

YEB 8/19/19

Search Result for HOWARD COUNTY

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

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Account Identifier: **District - 06 Account Number - 472923**

Owner Information

Owner Name: BRE/DP MD LLC **Use:** INDUSTRIAL
 C/O PROPERTY TAX DEPT. **Principal Residence:** NO
Mailing Address: 2 NORTH RIVERSIDE PLAZA **Deed Reference:** /14111/ 00358
 SUITE 2350
 CHICAGO IL 60606-

Location & Structure Information

Premises Address: 8155 STAYTON DR **Legal Description:** PAR B 8.941 A BLK C
 JESSUP 20794-0000 STAYTON DR R/W
 ANNAPOLIS JUNCTION

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	5486
0048	0002	0167		0000			PAR B	2020	Plat Ref:	

Special Tax Areas: **Town:** NONE
 Ad Valorem: 104
 Tax Class:

Primary Structure Built **Above Grade Living Area** **Finished Basement Area** **Property Land Area** **County Use**
 1985 125,400 SF 8.9400 AC

Stories **Basement** **Type** **Exterior** **Full/Half Bath** **Garage** **Last Major Renovation**
 STORAGE WAREHOUSE

Value Information

	Base Value	Phase-in Assessments		
		Value As of 01/01/2017	As of 07/01/2019	As of 07/01/2020
Land:	1,947,100	1,947,100		
Improvements	3,285,200	3,285,200		
Total:	5,232,300	5,232,300	5,232,300	
Preferential Land:	0			

Transfer Information

Seller: RPH INDUSTRIAL LLC **Date:** 06/28/2012 **Price:** \$7,000,000
Type: ARMS LENGTH IMPROVED **Deed1:** /14111/ 00358 **Deed2:**

Seller: TCW REALTY FUND VI **Date:** 09/17/2003 **Price:** \$0
Type: NON-ARMS LENGTH OTHER **Deed1:** /07626/ 00158 **Deed2:**

Seller: MCKESSON CORPORATION **Date:** 11/26/1991 **Price:** \$4,240,000
Type: ARMS LENGTH IMPROVED **Deed1:** /02427/ 00368 **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: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: No Application

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.

Permit
4/5/83
9:30 AM
5/13/83
9:30 A.M.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32627

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 6

DATE 4/5/83

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 B.W.I.P. Inc.

ADDRESS 110 West Rd Towson, Md 21204 PHONE 296-6400

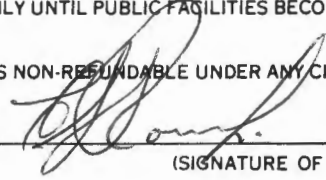
PROPERTY LOCATION:

SUBDIVISION Balto Wash Ind Pk LOT NO. B

ROAD AND DESCRIPTION North side of Patuxent Range Rd
650' West of Dorsey Run Rd

SIZE OF LOT 500' x 1110' TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11 MAY 83 PERC OK HOLD FOR PERC
CERT PLAT R/H FS SAID PUMP OK TO OSD
FOR SEPTIC

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 _____

EH 12 1079

APPLICATION

SEWAGE DISPOSAL TESTING

A 32627

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 6th

DATE 4/5/83

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 BWIP

ADDRESS 110 West Road, Towson, Md PHONE 296-4408

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. B.

