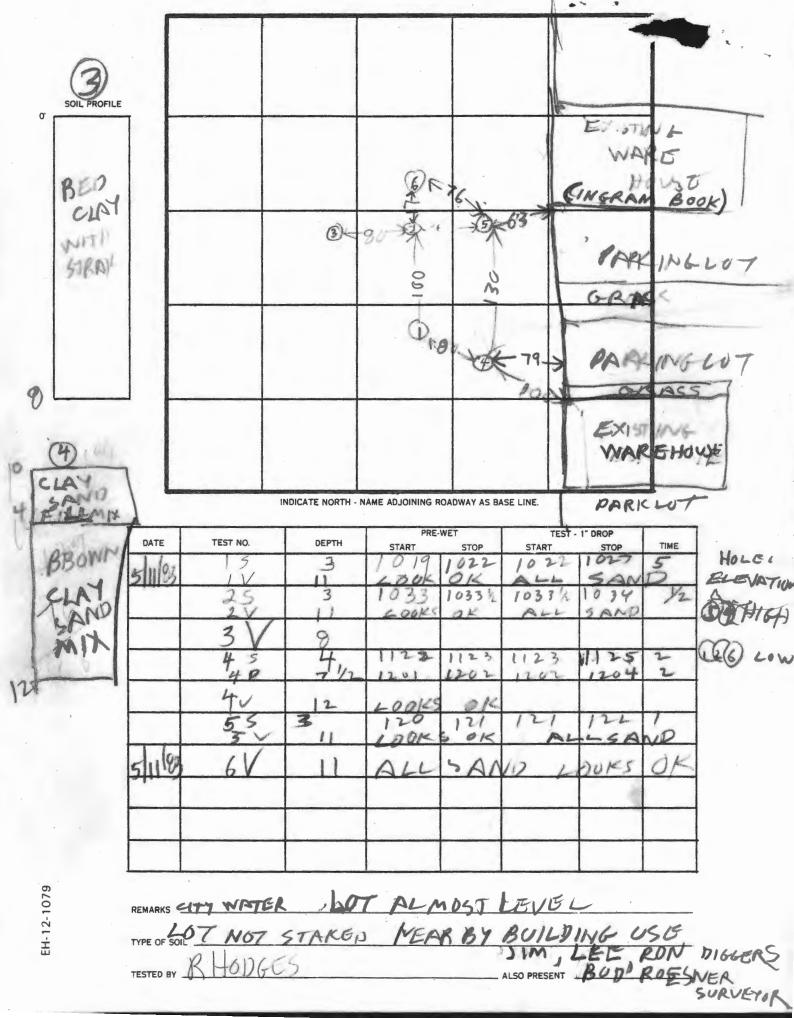
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES**

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

TO:	THE COUNTY HEALTH OFFICER	•		
	ELLICOTT CITY, MARYLAND			•
	I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUC	T (OR RECONSTRUCT) A S	EWAGE DISPOSAL SY	STEM.
	(n 4111P			
PROPE	RTY OWNER			
	ADDRESS // O West Road Tows	on Md	PHONE	296-4408
PROPE	ERTY LOCATION:			
				D
SUBDI	VISION		LOT NO	10.
ROAD	AND DESCRIPTION			
SIZE C	F LOT		TYPE BLDG	
				(NUMBER OF BEDROOMS)
THE:	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	ONLY UNTIL PUBLIC FA	ACILITIES BECOME	AVAILABLE. I FULLY UNDERSTAND TH
FEE	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATIO	N IS NON-REFUNDABLE	E UNDER ANY CIRC	CUMSTANCES. I ALSO AGREE TO COMPL
WITH	ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.		SIGNATURE OF A	DDI (CANT)
		(.	SIGNATURE OF A	FEICANT
APPRO	OVED BY	_ FOR		DATE
REJEC	TED BY	FOR		DATE
HOLD	PENDING FURTHER TESTS			DATE
DEACO	ONS FOR REJECTION OR HOLDING			
KENSU	פאוענוטא אל אלא אלא באל באל דער איני איני איני איני איני איני איני אינ			



APPLICATION

9 30 14 18 3 SEWAGE DISPOSAL TESTING

SEWAGE DISPOSAL TESTING

A 32/128

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

D.

