

Real Property Data Search

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration								
Tax Exempt: None		Special Tax Recapture: None								
Exempt Class: None										
Account Identifier:	District - 03 Account Number - 297659									
Owner Information										
Owner Name:	FELCH BRIAN D FELCH CASSIE L T/E	Use: RESIDENTIAL Principal Residence: NO								
Mailing Address:	2510 THOMPSON DR MARRIOTTSVILLE MD 21104-1605	Deed Reference: /07889/ 00511								
Location & Structure Information										
Premises Address:	2510 THOMPSON DR MARRIOTTSVILLE 21104-0000	Legal Description: LOT 2B 1.08 A. 2510 THOMPSON DR H R BROSENNE SUBD								
Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	9
0016	0008	0124	3020202.14	2002			2 B	2019		42
Special Tax Areas: None			Town: None			Ad Valorem: 101			Tax Class: None	
Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use		1.0800 AC				
Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements			
		/								
Value Information										
	Base Value	Value	Phase-in Assessments							
		As of	As of	As of						
		01/01/2019	07/01/2019	07/01/2020						
Land:	30,000	30,000								
Improvements	0	0								
Total:	30,000	30,000	30,000	30,000						
Preferential Land:	0			0						
Transfer Information										
Seller: TRIEBER ALMA M			Date: 12/10/2003			Price: \$40,000				
Type: ARMS LENGTH VACANT			Deed1: /07889/ 00511			Deed2:				
Seller: HABERSKI JOSEPH M			Date: 08/12/1987			Price: \$0				
Type: NON-ARMS LENGTH OTHER			Deed1: /01705/ 00749			Deed2:				

LAYOUT 6/28/05 INSP 4 _____
 INSP 2 6/29/05 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: _____
 APPROVAL DATE: _____

PERMIT

P _____
 A repair

TAX ID #
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

REPAIR

HATFIELD'S IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: 2B

ADDRESS: 2510 Thompson Drive PROPERTY OWNER: Felch

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS) 1000 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 3 now Another bedroom proposed in near future

