

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B06002554

Building Address 2065 Duvall Rd
Woodbine MD 21797

Property Owner's Name PATUXENT BUILDERS INC

Address 2435 DUVALL Rd

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 604002 Subdivision Reed Property

City Woodbine State MD Zip Code 21797

Section _____ Area _____ Lot 1

Home Phone 410 489 2132 Work Phone 410 489 0833

Tax Map 13 Parcel 280 Grid _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax 410-489-0830 4

Existing Use N/A VACANT LOT

Contractor Company Patuxent Builders Inc,

Proposed Use POLE BUILDING STORAGE

Contact Person Jerry Rushing

Estimated Construction Cost \$ 5000.00

Description of Work ERECT A 24'x24'

Address 2435 Duvall Rd

pole storage bldg. 16" DIA. X

City Woodbine State MD Zip Code 21797

36" conc pier footing. wood frame

License No. MALC 11454 M4BR 363

pre-engineered roof trusses. no plumbing

Phone 410 489 0833 Fax 410 489 0834

no electric

Occupant or Tenant _____

Engineer or Architect Company N/A

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>24</u> Depth <u>24</u> Width	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>24x24</u>	
Footings: <u>16" x 36" conc pier</u>	
Roof Height: <u>10'</u>	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Jerry Rushing
Applicant's Signature
Owner/Contractor
Title/Company

Jerry Rushing
Print Name
7/27/06
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>7/27/06</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ
T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00159172

G9627

REDS

Building Address 2065 Duvall Rd
Woodbine Md 21797
Suite/Apt. #: 04-327012 SDP/WP/Petition #: _____
Census Tract 604022 Subdivision Reed Prop.
Section _____ Area _____ Lot 1
Tax Map 13 Parcel 280 Grid 04
Zoning RC-050 Map Coordinates BC1 Lot size 1.77 Ac.

Property Owner's Name FATUXENT BUILDERS INC
Address 2435 Duvall Rd
City Woodbine State Md Zip Code 21797
Home Phone 410-829-2132 Work Phone 410-489-0833
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax 410-489-0834

Existing Use VACANT LOT
Proposed Use NEW CUSTOM SFD
Estimated Construction Cost \$ 250,000.00
Description of Work ERECT - 2 STORY
4 BR, 2 1/2 BA, 1 FP, 2-car garage
FRONT PORCH, UNFINISHED BASEMENT

Contractor Company OWNER
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. MHBR 363
Phone _____ Fax _____

Occupant or Tenant N/A
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company OWNER
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>34</u> <u>36'-8"</u> 2nd floor: <u>36</u> <u>36'-8"</u> Basement: <u>34</u> <u>36'-8"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>25</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Jerry L. Rushing Pres.
Applicant's Signature
FATUXENT BUILDERS INC.
Title/Company

Jerry L. Rushing
Print Name
4/7/06
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

6933B

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>5/12/06</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1431</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>112766</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B06003110

Building Address 2005 DUVALL ROAD
WOODWIDE MD. 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 1
 Tax Map _____ Parcel 280 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name DAVID & KATHLEEN L. LEX
 Address 2435 DUVALL ROAD
 City WOODWIDE State MD. Zip Code 21797
 Home Phone _____ Work Phone 410 489 0833
 Applicant's Name & Mailing Address, (if other than stated hereon):
SCOTT ANTKOWIAK 832 JOHN ST. WESTMINSTER, MD. 21783
 Phone 410 871 6800 Fax 410 848 4180

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 3025.00
 Description of Work INSTALL 1000 GALLON UNDERGROUND TYPAGE TANK.

Contractor Company TEVIS ON PROPADE
 Contact Person SCOTT ANTKOWIAK
 Address 832 JOHN ST.
 City WESTMINSTER State MD. Zip Code 21783
 License No. _____
 Phone 410 871 6800 Fax 848 8520

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Scott Antkowiak
 Applicant's Signature
TEVIS ON PROPADE
 Title/Company

SCOTT ANTKOWIAK
 Print Name
8/15/06
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ <u>10.00</u>
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>8/28/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>110.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ <u>691</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	SDP/Red-line approval date _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	Accepted by <u>[Signature]</u>	

FREE-SIMPLE DEED - CODE - CITY or COUNTY - 00

LIBER 691 FOLIO 094

742

This Deed, Made this 29th day of July in the year one thousand nine hundred and seventy-four, by and between CARMEN L. GALINDO and CARMEN LA PENNA,

of Howard County in the State of Maryland, of the first part, and

JOSEPH G. ROY and VIRGINIA M. ROY, his wife, parties of the second part.

