

rfb
9/23/2009

Search Result for HOWARD COUNTY

[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Tax Exempt: None **Special Tax Recapture:** AGRICULTURAL TRANSFER TAX
Exempt Class: None

Account Identifier: **District - 04 Account Number - 330285**

Owner Information

Owner Name: HARRISON JOHN R **Use:** AGRICULTURAL
 HARRISON SUSAN C T/E **Principal Residence:** YES
Mailing Address: 17885 FREDERICK RD **Deed Reference:** /10322/ 00399
 MOUNT AIRY MD 21771-3619

Location & Structure Information

Premises Address: 17885 FREDERICK RD **Legal Description:** PAR A 31.1786 A
 MT AIRY 21771-0000 17885 FREDERICK RD
 HARRISON PROPERTY DEO

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	19083
0001	0024	0008	4010102.14	1002			PAR A	2020		

Special Tax Areas: None **Town:** None
Ad Valorem: 100
Tax Class: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1958	3,871 SF		31.1700 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
1	NO	STANDARD UNIT	BRICK/	4	3 full/ 1 half		

Value Information

	Base Value	Value As of 01/01/2017	Phase-in Assessments	
			As of 07/01/2019	As of 07/01/2020
Land:	409,000	409,000		
Improvements	250,300	250,300		
Total:	659,300	659,300	659,300	
Preferential Land:	9,200			

Transfer Information

Seller: HARRISON JOHN R & WF	Date: 10/27/2006	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /10322/ 00399	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2019	07/01/2020
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	0.00

Tax Exempt: None **Special Tax Recapture:** AGRICULTURAL TRANSFER TAX
Exempt Class: None

Homestead Application Information

Homestead Application Status: Approved 05/20/2008

Homeowners' Tax Credit Application Information

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.

ATAPSCO

ES

AMBN

HILLOW, ET AL.

437/432

4464/594

D. D. SA.

P. 45

87

JEFFREY L. HARRISON, ET AL.

1149/59

128.50A.

H

*Preliminary
Jan 3, 1989
9:30 AM*

APPLICATION

PERCOLATION TESTING

A 43285

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

*CANCELLED Sue HARRISON
HOLD UNTIL FURTHER
NOTICE.*

DISTRICT 4TH

DATE 12-20-88

1/3/89

SABW

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 Author Colvin

ADDRESS P.O. Box 842 Mt. Airy, Md. 21771 PHONE _____

Contact PROSPECTIVE BUYER Jeffrey Harrison + Edward Harrison

ADDRESS 2119 Gillis Falls Rd. Woodbine Md. 21797 PHONE 795-9375

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. #1

ROAD AND DESCRIPTION Rt. 144 200yds West of Long Corner Rd.

TAX MAP Pg 1 PARCEL # 45

SIZE OF LOT 4.4 +/- TYPE BLDG single family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

** Jeffrey Harrison*
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0'

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

PERCOLATION TESTING

A 43286
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 12-20-88

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 Author Colvin

ADDRESS P.O. Box 842. Mt. Airy Md. 21771 PHONE _____

contact PROSPECTIVE BUYER Jeffrey Harrison + Edward Harrison

ADDRESS 2119 Gillis Falls Rd. Woodbine, Md 21797 PHONE 795-9375

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. #2

ROAD AND DESCRIPTION Rt. 144 200 yds west of Long Corner Rd.

TAX MAP Pg 1 PARCEL # 45

SIZE OF LOT 4.4 +/- TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Jeffrey Harrison
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

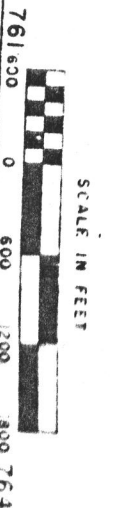
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

DIVISION
 SUB DIVISION BOUNDARY
 CONTINUING OWN RSHIP
 PARCEL NUMBER P 3411311014171 AND ADD
 SCALE: 1" = 600'
 L.M. LAST P. NO. 200-189
 QUADRANGLE AD 4



