

Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455 www.howardcountymd.gov

Date Received: 5

Permit No.: 819001591

| uilding Address: 15415 RV  | VCH FUI                                      |  | Addrocc.   |   |  |
|--|--|--|--|---|--|
| ty: State:   | Zip Code:                                    |  | City:  | State:  | Zip Code:  |
| iite/Apt. #SDP/W   | VP/BA #: <u>6-12-12-7</u>                    | 3  | Phone:   | Fax:  |  |
| ibdivision:  |  |  | Email:   | The State of the  |  |
| Tax Map:   |  |  | Applicant's Name & Ma  |   | r than stated herein)  |
| isting Use:  |  |  | Address:   | State   | Zip Code:  |
| oposed Use:  | المعترين والمنافقة                           |  | Phone:   | Fax:  | Zip code.  |
|  |  |  | Phone: Email:  | But he Flag Bur o   | 19 in Maryella   |
| timated Construction Cost: \$  |  |  | Contractor Company:  |   |  |
| escription of Work:  |  |  | Contact Person:  |   |  |
| of the statement of the hours  | Carried Carried                              |  | Address:   |   |  |
| Worker State of the Contract   | and the second second                        |  | City:  | State: Z  | ip Code:   |
| Land March of Marin Chama  |  |  | License No. :  |   |  |
|  |  |  | Phone:   |   |  |
| coupant/Topant Name:   |  |  | Email:   | e panak anya desem  | received the second of the sec |
| ccupant/Tenant Name:   |  | Elvi-  | Fraince / Architect Com  | non.  |  |
| /as tenant space previously occupied?  | □Yes   | □No  | Engineer/Architect Com   |   |  |
| ontact Name:   |  | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Responsible Design Pro   | i:  | •  |
| ddress:  |  |  | Address:   |   |  |
| ty:Sta   | ate:Zip Code:                                |  | City:  | State:Zi  | p Code:  |
| hone:Fa  |  |  | Phone:   | Fax:  |  |
| mail:  |  |  | Email:   |   | •  |
| all.   |  |  |  | 100   |  |
| Commercial Building Characteristics  | Residential Building Cha                     | and the second s | <u>Utili</u>   |   |  |
| Height:  | ☐ SF Dwelling ☐ SF Town  Depth               | mhouse<br>Width  | Electric: Ye   |   | and the second s |
| No. of stories:<br>Gross area, sq. ft./floor:  | 1st floor:                                   | * 1.2  | Gas: □ Ye  Water   |   | **   |
| 1.000 0.000 0.000  | 2 <sup>nd</sup> floor:                       | 12 13  | □ Public   | Supply  |  |
| Area of construction (sq. ft.):  | Basement:                                    |  | Private  |   |  |
|  | ☐ Finished Basement                          |  | Sewage   | Disposal  |  |
| Use group:   | ☐ Unfinished Basement ☐ Crawl Space          |  | □ Public   | <del>Jipposai</del>   |  |
| Construction type:   | ☐ Slab on Grade                              | 11/1/19  | Private  |   |  |
| Reinforced Concrete  | No. of Bedrooms: 44                          |  | Heating  | System  |  |
| Structural Steel   | Multi-family Dwe                             | elling   | ☐ Électric ☐   | Oil   |  |
| ☐ Masonry ☐ Wood Frame   | No. of efficiency units:  No. of 1 BR units: | Magazine and Control   | ☐ Natural Gas ☐  | Propane Gas   |  |
| State Certified Modular  | No. of 2 BR units:                           |  | ☐ Other:   |   |  |
|  | No. of 3 BR units:                           |  | Sprinkle   | r System:   |  |
|  | Other Structure:                             |  | ☑ Yes □  | No  |  |
| Roadside Tree Project Permit   | Dimensions: Footings:                        |  |  |   |  |
| Yes No   | Roof:  | Distriction of the second  | Gradin   | g Permit Number:  | G19000122  |
| Roadside Tree Project Permit #   | ☐ State Certified Modula                     | ar   |  |   |  |
|  | ☐ Manufactured Home                          |  | Building S   | nell Permit Number:   |  |
| THE UNDERSIGNED HEREBY CERTIFIES AND AGREES  | S AS FOLLOWS: (1) THAT HE/SHE IS             | THAT HE/SHE WILL   | MAKE THIS APPLICATION; (2) THAPPERFORM NO WORK ON THE ABO  | THE INFORMATION IS COR  | NOT SPECIFICALLY DESCRIBED IN  |
| WITH ALL REGULATIONS OF HOWARD COUNTY WHI<br>APPLICATION; (5) THAT HE/SHE GRANTS COUNTY O  | FFICIALS THE RIGHT TO ENTER ONT              |  | nt Name  |   |  |
| MITH ALL REGULATIONS OF HOWARD COUNTY WHI<br>APPLICATION; (5) THAT HE/SHE GRANTS COUNTY O<br>Applicant's Signature   |  |  | A STATE OF THE PROPERTY OF THE |   |  |
| WITH ALL REGULATIONS OF HOWARD COUNTY WHI<br>APPLICATION; (5) THAT HE/SHE GRANTS COUNTY O<br>Applicant's Signature   |  |  | A STATE OF THE PROPERTY OF THE |   |  |
| WITH ALL REGULATIONS OF HOWARD COUNTY WHI<br>APPLICATION; (5) THAT HE/SHE GRANTS COUNTY O  |  |  | A STATE OF THE PROPERTY OF THE |   |  |
| WITH ALL REGULATIONS OF HOWARD COUNTY WHI RPLICATION; (5) THAT HE/SHE GRANTS COUNTY O  Applicant's Signature  Email Address  | marlana<br>Elektrica                         | Pri.   | nt Name<br>5/2/2019<br>te  | 4   |  |
| with ALL REGULATIONS OF HOWARD COUNTY WHI RPLICATION; (5) THAT HE/SHE GRANTS COUNTY O  Applicant's Signature  Email Address  | Checks Payable to:                           | Pri.   | nt Name  The state of Howard Count  TLY & LEGIBLY**  | <b>Y</b>  |  |
| vith ALL REGULATIONS OF HOWARD COUNTY WHI RPLICATION; (5) THAT HE/SHE GRANTS COUNTY O  Applicant's Signature  Email Address  Title/Company   | Checks Payable to:                           | Darector of FI EASE WRITE NEA -FOR OFFICE  | nt Name  The state of Howard Count  TLY & LEGIBLY**  | Filing Fee  |  |
| with ALL REGULATIONS OF HOWARD COUNTY WHI RPLICATION; (5) THAT HE/SHE GRANTS COUNTY O  Applicant's Signature  Email Address  Title/Company  AGENCY DATE S                                      | Checks Payable to:                           | DIRECTOR OF FI EASE WRITE NEA -FOR OFFICE DPZ SETBACI Front:   | NANCE OF HOWARD COUNT<br>TLY & LEGIBLY**<br>USE ONLY-  | Filing Fee Permit Fee   | \$   |
| AGENCY DATE S State Highways   | Checks Payable to:                           | DIRECTOR OF FI EASE WRITE NEA -FOR OFFICE DPZ SETBACI Front: Rear:   | NANCE OF HOWARD COUNT<br>TLY & LEGIBLY**<br>USE ONLY-  | Filing Fee  |  |
| AGENCY DATE S State Highways Building Officials  | Checks Payable to:                           | DIRECTOR OF FI EASE WRITE NEA -FOR OFFICE DPZ SETBACI Front: Rear: Side: Side St.:   | NANCE OF HOWARD COUNT TLY & LEGIBLY** USE ONLY- K INFORMATION  | Filing Fee Permit Fee Tech Fee Excise Tax PSFS                            | \$<br>\$<br>\$<br>\$   |
| Applicant's Signature  Applicant's Signature  Email Address  Title/Company  AGENCY DATE S State Highways Building Officials PSZA (Zoning)  | Checks Payable to:                           | DIRECTOR OF FI EASE WRITE NEA -FOR OFFICE  DPZ SETBAC Front: Rear: Side: Side St.: All minimum   | NANCE OF HOWARD COUNT TLY & LEGIBLY** USE ONLY- K INFORMATION  | Filling Fee Permit Fee Tech Fee Excise Tax PSFS Quaranty F                | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |
| MITH ALL REGULATIONS OF HOWARD COUNTY WHI APPLICATION; (5) THAT HE/SHE GRANTS COUNTY O  Applicant's Signature  Email Address  Title/Company  AGENCY DATE S  State Highways  Building Officials | Checks Payable to:                           | DIRECTOR OF FI EASE WRITE NEA -FOR OFFICE  DPZ SETBAC Front: Rear: Side: Side St.: All minimum   | NANCE OF HOWARD COUNT TLY & LEGIBLY** USE ONLY- K INFORMATION  1 setbacks met?   | Filing Fee Permit Fee Tech Fee Excise Tax PSFS INO Guaranty F Add'l per F | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |