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

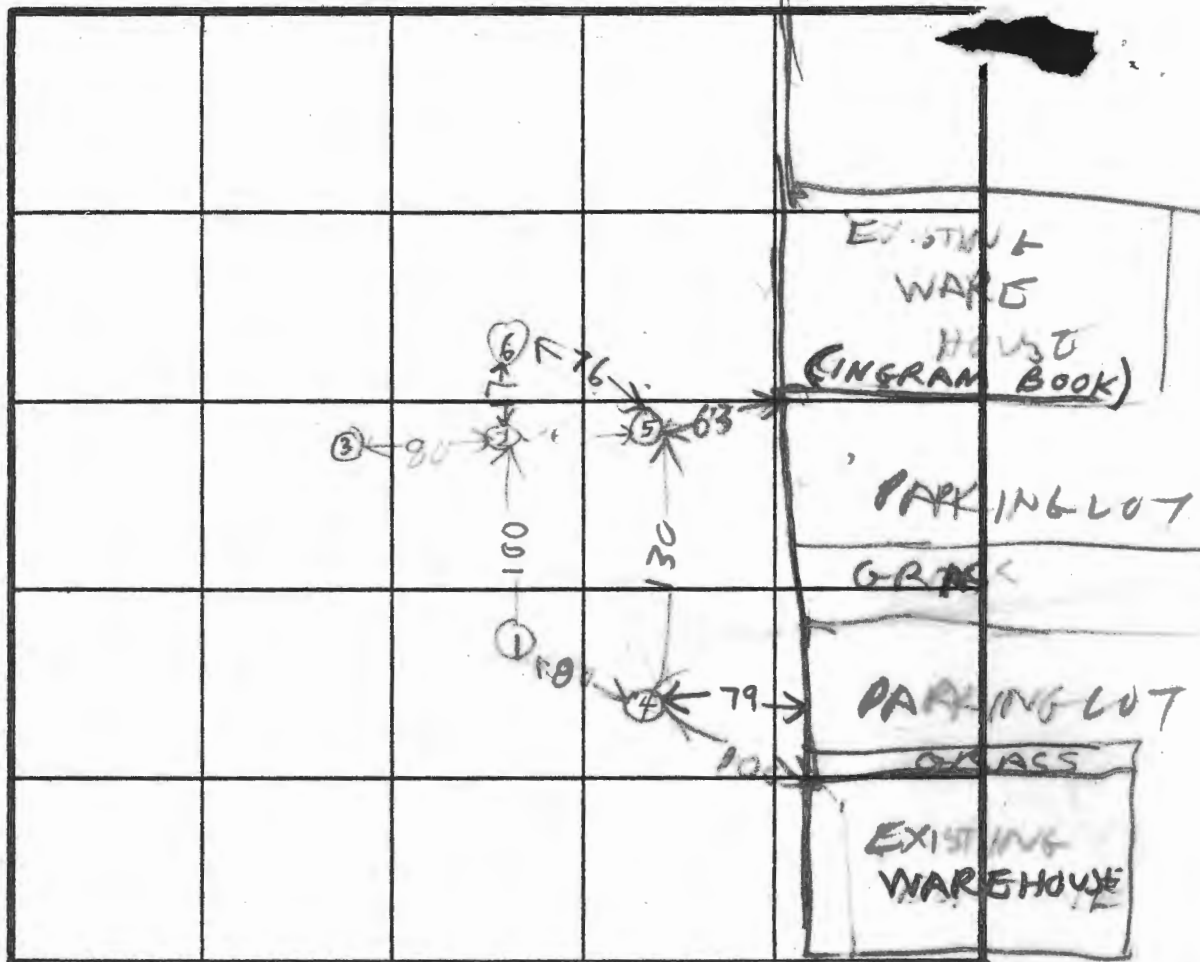
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

3

SOIL PROFILE

BED CLAY WITH STRAIN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4

CLAY SAND FILLER

BROWN CLAY SAND MIX

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/11/63	1S	3	1019	1022	1022	1027	5
	1V	11	LOOKS	OK	ALL	SAND	
	2S	3	1033	1033 1/2	1033 1/2	1034	1/2
	2V	11	LOOKS	OK	ALL	SAND	
	3V	9					
	4S	4	1122	1123	1123	1125	2
12/1/63	4P	7 1/2	1201	1202	1202	1204	2
	4V	12	LOOKS	OK			
	5S	3	120	121	121	122	1
5/11/63	3V	11	LOOKS	OK	ALL	SAND	
	6V	11	ALL	SAND	LOOKS	OK	

HOLE ELEVATION
A
5' HIGH
12' 6" LOW

REMARKS CITY WATER LOT ALMOST LEVEL

TYPE OF SOIL LOT NOT STAKED NEAR BY BUILDING USE

TESTED BY R. HODGES SIM, LEE RON DIGGERS
ALSO PRESENT BOB ROESNER SURVEYOR

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32628
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 6
DATE 4/5/83

Prep:
4/13/83
9:50 AM
5/13/83
9:30 AM

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 B.I.P. Inc
ADDRESS 110 West Rd Towson, Md 21286 PHONE 296-6400

PROPERTY LOCATION:
SUBDIVISION Balto. Wash-Ind. Pl. LOT NO. 6
ROAD AND DESCRIPTION N.W. cor. of Patuxent Range Rd
+ Dowsy Run Rd
SIZE OF LOT 550' x 950' ± TYPE BLDG. 2 (NUMBER OF BEDROOMS)

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.