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

DATE 4/5/83

TO: THE COUNTY HEALTH OFFICER		
ELLICOTT CITY, MARYLAND		
I, HEREBY, APPLY FOR THE NECESSARY TEST IN O	RDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOS	SAL SYSTEM.
PROPERTY OWNER Bill. P. Jnc	1	
ADDRESS 110 West XO	Tourson, Mod WILDY PHON	NE 296-6400
PROPERTY LOCATION:	1, 171	C
ROAD AND DESCRIPTION N. W. COR.	Patuxent Rang	e Rd
+ Donsey Run Pi	1	
SIZE OF LOT 550 4950 =	TYPE BLDG.	(NUMBER OF BEDROOMS)
	N IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BE	1
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING		OF APPLICANT)
APPROVED BY	FOR	DATE
REJECTED BY	FOR	DATE
HOLD PENDING FURTHER TESTS		DATE
REASONS FOR REJECTION OR HOLDING	AY 83-DIG MORE 5	LOW PERCSOIL & WATER
H.S. 3 AID OK	TO USE A PUMP	FOR SUPT
5491EM		

SOIL PROFILE 0.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

PEMARKS	,
TYPE OF SOIL	
TESTED BY ALSO PRESENT	

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32628

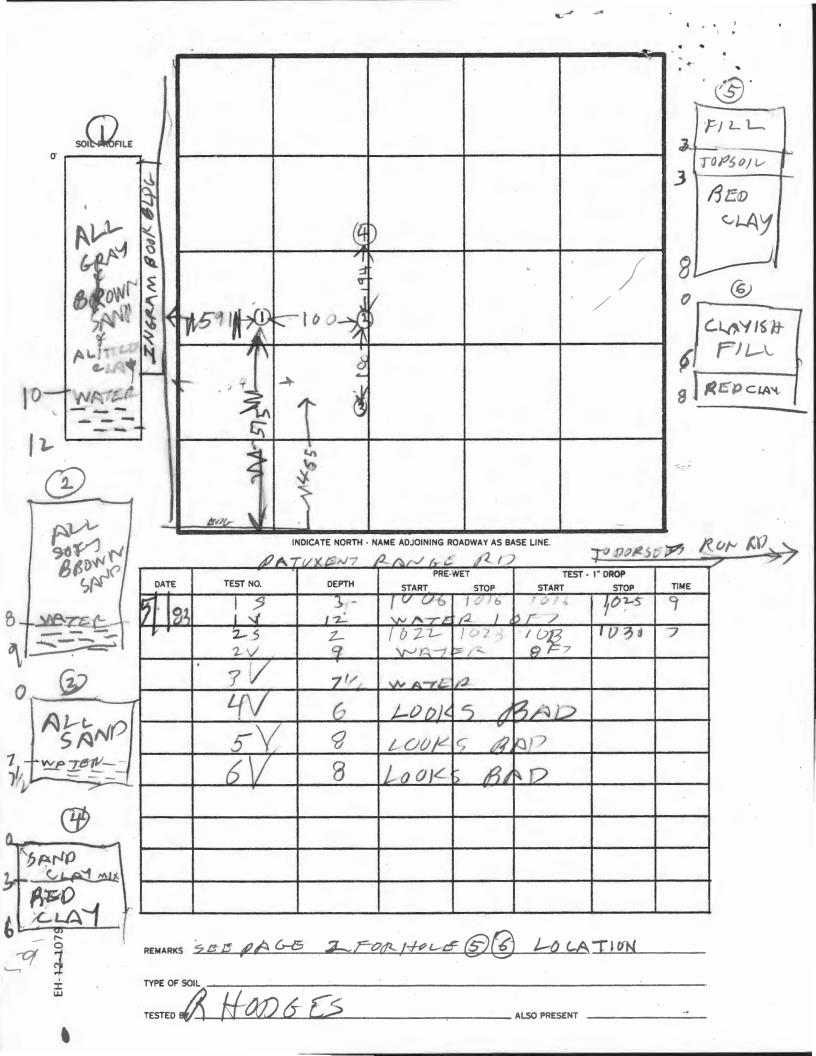
HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES**

