

RCB 7/18/19

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Account Identifier:		District - 04 Account Number - 327993							
Owner Information									
Owner Name:		MARICK MICHAEL J & WF			Use:		COMMERCIAL/RESIDENTIAL		
Mailing Address:		15920 FREDERICK RD WOODBINE MD 21797-8526			Principal Residence:		YES		
					Deed Reference:		/00734/ 00206		
Location & Structure Information									
Premises Address:		15920 FREDERICK RD WOODBINE 21797-0000			Legal Description:		.5 A 15920 FREDERICK RD RT 94 IN LISBON		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0007	0012	0238		0000				2017	Plat Ref:
Special Tax Areas:				Town:		NONE			
				Ad Valorem:		100			
				Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
						21,780 SF			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2017		07/01/2018		07/01/2019	
Land:		185,100		185,100					
Improvements		88,100		88,100					
Total:		273,200		273,200		273,200		273,200	
Preferential Land:		0						0	
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		07/01/2018		07/01/2019			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Homestead Application Information									
Homestead Application Status: Approved 08/13/2008									
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.
 2. Click **here** for a glossary of terms.
 3. 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.

4-12' holes
at 10,000 ft

Preliminary

APPLICATION

A 21658

P _____

SEWAGE DISPOSAL TESTING

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 465-5000, EXT. 356

Septic Tank } 1-3 Bedrooms 1000 gallons
 } 4 Bedrooms 1250 gallons
DISTRICT 4

DATE 6/12/75

Dry well to have 135 sqft per

6/13/75 9:30 bedroom below inlet. Inlet to be 4' and maximum depth 11' below original grade. Location (Per hole #2) 15' off right property line & 110' from North Alley when facing lot from North Alley.

6/13/75 If approved have the put water well in first and septic system in first before house. See below. C.B.S. D.W.M.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Estate of Martin W. Slagle

ADDRESS Route 144, Lisbon, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 144 - house beyond Lisbon Methodist Church going West

SIZE OF LOT 1/2 acre (possibly) TYPE BLDG. parking lot ?
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ James Frey

APPROVED BY C. B. Steaker FOR Dry Well DATE 8/14/75
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS for House location DATE 6/13/75

REASONS FOR REJECTION OR HOLDING _____

Hold - 1/2 acre lot only place for house ~~by~~ if have to conserve area for 10,000 sqft septic disposal. C.B.S.

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A 21658

P _____

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ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE 465-5000, EXT. 356

DISTRICT 4

DATE 6/12/75

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Estate of Martin W. Slagle

ADDRESS Route 144, Lisbon, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 144 - house beyond Lisbon Methodist Church going West

SIZE OF LOT 1/4 acre (possibly) TYPE BLDG. parking lot ?

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ James Frey

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

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

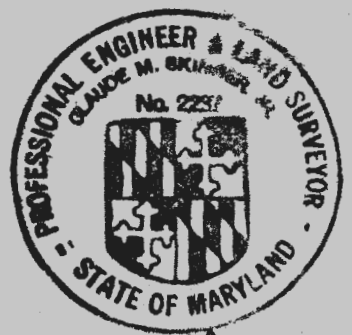
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



PLAT FROM DEEDS
OF THE
MARTIN W. SLAGLE
PROPERTY
4TH ELEC. DIST., HO. CO.
LISBON, MARYLAND
SCALE: 1 IN. = 50 FT. JUNE 4, 1975



Claude M. Skinner, Jr.