[Signature]
(SIGNATURE OF APPLICANT)

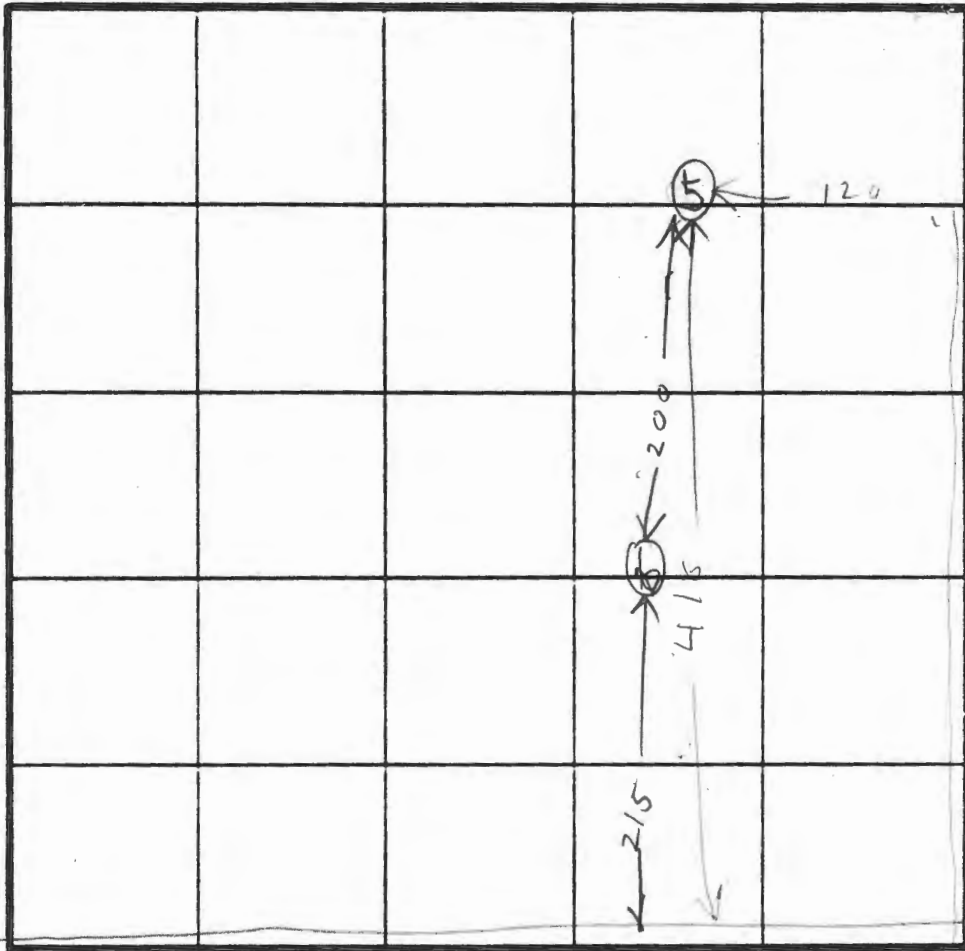
APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 13 MAY 83 - DIB MORE SLOW PERC SOIL & WATER PH
H.S. SAID OK TO USE A PUMP FOR SEPTIC
SYSTEM

THIS IS NOT A PERMIT

SOIL PROFILE

0' [Empty vertical box for soil profile]



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PATUXENT RANGE RD

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

no
EHT 10/79

APPLICATION

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: 992-2330

A 32628

P _____

DISTRICT 6

DATE 4/5/83

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 BWIP Inc

ADDRESS 110 West Rd, Towson, Md 21204 PHONE 296-4400

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. C

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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. _____

(SIGNATURE OF APPLICANT)