SQUARE FEET PER BEDROOM: 180

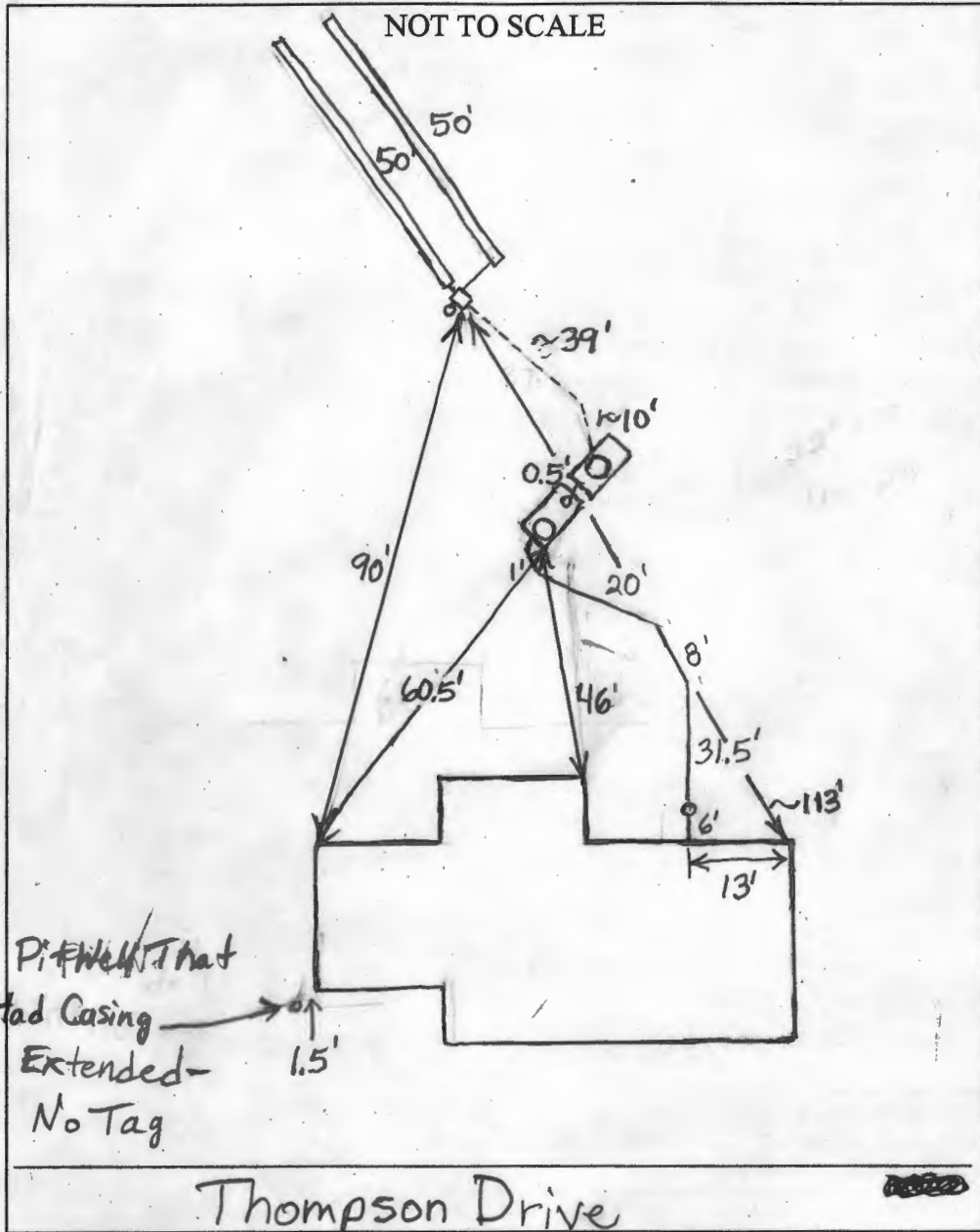
LINEAR FEET OF TRENCH REQUIRED: 100 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Trench layout inspection conducted at time of perc. Install two 50' length trenches on contour. Abandon existing septic tank
NOTES:	(Future system bottom no deeper than 4'.) This permit to accommodate future fourth bedroom.

PLANS APPROVED: KN Reviewed by: _____ DATE: 5/26/05

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		100'
ABSORPTION AREA		300+ Sidewall
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1 1/2 - 3 1/2
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	N
SEPTIC TANK 2 LEVEL	Yes
CAPACITY	1000 GAL
SEAM LOC	Top
TANK LID DEPTH	1 1/2 - 2 1/2
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	None
WATERTIGHT TEST	No

Pit Well That
Had Casing
Extended -
No Tag

2-Comp.
Babylon

PRE-CONSTRUCTION 6/28/05 Tanks set. House connection made. To install 2-50' trenches as high in easement as possible. (BB)

INSTALLATION 6/29/05 Trenches and pump line done. O.K. to cover. Need pump and alarm test for final approval. (BB)

7/1/05 Pump & Alarm test ok, wired separately & on different circuits 1 day + storage above alarm float. (GAC)