White: Building Officials

BuildingPermitApplication03.29.2018.docx

VGENCY CONSTRUCTION START

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Check

Gold: SHA

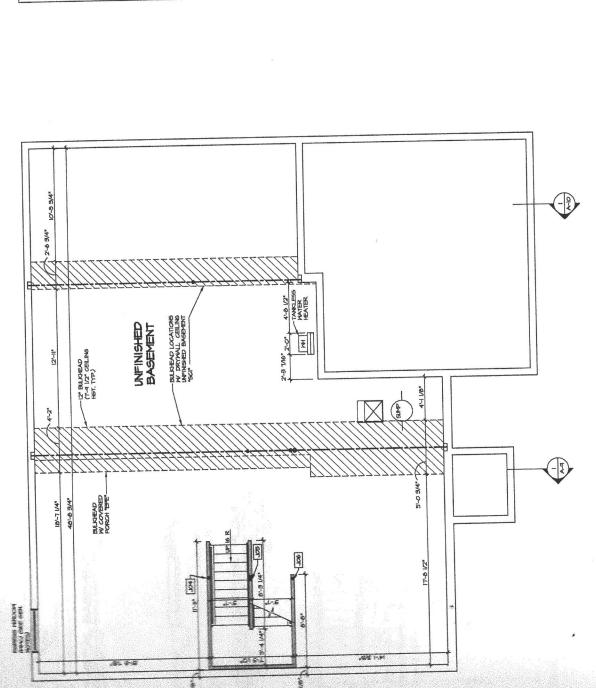
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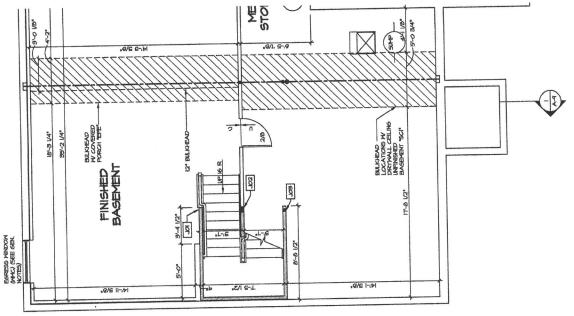
. 15415 Rivercrest court