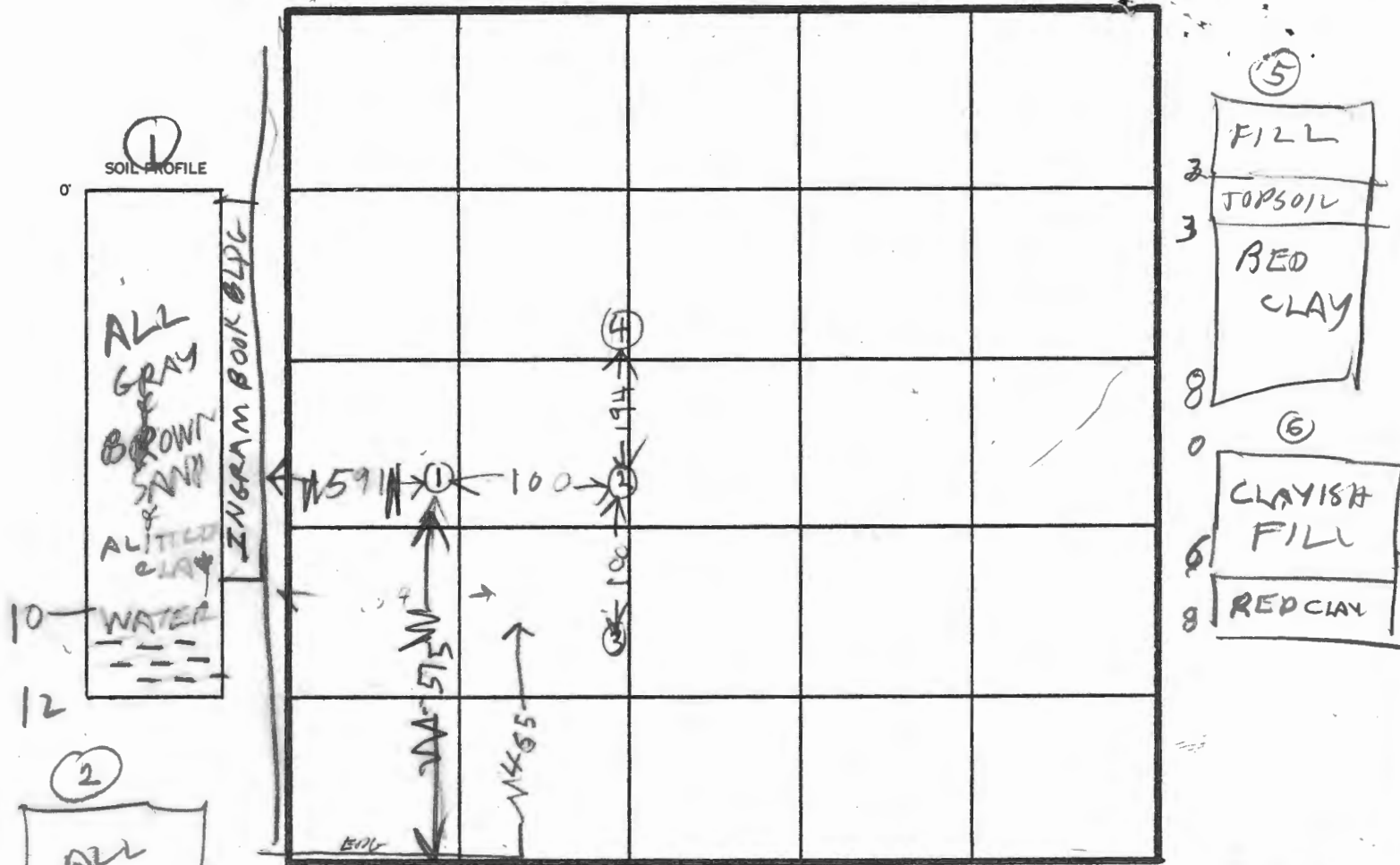
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RATUXENT RANGE RD

JODORSON RUN RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/83	1S	3"	1006	1016	1016	1025	9
	1V	12"	WATER		1017		
	2S	2"	1022	1023	1023	1030	7
	2V	9"	WATER		8F7		
	3V	7 1/2"	WATER				
	4V	6"	LOOKS BAD				
	5V	8"	LOOKS BAD				
	6V	8"	LOOKS BAD				

REMARKS SEE PAGE 2 FOR HOLE 5 6 LOCATION

TYPE OF SOIL

TESTED BY R HODGES ALSO PRESENT

EH-12-1078

Prel.
4/13/83 cancelled
9:30 AM
4/20/83
NO BACKFLOW

APPLICATION

5/11/83 5/13/83
9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32626

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 6

DATE 4/5/83

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 B.W. L.P. Inc

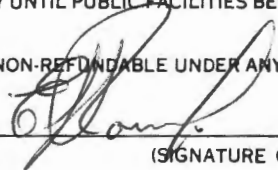
ADDRESS 110 West Rd Towson, Md. 21204 PHONE 296-6400

PROPERTY LOCATION:
SUBDIVISION Balto. Wash. Ind. Pl. LOT NO. A

ROAD AND DESCRIPTION S.W. cor. of Patuxent Range Rd
+ Dorsey Run Rd.

