

MB
2/28/2020

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption		View GroundRent Registration	
Special Tax Recapture: None					
Account Identifier:		District - 02 Account Number - 218690			
Owner Information					
Owner Name:		HOWARD COUNTY MARYLAND DEPT PKS AND RECREATION		Use:	EXEMPT COMMERCIAL
Mailing Address:		3430 COURT HOUSE DR ELLCOTT CITY MD 21043-4300		Principal Residence:	NO
				Deed Reference:	/00885/ 00076
Location & Structure Information					
Premises Address:		S OLD ANNAPOLIS RD ELLCOTT CITY 21042-0000		Legal Description:	104.36 ACRES OLD ANNAPOLIS RD ELLCOTT CITY
Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:
0030	0002	0010	10000.14	0000	
				Block:	Lot:
				Assessment Year:	Plat No:
				2019	Plat Ref:
Town: None					
Primary Structure Built		Above Grade Living Area		Finished Basement Area	
				Property Land Area	
				104.3600 AC	
Stories	Basement	Type	Exterior	Quality	Full/Half Bath
			/		
Garage					
Last Notice of Major Improvements					
Value Information					
		Base Value		Value	
				As of	
				01/01/2019	
Land:		5,111,100		5,111,100	
Improvements		464,400		464,400	
Total:		5,575,500		5,575,500	
Preferential Land:		0		0	
Phase-in Assessments					
				As of	
				07/01/2019	
				As of	
				07/01/2020	
Transfer Information					
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Exemption Information					
Partial Exempt Assessments:		Class		07/01/2019	
County:		420		5,575,500.00	
State:		420		5,575,500.00	
Municipal:		420		0.00 0.00	
				0.00 0.00	
Special Tax Recapture: None					
Homestead Application Information					
Homestead Application Status: No Application					
Homeowners' Tax Credit Application Information					
Homeowners' Tax Credit Application Status: No Application				Date:	

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6

DATE 5/10/67

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER James P. Ryan

ADDRESS 687 Baltimore Nat'l Pike PHONE H05-4760

PROPERTY LOCATION:

SUBDIVISION (part of Columbia) LOT NO. _____

ROAD AND DESCRIPTION 9 tenths of mi. S. of Rt. 29, on Rt. 108 Dirt driveway.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3 acres TYPE BLDG. Existing Home
4 Bedroom
Single Family Dwelling

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT James P Ryan per James F Garvey

APPROVED BY Donald Monaghan FOR Dry Well DATE 5-16-67

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

May 16, 1967
9:30 A.M.

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 8

DATE 5/10/67

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER James P. Ryan

ADDRESS 687 Baltimore Nat'l Pike PHONE 809-4760

PROPERTY LOCATION:

SUBDIVISION (part of Columbia) LOT NO. _____

ROAD AND DESCRIPTION 9-tenths of mi. S. of Rt. 29, on Rt. 108 dirt driveway.

Rt 108 turn left off Rt 29 onto Rt 108 - turn right off (Prater's Tavern) out 108 first driveway past ~~Prater's~~ Church

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3 acres TYPE BLDG. Existing Home 4 Bedroom

Single-Family Dwelling

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT James P Ryan per James F Garvey, Jr

✓ APPROVED BY Donald Moneyhan FOR Dry well DATE 5-16-67
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

THE JAMES P. RYAN COMPANY

687 Baltimore National Pike
Ellicott City, Md. 21043

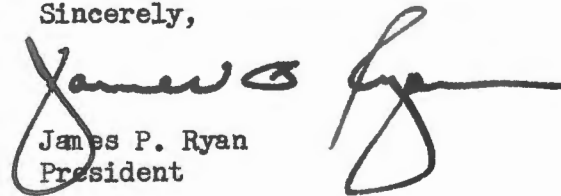
May 16, 1967

Division of Sanitation and Health
Howard County Health Department
P. O. Box 476
Ellicott City, Maryland

Dear Mr. Wine:

This letter is to indicate my intention of tapping into the sanitary sewer as soon as it becomes available. It is my understanding that the use of the present system is only possible as long as there is no effluent on the surface.

Sincerely,


James P. Ryan
President

JPR:ml

THE JAMES P. RYAN COMPANY

687 Baltimore National Pike
Ellicott City, Md. 21043

May 16, 1967

Division of Sanitation and Health
Howard County Health Department
Mr. Palmer F. Wine
P. O. Box 476
Ellicott City, Maryland

Dear Mr. Wine:

As we discussed yesterday if the "perk" test proves satisfactory this morning and there is no evidence of effluent on the surrounding grounds the Health Department will pass onto the Building Department their approval for a building permit on my premisses. I have enclosed a letter of intent for your files that states that I will tap into the sanitary sewer as soon as this facility becomes available and if in the interroom there is evidence of sanitation surfacing I will convert to a septic system.

Thanks very much for your consideration on this matter. If all checks out well it will save me a good bit of money and will minimize the tearing up of the present property. I can appreciate your concern for proper sanitation and I think our approach here will accomplish all of our objectives.

Sincerely,


James P. Ryan
President

J.P.R:ml
Enclosure

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6

DATE 5/10/67

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER James P. Ryan

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OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3 acres TYPE BLDG. Existing Home
4 Bedroom
Single Family Dwelling

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT James P Ryan per James F Garvey

APPROVED BY Donald Monaghan FOR Dry Well DATE 5-16-67

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