LONGWOOD

B19001591 Health Dept

|            |          |          |               |               |           |                |      |  |                |                 |               |               |               |           |               |               |  |  |          |          |  |               |  |   | 1                | BESSET T   |  |  |  |  |  |
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| этр. рмез. | EEV. 'A' | EEV. '9" | 而<br> <br>  K | EEV. "."      | EEV. 'R'  | SIDE           | REAR |  | STD. DW68.     | ELEV. "A"       | EEV. "B"      | EEV. K        | ELEV. "L"     | EEV. 'R'  | SIDE          | REAR          |  |  |          |          | To The State of th |               |  |   |                  |  |  |  |  |  |  |
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| 3/4        |          |          |               |               |           |                | _    | +  | 3/4            |                 | <u> </u>      |               |               | 1         |               | -             |  | <del> </del>                                     | +        |          | -  | -             | -+   | -+                                      |                  |  | -  |  | -  |  | deciriosola  |
|            | 5/6      | 7        | 8             | 9             | 10        | 11/12          | 13   |  |                | 5/6             | 7             | 8             | 9             | 10        | 11/12         | 13            |  | <b>†</b>   | 1        |          |  |               | -+   | -                                       |                  |  | -  |  |  |  | processor and the same of the  |
| 14         |          | 15       | 15            | 15            | 15        |                |      |  | 16             |                 | 17            | 17            | 17            | 17        |               |               |  |  |          |          |  |               |  | _                                       |                  | (  |  |  | +  |  | ANDRONE  |
| 18         |          |          |               | +'            | <u></u> ' |                | +    | '  | 18             | <u>—</u>        | -             | -             | 1             |           |               |               |  |  |          |          |  |               |  |   |                  |  |  |  |  |  | ryll@hergo)  |
| 19/20      |          | <b> </b> |               | <del></del> ' | <u>'</u>  | <u> </u>       | +    | +'   | 19/20          | <del></del> '   |               | <u> </u>      |               | <b></b> ' | 1             |               |  |  |          |          |  |               |  |   |                  |  |  |  |  |  | discount of the last   |
| 22/23      | -        |          | -             | <u> </u>      |           | -              | +    | +  | 21             | <b>—</b>        | 1             | -             | -             | +'        | +             |               | -  | -  |          |          |  |               |  |   |                  | ·  |  |  |  |  |  |
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| 26/28      |          | -        |               |               |           |                |      | _  | 26/28          |                 | 27/29         | -             |               | -         |               |               | _  |  | _        |          |  | $\vdash$      | -+   | -                                       | $\rightarrow$    |  | -  | +  |  | Percentage and house                   | errogueon  |
| 30/32      |          | 31/33    | 31/33         | 31/33         | 31/33     |                |      |  | 30/32          |                 | 31/33         | 31/33         | 31/33         | 31/33     |               |               |  |  | 1        |          |  | $\overline{}$ | -+   | _                                       | -                |  | -  | +  |  | ************************************** | Actorization   |
| 34/35/36   |          |          |               | '             |           |                |      |  | 34/35/36       |                 |               |               |               |           |               |               |  |  |          |          |  |               |  |   | -                |  |  | +  |  | American continuous popularity         | Andrews  |
| 37/38/39/4 | Ю        |          |               | <u></u> '     | <u>'</u>  | <b></b> '      |      | -5.  | 37/38/39/4     | Ю               |               | <u> </u>      |               | '         |               |               |  |  |          |          |  |               |  |   |                  |  |  |  |  | energia de significaçõe                | 469 (466)  |
| 41         |          | $\vdash$ | -             | <b></b> '     | +'        | <del> </del>   | +    | +'   | 41             | $\leftarrow$    |               |               | <u></u>       |           | <u></u> '     |               |  |  |          |          |  |               |  |   |                  |  |  | 7  |  |  | processor.   |
| 42/43      |          |          | -             | <del></del>   | +-        | +'             | +    | +'   | 44/45          | +'              | +'            | +'            | <del></del>   | +'        | <b></b> '     |               |  |  |          |          | $\vdash$   |               |  |   |                  |  |  |  |  | on more processing to the              |  |
| 46/48      |          | 47/49    | 47/49         | 47/49         | 47/49     | <u> </u>       | +    | +  | 46/48          |                 | 47/49         | 47/49         | 47/49         | 47/49     | <del></del>   |               |  |  |          | $\vdash$ | $\vdash$   |               |  |   |                  |  | -  |  |  | entre constitution                     | A SHEET  |
| 50         | -        | 14.11    |               | 1911          | 1311      |                | +    | +-   | 50             |                 | 1077          | 1441          | 7//77         | 7 11-41   | +-            |               |  |  |          | -        | 1  |               |  | -                                       |                  |  |  |  |  | months of the second                   | Automore   |
| 51/52      |          |          |               |               |           |                | _    | +  | 51/52          |                 |               |               |               | $\vdash$  | $\Box$        | -             |  | <del>                                     </del> |          | -        | -  |               |  | -                                       | $\rightarrow$    |  |  |  |  | Andreas de Casallas                    | CONTRACTOR OF  |
|            | 53       | 54       | 55            | 56            | 57        |                |      |  |                | 53              | 54            | 55            | 56            | 57        |               |               |  |  | -        |          | $\Box$   |               | -  | -                                       | $\rightarrow$    |  |  | -  |  | ****                                   | delegated.   |
| 58/59      |          |          |               |               |           |                |      |  | 58/59          |                 |               |               |               |           |               |               |  | -  |          |          |  |               | -+   | -                                       | -                |  |  | -  |  | recover transporter                    | acoliciona   |