Witnesseth, that in consideration of the sum of Five Dollars (\$5.00) and other good and valuable considerations, the receipt of which is hereby acknowledged,

the said Carmen L. Galindo and Carmen La Penna

do grant and convey unto the said Joseph G. Roy and Virginia M. Roy, his wife, their

ML 29-74 * 27756 ****228.85

ML 29-74 A 27756 ****467.50

ML 29-74 A 27755 ****135.00

ML 29-74 A 27754 ****14.85

ML 29-74 A 27753 ****11.50

heirs and assigns, in fee simple, all that lot of ground, situate, lying and being in The Fourth Election District of Howard County, State of Maryland, and more particularly described according to a survey made by Claude M. Sidmer, Jr. Registered Professional Engineer, Surveyor of Land, made on May 28, 1971, and described as follows:

BEGINNING for the same at a point on the Southeasternmost right of way line of the proposed widening of Duvall Road (60.00) feet wide) said point being on and distant 30.91 feet from the end of the Fifth (last) or North 49° 56' West 814.06 feet line of that parcel of land which by deed dated June 29, 1971 and recorded among the Land Records of Howard County, Maryland in Liber C.M.P. 563 at Folio 378 was granted and conveyed by Benjamin F. Slagle and Mary S. Slagle, his wife, to Carmen L. Galindo and Carmen LaPenna and running thence leaving said Fifth (last) line and for the two (2) following lines of division as now drawn across said parcel of land binding along said Southeasternmost right of way line, viz.: (1) North 26° 06' 00" East 101.65 feet and (2) North 40° 04' 00" East 132.69 feet, thence leaving said Duvall Road and running for the two (2) following lines of division as now drawn across said parcel of land, viz.: (1) South 49° 56' 00" East 338.62 feet and (2) South 40° 04' 00" West 231.34 feet to a point on and distant 469.06 feet from the beginning of the abovementioned Fifth (last) line, thence binding along said Fifth (last) line. North 49° 56' 00" West 314.09 feet to the point of beginning, containing 1.771 acres of land more or less.

BEING part of that parcel of land which by deed dated June 29, 1971 and recorded among the Land Records of Howard County, Maryland in Liber C.M.P. 563, folio 378 was granted and conveyed by Benjamin F. Slagle and Mary S. Slagle, his wife, to Carmen L. Galindo and Carmen LaPenna.

BEING also designated as Lot No. One (1) on the Minor Subdivision Plat of the Property of Carmen L. Galindo and Carmen LaPenna, which plat is attached hereto and made a part hereof. TOGETHER with the right of ingress, egress and regress over the proposed widening strip as shown on the Subdivision Plat to the Duvall Road.

LIBER0691 FOLIO096

Together with the buildings and improvements thereupon erected, made or being and all and every the rights, alleys, ways, waters, privileges, appurtenances and advantages, to the same belonging, or anywise appertaining.

To Have and To Hold the said lot of ground and premises, above described and mentioned, and hereby intended to be conveyed; together with the rights, privileges, appurtenances and advantages thereto belonging or appertaining unto and to the proper use and benefit of the said

Joseph G. Roy and Virginia M. Roy, his wife, as tenants by the entireties, their assigns, the survivor of them, and the heirs and assigns of the survivor, in fee simple.

~~being and being to be done~~

And the said parties of the first part hereby covenant that they have not done or suffered to be done any act, matter or thing whatsoever, to encumber the property hereby conveyed; that they will warrant specially the property granted and that they will execute such further assurances of the same as may be requisite.

Witness the hands and seals of said grantors

TEST:

Joseph G. Roy

Carmen Galindo (SEAL)
Carmen L. Galindo

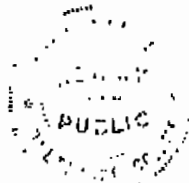
Carmen LaPenna (SEAL)
Carmen LaPenna

STATE OF MARYLAND, Howard County, to wit:

I HEREBY CERTIFY, That on this _____ day of _____ in the year one thousand nine hundred and seventy-four, before me, the subscriber, a Notary Public of the State of Maryland, in and for ^{Baltimore} Howard County aforesaid, personally appeared Carmen L. Galindo and Carmen LaPenna

the above named grantors, and they acknowledged the foregoing Deed to be their act.

As Witness my hand and Notarial Seal.



Mailed to grantee *Paula Ann Berg*
12903 Connecticut Ave
Wheaton, Md 20926
Notary Public.

JUL 29 1974

REPS. FOR RECORD TO _____ AT 300⁰⁰ PER _____ IN SAME DAY RECORDED & EX'D PER G. MERRITT FUMPHREY, CLK.