HOWARD COUNTY, MARYLAND

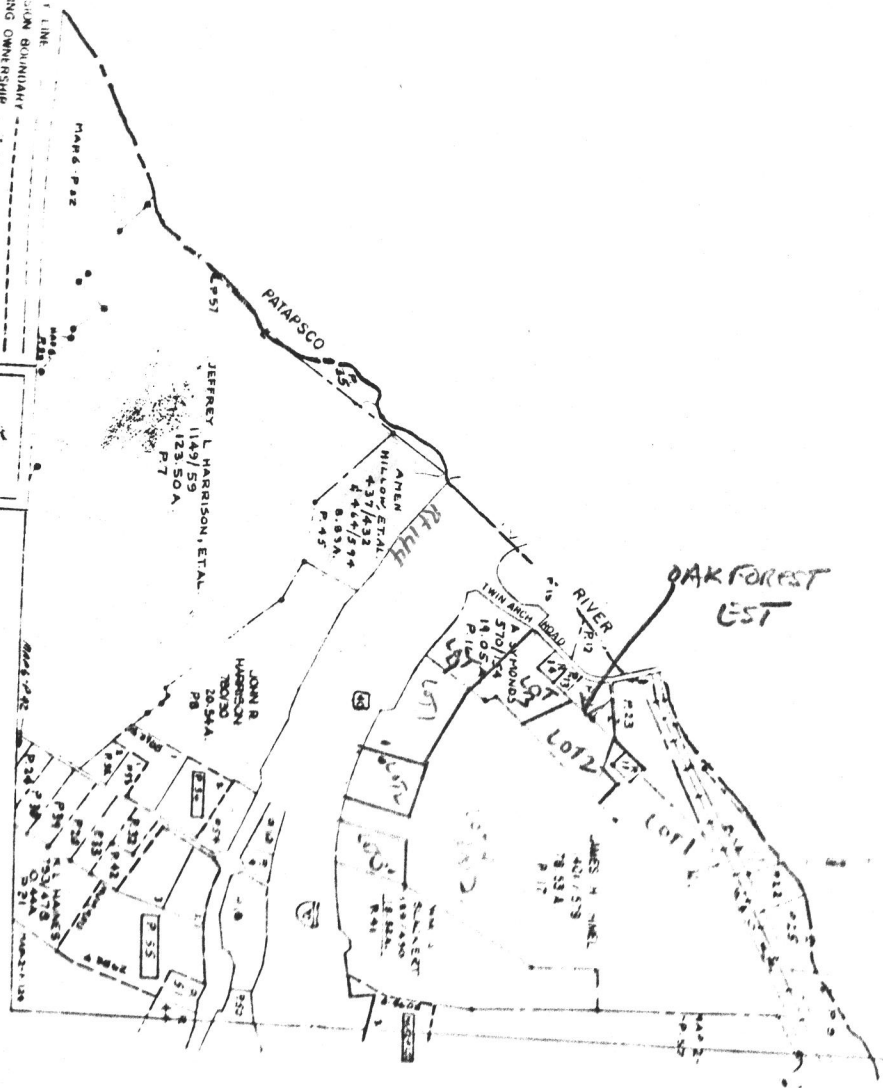
746-552

MAP NO. 1

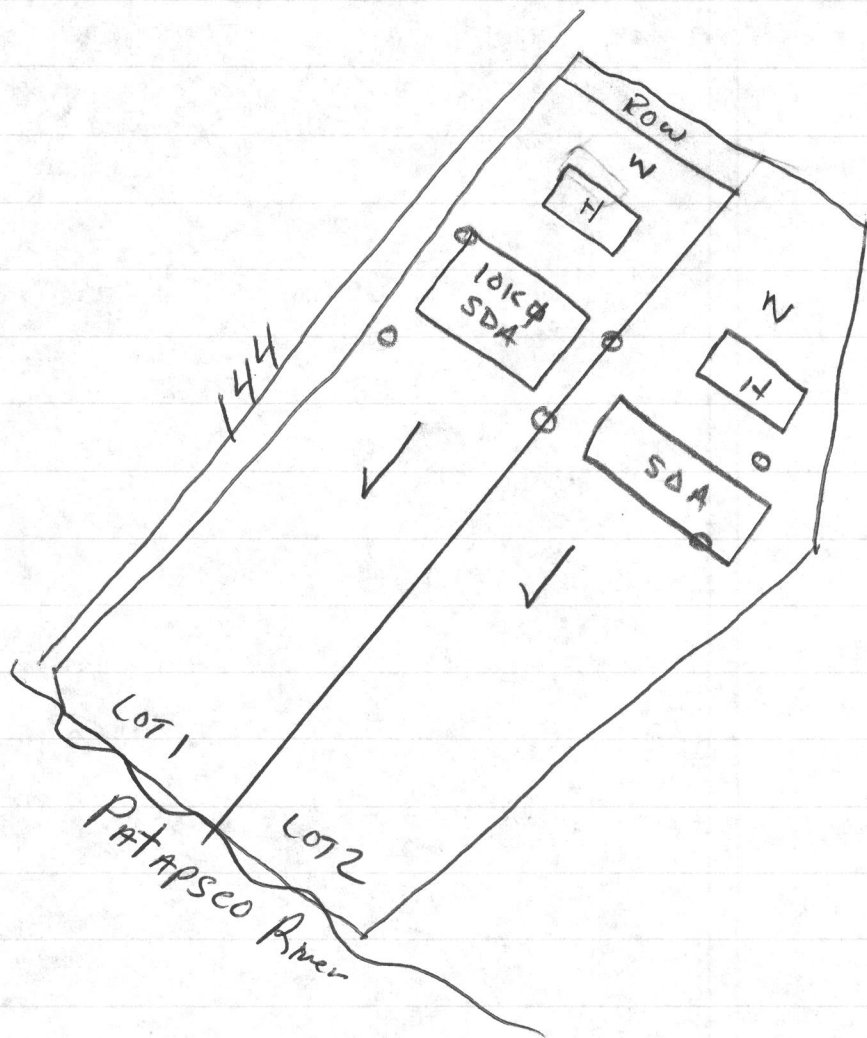
552

553

554 2



Howard Co Tax Map Page 1
Parcel 45 containing 8.83 Acres



HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date 12-21-88 19

Name Lake View Fms.

Telephone No. 795-9375

DETAILED LOCATION OF SITE, DEVELOPMENT, SECTION, ROAD, LOT NO. & ELECTION DISTRICT

Colvin Prop.

LOT 1

Md. Rt 144

Check # 8333

Proc test

\$ 100 | -

Received Payment S. Abel

ORIGINAL

A 43285

THIS RECEIPT IS NOT A PERMIT AND IT IS NOT A WARRANTY OF PERFORMANCE OF THE SYSTEM THAT IS INSTALLED

THE ARNOLD CORP. AKRON, OH 44309-0577 182770-BG

HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date 12-21-88 19

Name Lake View Fms

Telephone No. 795-9375

DETAILED LOCATION OF SITE, DEVELOPMENT, SECTION, ROAD, LOT NO. & ELECTION DISTRICT

Colvin Prop.

LOT 2

Rt 144

Proc test

\$ 100 | -

Received Payment S. Abel

ORIGINAL

A 43286

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