FINAL INSPECTOR D. Cramer DATE OF APPROVAL 7/1/05



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

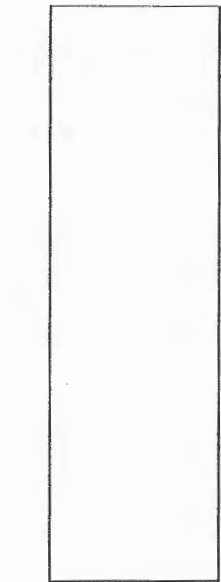
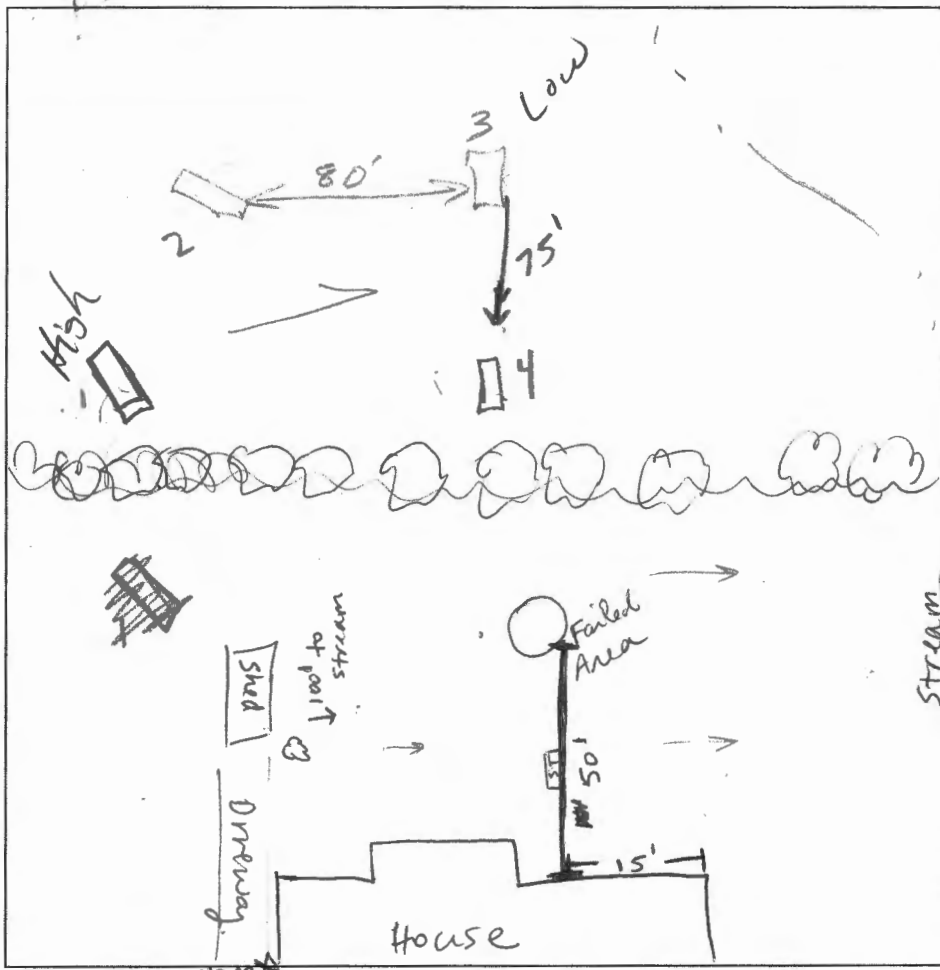
TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



1
Brown L
orange brown
SL
sbk
4.5'
gray brown
f 15
wc sg

13'
2
Brown L
orange brown
ch sbk
4'
orange brown
15'
sand
wc sg

3
gray
Brown L
6"
strong brown
cl
moist
3.5"
brown / yellow
15 brown
wc sg
9.3"
repage
dl matting
12'

4
Brown L
E 1
ob
SI
orange brown
SL wc sbk
platy 4'
5.3'
rock vein
±25% ssp
channel
rock
orange brown /
gray
15
↓
5
11'
HB

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5-26-09	1	4'10" / 13'	1:53	1:54	1:56	2	P
	2	5' / 14'	—	—	—	7	P
	3	4.5" / 12'	2:20	2:21	2:23	2	P
	4	4.5" / 11'	2:53	2:58	3:10	12	P
1 & 2 for 1st system							
$\frac{100 \times 4}{3} \times .5 =$							
		1/3	9'				

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

Walk thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
340 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21104
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER _____

Building Address 2510 THOMPSON DRIVE
MARRIOTTSVILLE MD 21104

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

Census Tract _____ Subdivision Brossenue

Section 1 Area 1 Lot 2A

Tax Map 110 Parcel 124 Grid 10

Zoning _____ Map Coordinates _____ Lot Size 1,123 A.