| 60/62      |          |          |               | '             | 1         |                |      | '  | 60/62          |                 |               |               |               |           |               |               | N  |  |          |          |  |               |  | $\neg$                                  |                  |  |  | 1  | ***************************************  | 6091019 (1116-146)                     | ATT NO.  |
| 61/63      |          |          |               | <u></u> '     | <b></b> ' | <u> </u>       |      | '  | 61/63          |                 |               |               |               |           |               |               |  |  |          |          |  |               |  | $\neg$                                  |                  |  |  | 1  |  | er or a constant of                    |  |
| 64/65      |          |          |               | <u>'</u>      | +         | <b></b> '      | +    | <b></b> '  |                | $\vdash$        | <u> </u>      | <u></u> '     | +'            | <u> </u>  | <u>'</u>      |               |  |  |          |          |  |               |  |   |                  |  |  | 1  | Annual Property of the Contract  | Mental Contribution                    | AMMA   |
| 68/69      |          | $\vdash$ |               | <del></del> ' | +         | +'             | -    | +  | 66/67<br>70/71 | $\vdash \vdash$ | <del></del> ' | <u></u> '     | +'            | +         | <u>'</u>      |               |  |  |          |          |  |               |  |   |                  |  |  |  |  | ****                                   | Allegan  |
| 72/73      |          | -        |               | 1             | +         | +              | +    | +  | 12/13          | -               | -             | <b>—</b>      | <b>—</b>      | +         | 765           |               |  |  |          | $\vdash$ | $\vdash$   |               |  |   |                  |  |  |  | MANAGEMENT CONTESTS OF THE CON |  | ATTENDED<br>SOCIETY  |
|            |          |          |               |               |           |                | _    | +  | 12.5           | $\Box$          |               | $\overline{}$ |               | $\vdash$  | $\vdash$      |               | <b></b>  |  |          | $\vdash$ |  |               |  | $\rightarrow$                           |                  |  |  |  | MACTIC BUT THE PARTY OF THE PAR | ANTERNA PROGRAMM                       |  |
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|            |          |          |               | '             |           |                |      |  |                |                 |               |               |               |           |               |               |  |  |          |          |  |               |  |   | -                |  |  | -  | neme of trabilingsmost sprints   | error and error                        | AND  |
|            |          |          |               | <u>'</u>      | 1         | <u> </u>       |      |  | $\overline{}$  | <u></u> '       |               |               | '             |           | <u> </u>      |               |  |  |          |          |  |               |  |   | _                | -  |  |  | MATERIAL SERVICES  |  |  |
|            |          | $\vdash$ | -             | +-            | $\vdash$  | <del>  '</del> | +    | +  | -              |                 | <del></del> ' | <del></del> ' | <u>'</u>      | $\perp$   | <u></u> '     |               |  |  |          |          |  |               |  |   |                  |  |  |  |  |  |  |
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|            |          |          |               |               |           |                |      |  |                |                 |               |               |               |           |               |               |  |  |          |          |  | -+            |  | -                                       | -                |  |  | emberson construction state appr   | entra escential establication  | er se como                             | e de la composição de l |
|            |          |          |               |               |           |                |      |  |                |                 |               |               |               |           |               |               |  |  |          |          |  |               |  | _                                       | -                |  |  | www.doonsaministration.  | Material Control of the Control of t | 10000                                  | at 100 kg  |
|            |          |          |               | $\vdash$      | $\vdash$  | $\vdash$       | -    | $\perp$  |                |                 | 1             | <u></u>       | <u>'</u>      |           |               |               |  |  |          |          |  |               |  |   |                  |  | helindron-schnerensgesis   | - mention Accident special entrappy;   | error entre consultation   | article problem (190                   |  |
|            | -        | $\vdash$ | <u> </u>      | +             | $\vdash$  | $\vdash$       | -    | +  |                |                 | <b></b> '     | <del></del>   | <b>←</b> —'   | +         |               | $\vdash$      |  |  |          |          |  |               |  |   | - Marine Landari |  |  | and the second second second   | ere ere ere ere ere ere ere ere  |  |  |
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|            |          |          |               |               |           |                |      | +  |                | $\overline{}$   |               | $\overline{}$ | $\overline{}$ | $\vdash$  |               |               |  |  | $\vdash$ |          | -  |               |  |   | -                | MANUFACTOR GENERAL AND GENERAL | Medicipalisystem-constitute  |  | s en  |  | ericani.   |
|            | -        |          |               |               |           |                |      |  |                | ,               |               |               |               |           | $\overline{}$ | -             |  |  |          |          |  |               |  |   | -                | Approximation and the second   | ngepakinasashkalmasini   | referensial program  | er o o o o o o o o o o o o o o o o o o o   |  |  |
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|            |          |          |               |               |           |                |      |  |                |                 |               |               |               |           |               |               |  |  |          |          |  | -             | -  | Separation and Security                 | 446-ASS/9004-000 | elementation (   | Million of the Percentage of   | le <mark>s</mark> karente satte a est specie   |  | en en en en en en                      |  |
|            |          |          |               | +-1           |           | <b></b> '      |      | $\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ |                |                 |               |               |               |           |               |               |  |  |          |          |  |               | *****************  | H 46 esserving magazing                 | abet received by | Arrand Arrandon Arrando  | Parameter-Schoolsgalege  | ento in consuperyopacas  |  |  |  |
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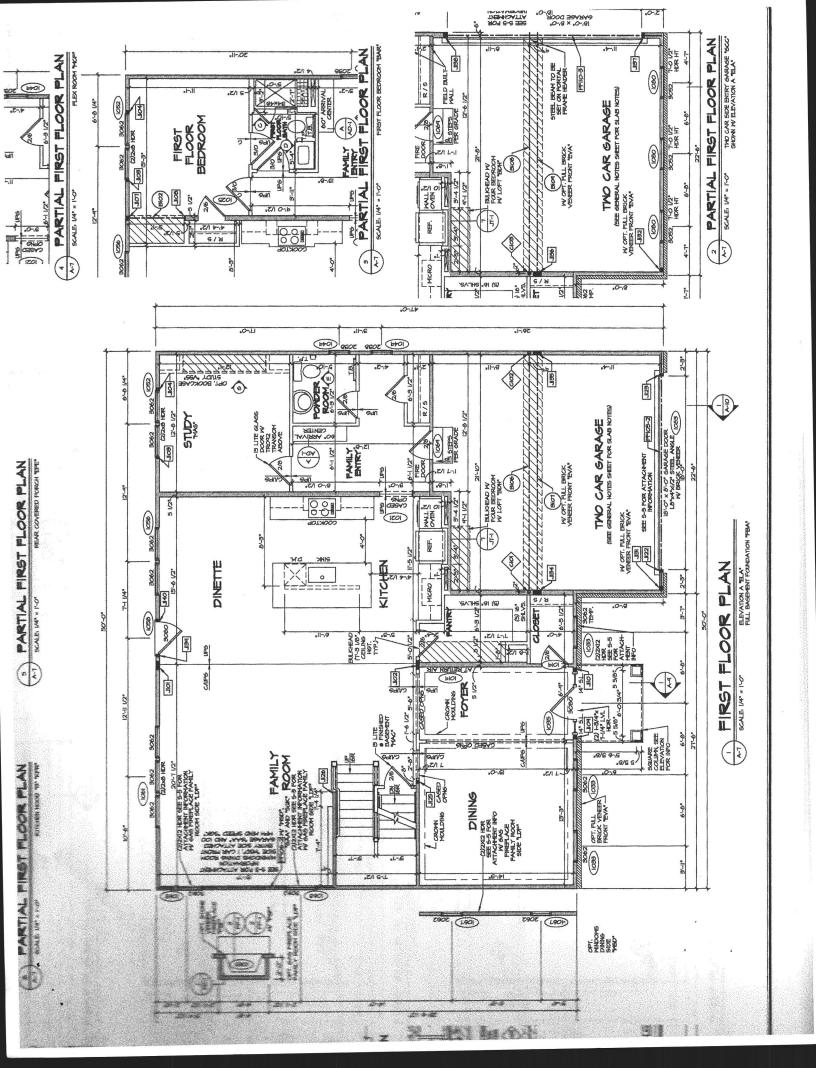