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

DISTRICT _	6	
	11/1	
DATE	9/3/83	

TO: THE COUNTY HEALTH OFFICER			
ELLICOTT CITY, MARYLAND		•	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO C	CONSTRUCT (OR RECONSTRUC	JCT) A SEWAGE DISPOSAL SYSTEM.	
PROPERTY OWNER BWIP Inc			
		6011	
ADDRESS 110 West Kd, Jows	on Md 2	1204 PHONE 296-4400	
PROPERTY LOCATION:			
		P	
SUBDIVISION		LOT NO.	
ROAD AND DESCRIPTION			
SIZE OF LOT		TYPE BLDG	
		(NUMBER OF BEDROOMS)	
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCI	EPTABLE ONLY UNTIL PUI	BLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND	THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST API	PLICATION IS NON-REFUN	NDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COM	PLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LC	OT		
WITH ALL MIO.S.H.A. REGUINEMENTS IN TESTING THIS EX		(SIGNATURE OF APPLICANT)	
APPROVED BY	FOR	DATE	
REJECTED BY	FOR	DATE	
HOLD PENDING FURTHER TESTS		DATE	
REASONS FOR REJECTION OR HOLDING			



AD AND DESCRIPTION S. W. Cor. of Paturent Rong H Dorsey Run Rd. HE OF LOT 650 X 1500 T HE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES HE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFORMABLE UNDER HITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE) PROVED BY	A 3366
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MEN HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE D DEPARTY OWNER BIN 17. 10 ADDRESS JOURNAL OF TOWNS OF THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE D DEPARTY LOCATION: BOIVISION BOIVISION BOIVISION BOIVISION CONTROL TOWNS OF THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE D DEPARTY LOCATION: BOIVISION BOIVISION BOIVISION BOIVISION CONTROL TOWNS OF THE SEWAGE D TYPE BOIL TOWNS OF THE SEWAGE D TYPE BOIL TOWNS OF THE SEWAGE D TYPE BOIL TOWNS OF THIS PERC TEST APPLICATION IS NON-REPORTED BLE UNDER THIS LOT. ISSUED THE SEWAGE D FOR	A 3000
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ADDRESS 110 LALES + RO TOLISON, MC. 2120 + DEPERTY LOCATION: BODIVISION BOLLO LASA IN TE. AD AND DESCRIPTION S. W. COL. OF Patuxent Rong H DOLSON RUN Rd. BE OF LOT 650 X 1500 T TYPE BOUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFORMABLE UNDER SITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE) FOR SITH STANDARD STANDARD SITH SITH STANDARD SITH SITH STANDARD SITH SITH STANDARD SITH SITH SITH SITH SITH SITH SITH SITH	IISPOSAL SYSTEM.
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LD PENDING FURTHER TESTS	DATE
ASONS FOR REJECTION OR HOLDING 4/20/83 BACK-HOENOSHO 5/11/83 DIG MORE SLOW PERCS W	04

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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			
							İ
				1			
			1				
1				1			
				1			
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PEMARKS			
TYPE OF SOIL			
The Graduit	 , , , , , , , , , , , , , , , , , , , ,		
TESTED BY		ALSO PRESENT	

APPLICATION

SEWAGE DISPOSAL TESTING

A 32626

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Р _____

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4/5/83

TO:	O: THE COUNTY HEALTH OFFICER	
	ELLICOTT CITY, MARYLAND	•
	I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DIS	POSAL SYSTEM.
PROPE	PROPERTY OWNER BWIP Inc	
	ADDRESS 110 West ROad Towson, Mad 21204 PH	HONE 296-6410
PROPE	PROPERTY LOCATION:	
SUBDI	SUBDIVISIONLOT N	oA
ROAD	ROAD AND DESCRIPTION	
SIZE (SIZE OF LOT TYPE BLC	G. (NUMBER OF BEDROOMS)
THE	THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES	BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE	FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER A	NY CIRCUMSTANCES. I ALSO AGREE TO COMPL
WITH	WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	
	(SIGNATUR	E OF APPLICANT)
APPRO	APPROVED BY FOR	DATE
REJEC	REJECTED BYFOR	DATE
HOLD	HOLD PENDING FURTHER TESTS	DATE
REAS	REASONS FOR REJECTION OR HOLDING	

				10/5/
				1
INDICATE NORTH	- NAME ADJOINING ROA	ADWAY AS BASE LINE		
TEST NO. DEPTH 5 10	ALL (STOP ST	FILL ATTSFAC UNSAT	TIME TOPY
5V 12	LOUKS		115FACTUR	7
	EST NO. DEPTH 1	EST NO. DEPTH START 5 ALL (2001) 10 WATER 11 LUDICA 12 LOUKS	EST NO. DEPTH START STOP ST ALL LOOK EST NO. DEPTH START STOP START STOP 5 ALL CHAY STELL LOOK WATER START CLAY START STOP CLAY START STOP LOOK WATER START LOOK WATER ST	