Existing Use RESIDENTIAL

Proposed Use RESIDENTIAL

Estimated Construction Cost \$ 28,000.00

Description of Work ADD TO EXISTING SUNROOM
12x16'

Occupant or Tenant OWNER

Contact Name BRIAN FELCH

Address 2510 THOMPSON DRIVE

City MARRIOTTSVILLE State MD Zip Code 21104

Phone _____ Fax _____

Property Owner's Name BRIAN FELCH

Address 2510 THOMPSON DRIVE

City MARRIOTTSVILLE State MD Zip Code 21104

Home Phone 410-999-0533 Work Phone _____

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

Contractor Company KVF LLC

Contact Person JIM WEAVER

Address 5830 A MT ROAD

City KEEDYSVILLE State MD Zip Code 21756

License No. 129079

Phone 240-624-6750 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>9'</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Depth _____ Width _____	1 st floor: _____
Gross area, sq. ft. per floor: <u>900</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2 nd floor: _____	Basement: _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
	Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
		Dimensions: _____	Natural Gas <input type="checkbox"/>
		Footings: _____	Propane Gas <input type="checkbox"/>
		Roof: <u>96 ft</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
		State Certified Modular _____	NFPA #13D _____
		Manufactured Home _____	NFPA #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.

Applicant's Signature [Signature] Print Name JIM WEAVER

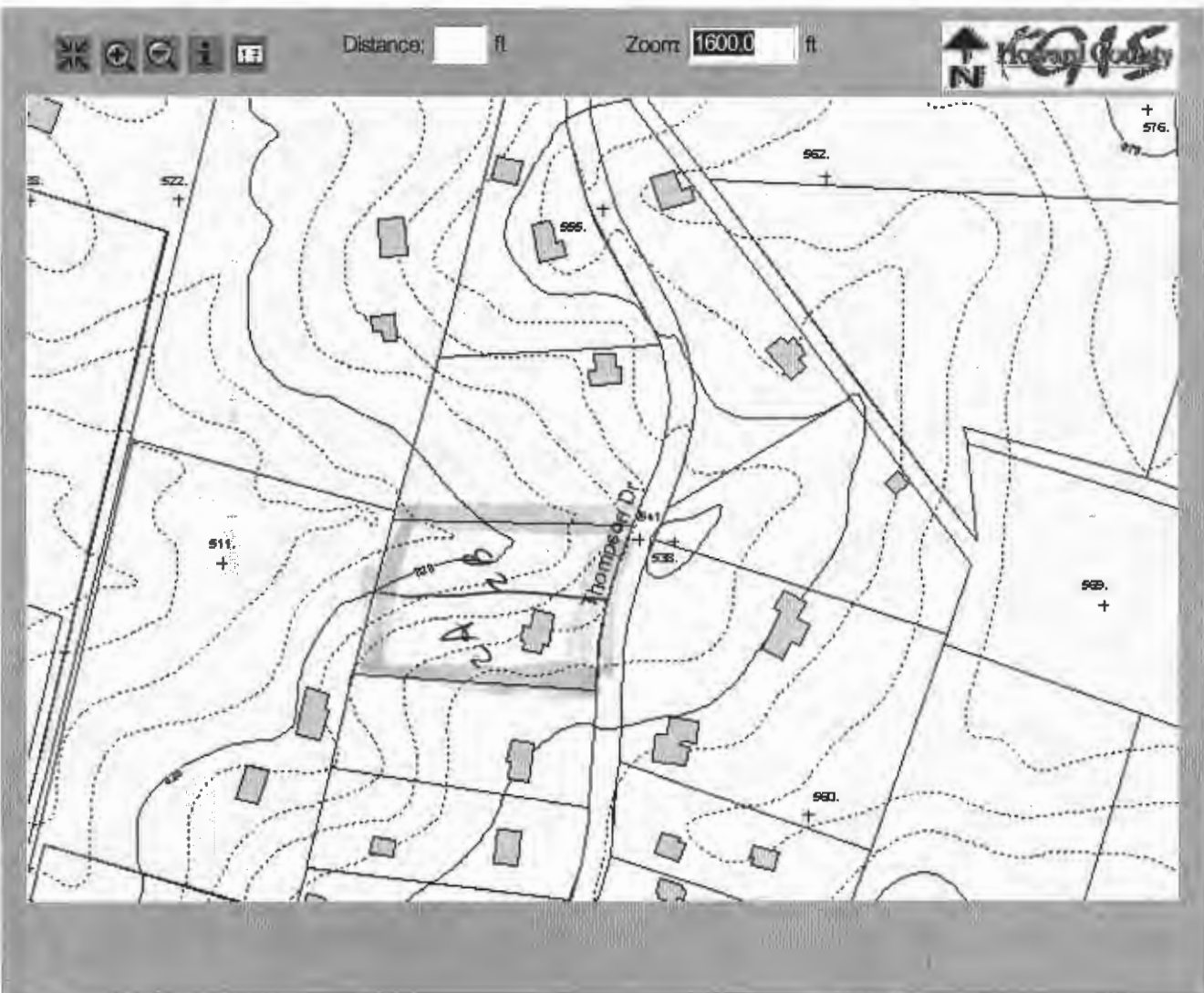
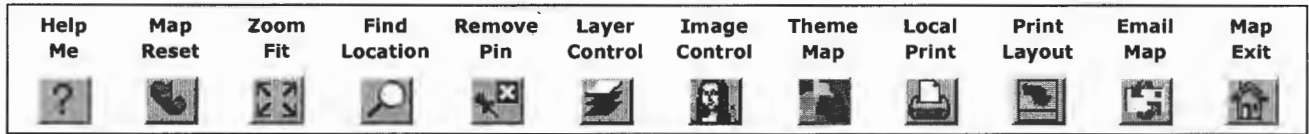
Email Address RIVER VALLEY ENTERPRISES@GMAIL.COM