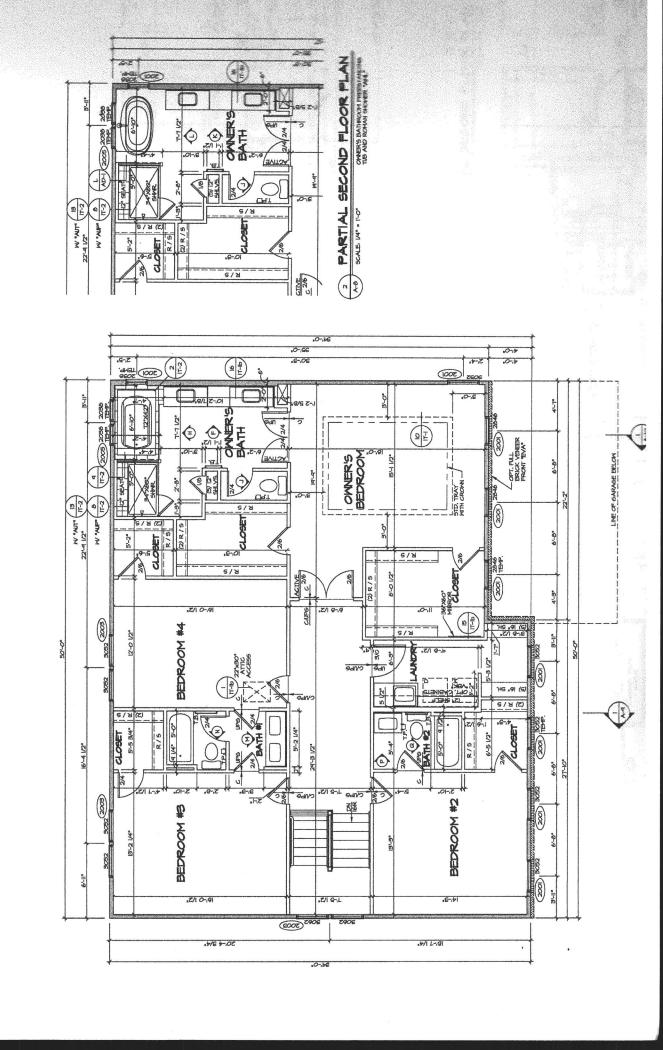


BASEMENT FLOOR PLAN

A6 SCALE IN\* = 1-0\* TANGLES WITS TEATER THAT.

BASEMENT FL





| Menu   | Save F  | Reset Cancel         | Help   |
|--|---|----------------------|--|
|  |   |                      |  |
| Record Detai   | 1 * (This section   | is required.)        |  |
|  |   |                      |  |
| Permit T   |   |                      | Permit Number Opened Date  |
|  | Residential/New/SF<br>ion of Work                                     | ·U                   | B19001591 05/21/2019   |
|  |   | D' W//1_CAR ATTACHED | & SCREENED PORCH/ 2-STORY, FULL BSMT, 9R,  |
| 3FB, 1H  | B, SCREEN PORC  | H, 2-CAR & 1-CAR GAR | AGES, (4BR), ENERGY CODE PERFORMANCE   |
| METHO  | D (SUBJECT TO C   | :B76-2018)           |  |
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| Address *  | (This section is req  | uired.)              |  |
| Search   | Reset   | Clear Get Pare       | el & Owner   |
|  |   |                      |  |
| Street #   | Street Name   |                      | Chand Tuna   |
| 15415  | RIVERCRE  |                      | Street Type  CT  |
| Unit Type  | Unit #  | X Coordinate         | Y Coordinate   |
| Select   | <b>V</b>  | -77.05129            | 39.25281   |
| City   |   |                      | p Code Primary   |
| BROOKEV  | ILLE  | MD 2                 | 0833 Yes ✓   |
|  |   |                      |  |
| Parcel * (TI   | his section is requir   | red.)                |  |
| Search   | Reset   | Clear Get Add        | ress & Owner   |
|  |   |                      |  |
| GIS ID *   | Parcel  | Parcel Area          | Land Value Improved Value Exemption Value Plan Area  |
| 922617   | 84  | 43491                | Land Value         Improved Value         Exemption Value         Plan Area           194000         194000         0         RURAL  |
| Legal Desc   |   | 140401               | TO-TOOL OF THE TOTAL OF THE TOT |
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| L  |   |                      | <b>∀</b>   |
| check spel   | lling   |                      |  |
| Block  | Lot   | Census Tract         | Council Dist Supervisor Dist Map # DAP Zone Primary  |
| 20   | 1   |                      | 5 Yes  |
| Plan Area  |   | State Tax Id         | Subdivision Name   |
|  |   |                      |  |
| Section  |   | Area                 | Tax Map  |
|  |   |                      |  |
| Grid   |   | Zoning District      | ADC Map  |
|  |   |                      |  |
| SDP No.  |   | Final Plan No.       | WP File No.  |
|  |   |                      |  |
| Record Pla   | it No.  | WS Contract No.      | FDP No.  |
|  |   |                      |  |
| Owner Occ  |   | Year Built           | Historic District  |
| OYes O   | No  |                      | OYes ONo   |
| Historic Dis   |   |                      |  |
|  | strict Registry No.   | Stat Area            | Flood Plain  |
| L  |   | Stat Area            | Flood Plain  Oyes ONo  |
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|  |   | ]                    |  |
| Owner (This  | o<br>s section is not requ  | uired.)              |  |
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| Owner (This  | o<br>s section is not requ  | uired.)              |  |
| Owner (This  | s section is not requ   | uired.)              |  |
| Owner (This Search  Name *  AARON A S  | s section is not requ<br>Reset  | uired.)              |  |
| Owner (This Search  Name * AARON A S Address Li                                | s section is not requ<br>Reset  | uired.)              |  |
| Owner (This Search  Name * AARON A S Address Li                                | s section is not requ<br>Reset<br>SKRBIN<br>ne 1<br>HARBOR WAY        | uired.)              |  |
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| Owner (This<br>Search<br>Name *<br>[AARON A S<br>Address Li<br>[7139 FOX]      | s section is not requirements.  Reset  SKRBIN Ine 1 HARBOR WAY INE 2  | uired.)              |  |
| Owner (This Search  Name * AARON A S Address Li 7139 FOX Address Li Address Li | s section is not requirements.  Reset  SKRBIN Ine 1 HARBOR WAY INE 2  | uired.) Clear        | OYes ONo   |
| Name * AARON A.S Address Lii 7139 FOX I  | s section is not requ<br>Reset  SKRBIN ne 1 HARBOR WAY ne 2           | uired.) Clear        | OYes ONo  Zip Code   |