SIZE OF LOT 650' x 1500' ± TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/20/83 BACKHOE NO SHOW RH
5/11/83 DIG MORE SLOW PERC & WATER

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 _____

EH 12 1079

APPLICATION

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: 992-2330

A 32626

P _____

DISTRICT 6

DATE 4/5/83

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 B W I P, Inc

ADDRESS 110 West Road, Towson, Md 21204 PHONE 296-6400

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. A

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

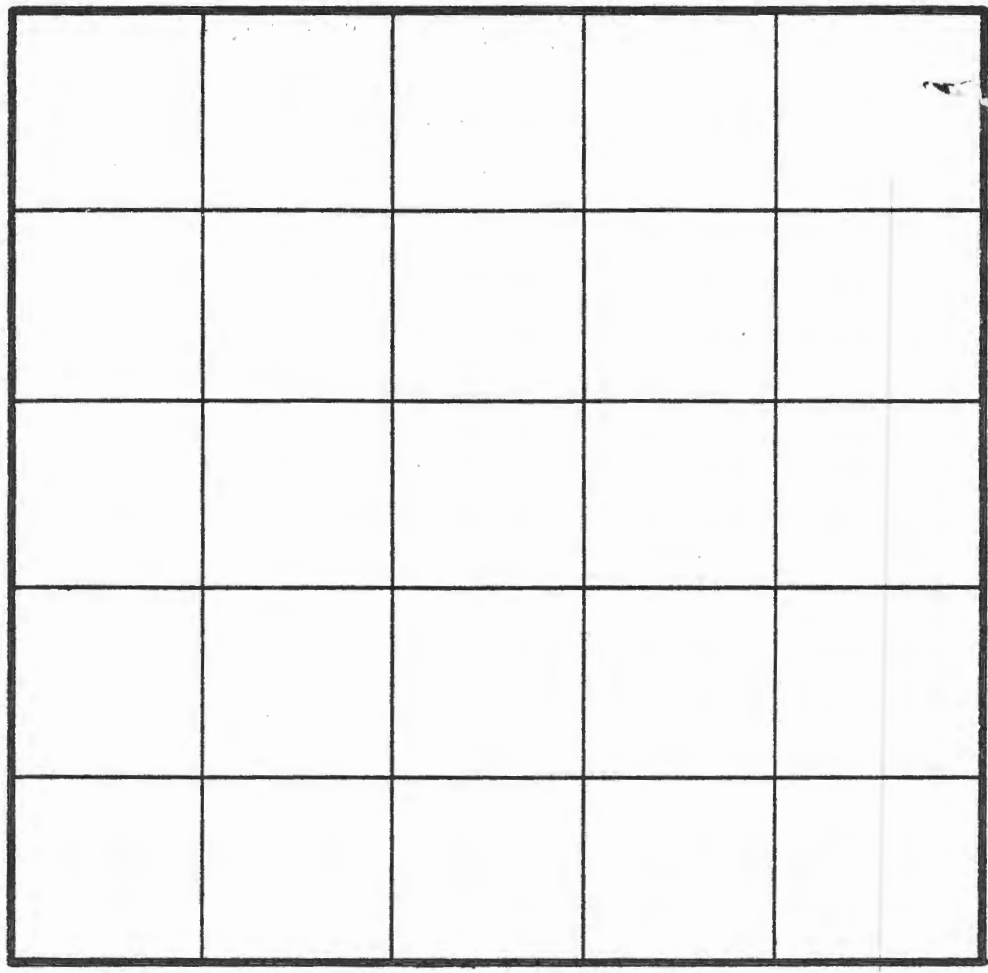
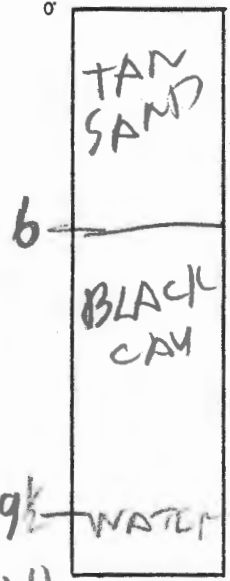
THIS IS NOT A PERMIT

5

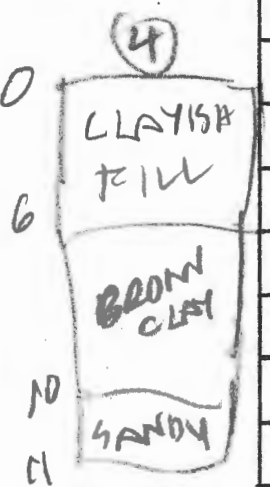
RED
GRAY
BROWN
CLAY

10 SAND
12 CLAY

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/11/83	1V	5	ALL	CLAY & FILL			
5/11/82	2V	10	LOOK	UNSATISFACTORY			
	3V	7 1/2	WATER	CLAY IS 4			UNSATISFACTORY
	4V	11	WATER	7F?			
	5V	12	LOOKS	UNSATISFACTORY			

EH-12-1079

5/10/83 SURVEY OR WILL LOCATE ABOVE 5 UNSATISFACTORY HOLES LATER

REMARKS

TYPE OF SOIL

TESTED BY Raymond Hodge ALSO PRESENT _____