Title/Company OWNER - RVE LLC. Date 10/5/2011

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

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID #
Land Development, DPZ			DPZ SETBACK INFORMATION	
State Highways			Front: _____	Filing fee \$ _____
Building Officials			Rear: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side: _____	Excise tax \$ _____
Health <u>D. Benard</u>	<u>10-5-11</u>		Side St: _____	Add'l per fee \$ _____
Fire Protection			All minimum setbacks met?	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	ONE STOP SHOP: <input type="checkbox"/>		Is Entrance Permit Required?	Balance due \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	Accepted by _____
			SDP/Red-line approval date _____	

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information contained herein or derived therefrom. The buyer and/or user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this map. There are no oral agreements or warranties relating to this sale and/or use of this map.

Tuesday, March 09 2004 | 9:48:01 AM | @658

Map Legends



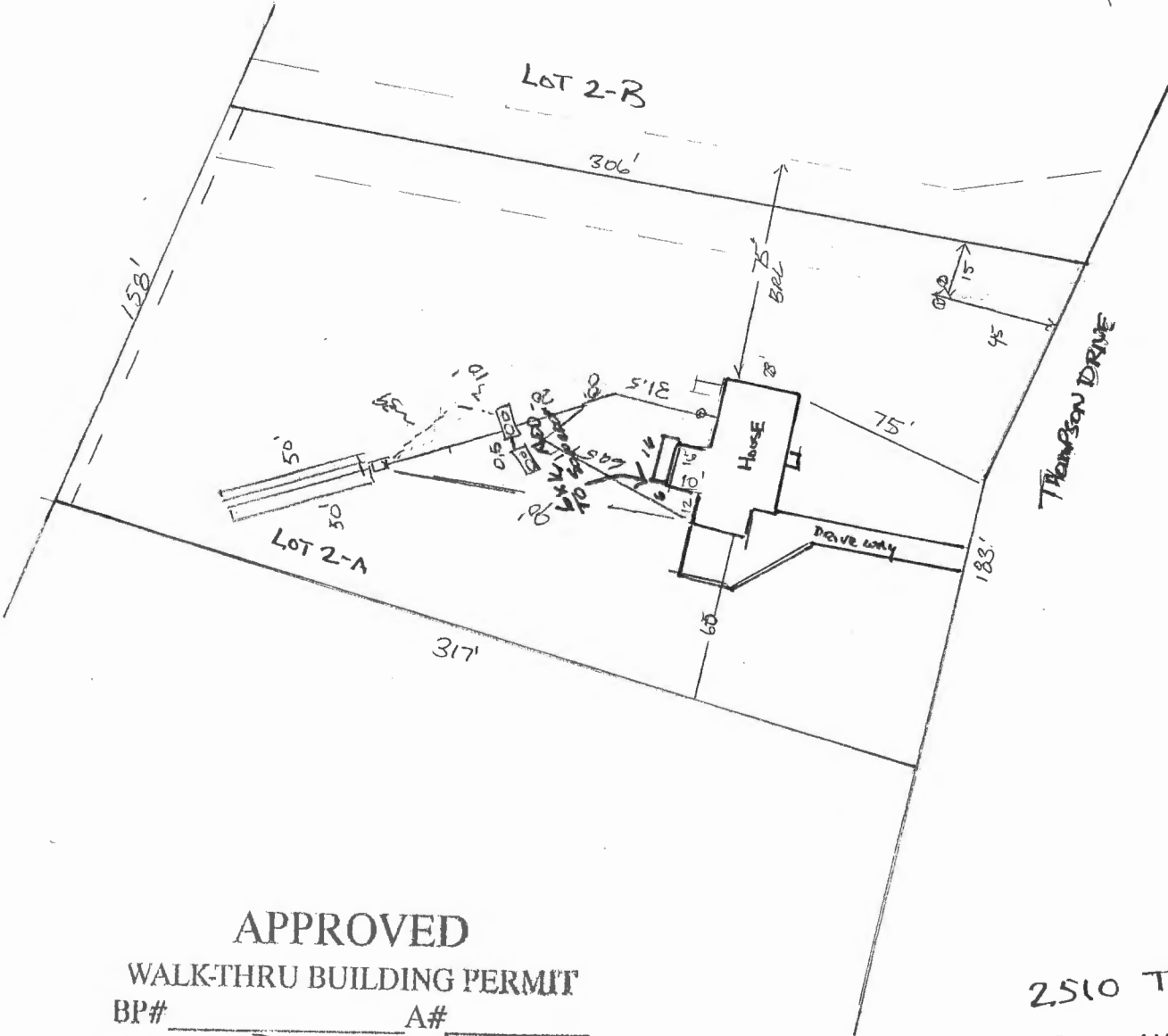
Property Information



Contacts: John Bussiere (x3044) Virginia Peterman (x3659) Yut Phasukyued (x3093) Robert Slivinsky (x3094)

Date 10/5/2011

1:60 SCALE



APPROVED

WALK-THRU BUILDING PERMIT

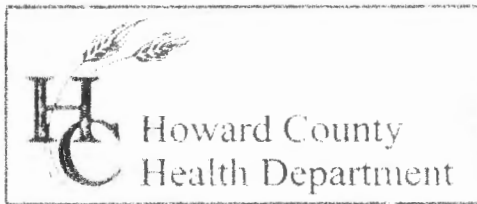
BP# _____ A# _____

APP. SAN Dana Senard DATE: 10-5-11

DESC. OF WORK: 6 x 10 Addition to Sunroom

Approved As Shown

2510 THOMPSON DR.
 MARRBOTTSVILLE MD.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 9, 2004

Mr. Brian Felch
2510 Thompson Drive
Marriottsville, MD 21104

RE: Howard R. Brosenne Property
Tax Map 16, Parcel 124, Lot 2B
Thompson Drive

Dear Mr. Felch:

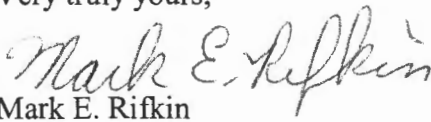
This is in response to your letter seeking Health Department assistance in changing the tax status of the referenced property.