| SKRBIN@NVRINC.CO                                 | M   |         |
|--|---|---------|
| ell Number                                       | M Fax Number  |         |
| ii Number  | Pax Nulliber  |         |
|  |   |         |
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| ssionals (This sec                               | ion is not required.)   |         |
| arch Reset                                       | Clear   |         |
|  |   |         |
| ense # *   | Business Name   |         |
|  | PROPERTY OWNER  |         |
| ense Type *                                      | First Name Middle Name Last Name  |         |
|  | AARON A SKRBIN  |         |
| <b>nary</b><br>s                                 | Address Line 1 7139 FOX HARBOR WAY  |         |
| 5  | Address Line 2  |         |
|  |   |         |
|  |   | IP Code |
|  |   | 21075   |
|  | Phone 1 Phone 2 Fax   |         |
|  | 240-793-6446  |         |
|  | E-mail ASKRBIN@NVRINC.COM   |         |
|  | , some similar transcome  |         |
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| arch As Own                                      | r As Lic. Prof As Contact   |         |
|  |   |         |
| e *  | First Name MI Last Name   |         |
| plicant  | JIM KERWIN  |         |
| ationship  | Full Name   |         |
|  | JIM KERWIN  |         |
| mary   | Organization Name   |         |
| · ~  | DECATUR BUILDING SERVICES   |         |
|  | Street Address  |         |
|  | P.O. BOX 552<br>Address Line 2  |         |
|  | Autress Line 2  |         |
|  | City State Zip Co   | ode     |
|  | WOODBINE MD 2179  | 7       |
|  | Phone Cell Fax  |         |
|  | 443-309-7792 410-489-6500   |         |
|  | E-mail *  JIM@DECATURBUILDINGSERVICES.COM   |         |
|  | JIM@DECATORBOILDINGSERVICES.COM   |         |
|  |   |         |
| act (This section is                             | not required.)  |         |
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| arch As Own                                      |   |         |
| arch As Own                                      | er As Lic. Prof As Contact  |         |
| arch As Own  De  Ontact                          | First Name  MI Last Name  V JIM KERWIN  Full Name   |         |
| pe<br>pontact<br>lationship                      | First Name MI Last Name  JIM KERWIN  Full Name  |         |
| oe Ontact lationship Densed Professiona          | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name   |         |
| pe pe princet lationship pensed Professiona mary | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name  DECATUR BUILDING SERVICES  |         |
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| oe Ontact lationship Densed Professiona          | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name  DECATUR BUILDING SERVICES  Street Address  P.O. BOX 552  |         |
| pe portact lationship censed Professiona mary    | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name  DECATUR BUILDING SERVICES  Street Address  |         |
| pe portact lationship censed Professiona mary    | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name  DECATUR BUILDING SERVICES  Street Address  P.O. BOX 552  Address Line 2  |         |
| pe portact lationship censed Professiona mary    | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name  DECATUR BUILDING SERVICES  Street Address  P.O. BOX 552  Address Line 2  City State Zip Code   |         |
| pe portact lationship censed Professiona         | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name  DECATUR BUILDING SERVICES  Street Address P.O. BOX 552  Address Line 2  City State Zip Code  |         |
| pe portact lationship censed Professiona         | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name  DECATUR BUILDING SERVICES  Street Address  P.O. BOX 552  Address Line 2  City State Zip Code  WOODBINE MD 21797  |         |
| pe portact lationship censed Professiona         | First Name MI Last Name  JIM KERWIN  Full Name  JIM KERWIN  Organization Name  DECATUR BUILDING SERVICES  Street Address  P.O. BOX 552  Address Line 2  City State Zip Code  WOODBINE MD 21797  Phone Cell Fax  443-309-7792 410-489-6500  E-mail                                     |         |
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| 101 - Single Family Houses Detached  |
|--|
| BUILDING INFORMATION   |
| BUILDING INFORMATION  Capital Project No Fee * Capital Project Number Fee Exempt * Guaranty Fund Required * Roadside Tree Project Permit  O Yes ® No O Yes |
| GRADING INFORMATION  |
| Seasonal Grading Surety Depositor  Driveway Apron Surety Depositor  STREEN NEIGHBORHOOD INFORMATION  Check List Points Goal  Check List Points Achieved  Date of Certification   |
| PAYMENT INFORMATIONCheck 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered  PRIVATE ON LOT SWM FACILITIES   |
| Green Roofs A1 Permeable Pavements A2 Reinforced Turf A3  O Yes  No  Yes  No  O Yes  No  No  No  No  No  No  No  No  No  N   |
| Permit Record Type Alias Status Number Street Name Opened Date  G19000122 Residential Grading Permit Issued 15415 RIVERCREST 05/21/2019 RIVERCREST/GRADING & SEDIMENT CONTINUE |
| H 4 1 Þ ÞI   |

Submit Cancel



Building Permit Application

Howard County Maryland

Department of Inspections, Licenses and Permits

3430 Court House Drive

Permits: 410-313-2455

www.howardcountymd.gov

Date Received:

Permit No.: <u>B/9.002398</u>

| Building Address: 15415 RIV                 | FRCREST COURT  | APPON O  |                                     |
|---|--|--|-------------------------------------|
|   |  | Property Owner's Name: <u>ARRON SI</u> Address: <u>7139 FOX HARBOR</u>   | KRBIN                               |
|   | Zip Code:  | City: ELKRIDGE State:MD  | 7:n Code 21075                      |
| Suite/Apt. #SDF                             | P/WP/BA #:   | Phone:F  | zip code: z10/5                     |
| Census Tract:                               | _ Subdivision:   | Email:   |                                     |
|   | a:Lot:1  | Applicant's Name & Mailing Address (15   |                                     |
|   | Grid:  | Applicant's Name & Mailing Address, (If on Applicant's Name: MICHELLE CLA  | ther than stated herein)            |
|   |  | Address: PO BOX 310  | 4.5                                 |
| Zoning: Map Coordina                        | tes:Lot Size:  | City: PERRY HALL State: MI   | Zip Code: <u>21128</u>              |
| Existing Use: SFD                           |  | Phone: <u>443-610-7514</u> Fax: | ID A DDD OVED COM                   |
| CED   | M/DDODAND TANK   | LIIIII. MICHELEWAPPLIEDAN  | IDAPPROVED,COM                      |
|   | W/PROPANE TANK   | Contractor Company: TECH AIR   |                                     |
| Estimated Construction Cost: \$ 4           | ,000   | Contact Person: DENNIS FEAGA   | TED DAILYE                          |
| Description of Work:                        |  | Address: 1560 A-D CATON CEN  |                                     |
| INSTALL 1000 GAL UNDER                      | RGROUND PROPANE TANK   | City: <u>BALTIMORE</u> State: <u>MD</u> License No. :81215   | Zip Code: <u>21227</u>              |
|   | NOTE OF THE PROPERTY OF THE PR | Phone: 410-984-5681 Fax:   |                                     |
|   |  | Email:   |                                     |
| Occupant/Tenant Name: O                     | WNER   |  |                                     |
| Was tenant space previously occupied?       | □Yes □No   | Engineer/Architect Company:CO  | NTRACTOR                            |
| Contact Name:                               |  | Responsible Design Prof.:  |                                     |
|   | 1  | · •  |                                     |
| Address:                                    |  | Address:   |                                     |
| City:                                       |  | City:State:  | Zip Code:                           |
| Phone:                                      | Fax:   | Phone: Fax:  |                                     |
| Email:                                      |  | Email:   |                                     |
|   |  |  |                                     |
| Commercial Building Characteristics Height: | Residential Building Characteristics   | <u>Utilities</u>   |                                     |
| No. of stories:                             | SF Dwelling ☐ SF Townhouse  Depth Width  | Electric: Yes No   |                                     |
| Gross area, sq. ft./floor:                  | 1 <sup>st</sup> floor:   | Gas:   |                                     |
|   | 2 <sup>nd</sup> floor:   | Water Supply  ☐ Public   |                                     |
| Area of construction (sq. ft.):             | Basement:  | ✓ Private  |                                     |
| Use group:                                  | ☐ Finished Basement ☐ Unfinished Basement  | Sewage Disposal  |                                     |
| ose group.                                  | ☐ Crawl Space  | □ Public   |                                     |
| Construction type:                          | ☐ Slab on Grade  | ✓ Private  |                                     |
| ☐ Reinforced Concrete                       | No. of Bedrooms:   | Heating System JUL   | 7 h 00%                             |
| ☐ Structural Steel                          | Multi-family Dwelling  | ☐ Electric ☐ Oil   | 7.4.2019                            |
| ☐ Masonry                                   | No. of efficiency units:   | □ Natural Gas □ Propane Gas  | SAPERMITS                           |
| ☐ Wood Frame ☐ State Certified Modular      | No. of 1 BR units:  No. of 2 BR units:   | Other:   | VISION ""                           |
| State Certified Modular                     | No. of 3 BR units:   |  |                                     |
|   | Other Structure:   | Sprinkler System:  | -100                                |
|   | Dimensions:  | ☐ Yes ☐ No   |                                     |
| > Roadside Tree Project Permit              | Footings:  | Grading Permit Number:   |                                     |
| ☐Yes  | Roof:  | Grading Permit Number.   |                                     |
| Roadside Tree Project Permit #              | ☐ State Certified Modular ☐ Manufactured Home  | Duilding Shall Dagwit Number   |                                     |
|   | Manufactured Home  | Building Shell Permit Number:  |                                     |
| WITH ALL REGULATIONS OF HOWARD COUNTY W     | HICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WI<br>NTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPI  | MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CO<br>ILL PERFORM NO WORK ON THE ABOVE REFERENCED PRO<br>ERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMIT<br>MICHELLE CLANCY<br>Int Name  | PERTY NOT SPECIFICALLY DESCRIBED IN |
|   |  | 7127/19  |                                     |
| MICHELLE@APPLIEDAND Email Address           | DAPPROVED.COM Da   | ite 100 STC  |                                     |
| PERMITS Title/Company                       |  |  |                                     |
|   |  |  |                                     |

\*PLEASE WRITE NEATLY & LEGIBLY\*\*
-FOR OFFICE USE ONLY-

AGENCY DATE SIGNATURE OF APPROVAL State Highways **Building Officials** PSZA (Zoning) PSZA (Engineering) Is Sediment Control approval required for issuar CONTINGENCY CONSTRUCTION START

| 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 Z  | one:  |     |
| SDP/Red-line approval date:  |       |     |

| Filing Fee           | \$ 11120 |
|----------------------|----------|
| Permit Fee           | \$ 110   |
| Tech Fee             | \$       |
| Excise Tax           | \$       |
| PSFS                 | \$       |
| <b>Guaranty Fund</b> | \$       |
| Add'I per Fee        | \$       |
| Total Fees           | \$       |
| Sub- Total Paid      | \$       |
| Balance Due          | \$       |
| Check                | # 7224   |