The septic system potential of the property is rendered non-existent by the small size of the property (1.08 acres), surface features which suggest a shallow water table, and a significant swale/stream on the property. This information is based on available soils maps and topography. Test records for the referenced property from 1979, as well as test history on an adjacent parcel, confirm marginal soil conditions due to shallow water table.

Although test options not available in 1979 have not been explored, it is believed that no approvable on-site sewage reserve layout can be determined.

If you have any additional questions, please call this office at (410)313-1771.

Very truly yours,


Mark E. Rifkin
Water and Sewerage Program

MR

cc: **File**

3/9/04

To Health Dept

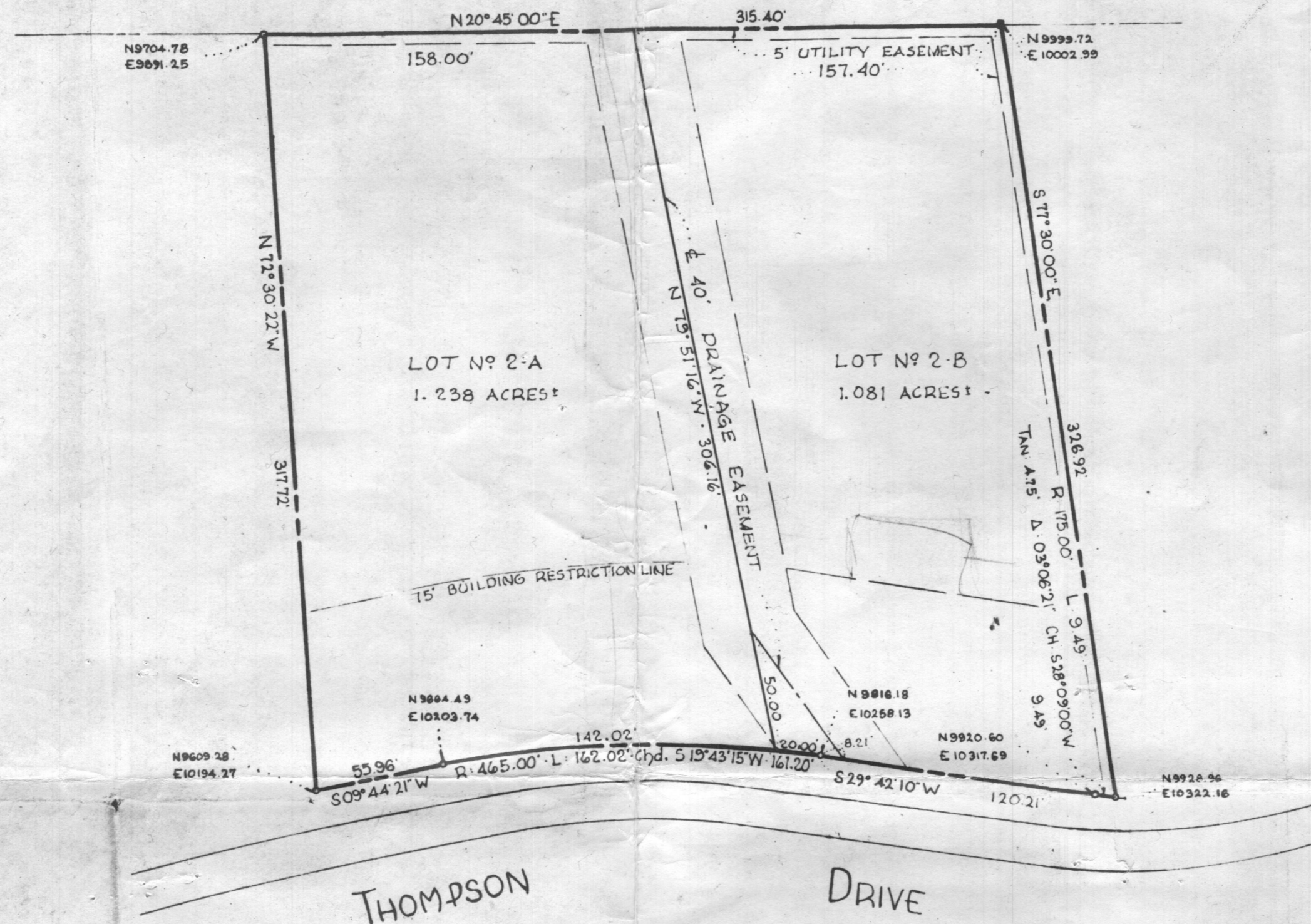
My Name is Brian Felch, owner of
Lot 2B of Parcel 124, ~~TAX~~ MAP 16
on Thompson Dr. I need a letter stating
the buildable status of this lot for tax
purposes.

Brian Felch

Brian Felch



1 inch equals 50 feet



PLAT SHOWING RESUBDIVISION OF LOT NO 2
 AS SHOWN IN PLAT BOOK 8 FOLIO 42 OF
HOWARD R. BROSENNE PROPERTY
 3RD ELECTION DISTRICT HOWARD COUNTY, MD.
 AUGUST 2, 1963 SCALE 1" = 50'

OWNER & DEVELOPER
 HOWARD R. BROSENNE

APPROVED: HOWARD COUNTY PLANNING COMMISSION:

William K. Danner 8-30-63
 CHAIRMAN DATE
Thomas J. Harris, Jr. 8-29-63
 DIRECTOR DATE

APPROVED: HOWARD COUNTY HIGHWAYS DEPARTMENT:

Herman S. Mill 8-29-63
 ROADS ENGINEER DATE

APPROVED: HOWARD COUNTY METROPOLITAN COMMISSION:

Carl W. Meyer 8-29-63
 CHIEF ENGINEER DATE

OWNER'S CERTIFICATE:

I, HOWARD R. BROSENNE, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, ADOPT THIS PLAN OF SUBDIVISION AND RESERVE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS SHOWN HEREON, AND IN CONSIDERATION OF THE PLAT BY THE PLANNING COMMISSION OF HOWARD COUNTY, WE FOR OURSELVES, OUR HEIRS OR ASSIGNS DO HEREBY GIVE AND GRANT UNTO THE BOARD OF COUNTY COMMISSIONERS OF HOWARD COUNTY THE RIGHT AND OPTION TO ACQUIRE FOR THE CONSIDERATION OF ONE DOLLAR, THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS SHOWN HEREON WITHIN THE PERIOD OF FIVE YEARS FROM THE DATE OF THE RECORDING OF THIS PLAT AMONG THE LAND RECORDS OF HOWARD COUNTY, MD. WITNESS OUR HANDS AND SEALS THIS 2ND DAY OF AUGUST, 1963.

Howard R. Brosenne

ENGINEER'S CERTIFICATE:

I, CURT A. H. JESCHKE, HEREBY CERTIFY THAT THE PLAN SHOWN HEREON IS CORRECT THAT IT, A SUBDIVISION OF A PART OF THE LAND WHICH BY DEED DATED 31 DECEMBER, 1956 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, IN LIBER R(1) M 292 AT FOLIO 357, WAS GRANTED AND CONVEYED BY HARVEY THOMPSON, AND EDITH E. THOMPSON, HIS WIFE TO HOWARD R. BROSENNE ET AL. AND THAT CONCRETE MONUMENTS MARKED THUS ARE IN PLACE AS SHOWN

I FURTHER CERTIFY THAT THE REQUIREMENTS OF SECTION 72B, ARTICLE 17, OF THE ANNOTATED CODE OF MARYLAND (AS AMENDED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT HAVE BEEN COMPLIED WITH

8/2/63 *Curt A. H. Jeschke*

RODUM & JESCHKE
 ENGINEERS
 24 PARK AVENUE
 ELLICOTT CITY, MARYLAND