White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

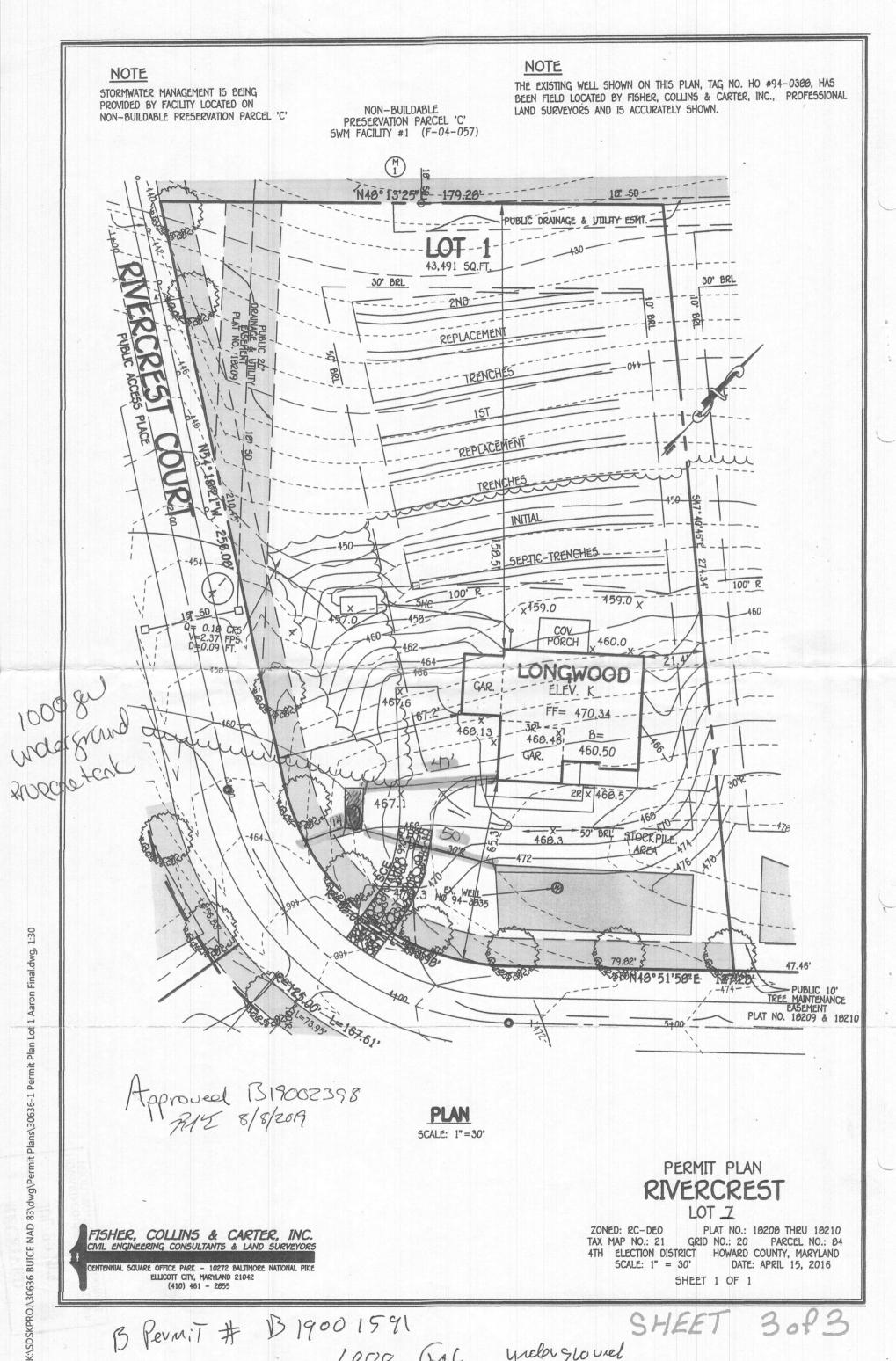
Pink: Health

Gold: SHA

## Search Result for HOWARD COUNTY

| View Map          |   | view Groun   | dRent Redemptio                  | n  |                   |  | View Gr                                | oundRent Re                             | gistration   |  |
|-------------------|---|--|----------------------------------|--|-------------------|--|--|---|--|--|
| Tax Exempt:       | *************************************** | and the second and the second second to the second transfer of the s | Spe                              | cial Tax Rec   | apture:           | and a second desired from the second state of the second s |  |   |  |  |
| Exempt Class:     |   |  | NON                              | NE .   |                   |  |  |   |  |  |
| Account Identifie | er:                                     | Distric  | t - 04 Account Nu                | ımber - 3705   | 62                |  |  |   |  |  |
|                   |   |  |                                  | Owner Informa  |                   |  |  |   |  |  |
| Owner Name:       |   |  | N AARON ANTHO<br>N RACHEL MARY   |  | Use:<br>Principal | Residence  | :                                      | RESIDENTIA<br>NO                        | \L   |  |
| Mailing Address:  |   |  |                                  |  |                   | erence:  |  | /18596/ 0024                            | 7  |  |
|                   |   |  |                                  | 1 & Structure  | Information       |  |  |   |  |  |
| Premises Addres   | ss:                                     |  | RIVERCREST CT<br>KEVILLE 20833-0 |  | Legal Des         | cription:  |  | LOT 1 43491<br>15415 RIVER<br>RIVERCRES |  | JICE   |
| Map: Grid:        | Parcel:                                 | Sub District:  | Subdivision:                     | Section:   | Block:            | Lot:   | Assess                                 | ment Year:                              | Plat No:   | 18209  |
| 0021 0020         | 0270                                    |  | 0000                             |  |                   | 1  | 2017                                   |   | Plat Ref:  |  |
|                   |   | nome and a state of the state o |                                  | _  |                   |  |  |   |  | The state of the s |
| Special Tax Are   | eas:                                    |  |                                  | Town:  |                   |  |  | NO<br>400                               |  |  |
|                   |   |  |                                  | Ad Valo  |                   |  |  | 100                                     |  |  |
|                   |   |  |                                  | Tax Clas   | ss:               |  |  |   |  |  |
| Primary Struct    | ure Built                               | Above Grade  | Living Area                      | Finished   | Basement A        | Area   | <b>Prope</b> 43,491                    | rty Land Area<br>SF                     | <b>Cour</b><br>00000   | ity Use  |
| Stories           | Basement                                | Туре   | Exterior                         | Full/Half B  | Bath              | Garage   | В                                      | Last Major F                            | Renovation   |  |
|                   |   |  |                                  | Value Informa  | ntion             |  |  |   |  |  |
|                   |   | Base   |                                  | Value  |                   | Phas   | e-in Ass                               | sessments                               |  |  |
|                   |   | Dusc   | value                            | As of 01/01/20   | 17                | As of  |  |   | As of<br>07/01/2019  |  |
| Land:             |   | 194,00   | 00                               | 173,400  |                   |  |  |   |  |  |
| Improvements      |   | 0  |                                  | 0  |                   |  |  |   |  |  |
| Total:            |   | 194,00   | 00                               | 173,400  |                   | 173,4  | 100                                    |   | 173,400  |  |
| Preferential Lar  | nd:                                     | 0  |                                  |  |                   |  |  |   | 0  |  |
|                   |   |  | Т                                | ransfer Inform   | nation            |  |  |   |  |  |
| Seller: ROXBU     | RY FARM LLC                             |  | Date                             | : 03/26/2019   |                   |  |  | Price: \$285                            | ,000   |  |
| Type: ARMS LE     | NGTH VACAN                              | Γ .  | Deed                             | 11: /18596/ 00   | 0247              |  |  | Deed2:                                  |  |  |
| Seller:           |   |  | Date                             | :  |                   | A. Marketin desired and the second se | ************************************** | Price: \$0                              | inder" för yakka gi mi grænnings som sick förligt vid förlig megan der enne                                    |  |
| Туре:             |   |  | Deed                             | 11: /09502/ 00   | 0624              |  |  | Deed2:                                  |  |  |
| Seller:           |   |  | Date                             |  |                   |  |  | Price:                                  | en av enhantitetti tillistätäätytä 1967 till 1.000 tillistätäätytä 1000 tillistä 1000 tillistä 1000 tillistätä |  |
| Type:             |   |  | Deed                             | i1:  |                   |  |  | Deed2:                                  |  |  |
|                   |   |  | Ex                               | emption Infor  | mation            |  |  |   |  |  |
| Partial Exempt A  | ssessments:                             | Class  |                                  |  | 07/01/2018        | 3  |  | 07/01/2019                              |  |  |
| County:           |   | 000  |                                  |  | 0.00              |  |  |   |  |  |
| State:            |   | 000  |                                  |  | 0.00              |  |  |   |  |  |
| Municipal:        |   | 000  |                                  | Augusta and a second se | 0.00 0.00         | No. of the last of |  | 0.00 0.00                               |  |  |
| Tax Exempt:       |   |  | Spe                              | cial Tax Rec   | apture:           |  |  |   |  |  |
| Exempt Class:     |   |  | NOI                              |  |                   |  |  |   |  |  |
|                   |   |  | Homeste                          | ad Applicatio  | n Information     | 1  |  |   |  |  |
| Homestead Appl    | ication Status:                         | No Application   |                                  |  |                   | *******************************  |  |   | **************************************   | 14/16/2000 p. 10/16/2000 p   |
|                   |   |  | Homeowners' T                    |  | 1' 1 1            | 4.4  |  |   | 7444   |  |

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