

Real Property Data Search (w1)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Account Identifier:		District - 03 Account Number - 300234							
Owner Information									
Owner Name:		HOEFLICH BRANTON B HOEFLICH REEVE C T/E			Use:		RESIDENTIAL		
Mailing Address:		3765 IVORY RD GLENELG MD 21737-9714			Principal Residence:		YES		
					Deed Reference:		/05638/ 00453		
Location & Structure Information									
Premises Address:		3765 IVORY RD GLENELG 21737-0000			Legal Description:		LOT 4-A 1.364 ACRES 3765 IVORY RD WEST FRIENDSHIP		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0022	0008	0331		2001			4 A	2019	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	
1977		2,272 SF		1020 SF		1.3600 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
Split Foyer	YES	SPLIT FOYER	FRAME	2 full/ 1 half	1 Attached				
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2019		07/01/2018		07/01/2019	
Land:		123,600		213,600					
Improvements		363,600		306,300					
Total:		487,200		519,900		487,200		498,100	
Preferential Land:		0						0	
Transfer Information									
Seller: GREELY DONALD G & WF				Date: 08/22/2001		Price: \$355,000			
Type: ARMS LENGTH IMPROVED				Deed1: /05638/ 00453		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 04/09/2012

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.




7197 MINK HOLLOW RD

Info Tool



Property Public NoName

- ACCTID: 1403300234
- PLAT:
- MAP: 0022
- PARCEL: 0331
- LOT: 4 A
- GRID: 0008
- OWNNAME1: HOEFLICH
BRANTON B
- OWNNAME2: HOEFLICH REEVE C
T/E
- ACREAGE: 1.36
- SDAT Link: Click for Property Info
(<https://sdat.dat.maryland.gov/RealCounty=14&SearchType=ACCT&Dist>)
- PKPARCELS: 895096



Address Points

- PKADDRESS: 76424
- FKPARCELS: 895096
- ADDRESSNO: 3765
- DREMCNAM: IVORV

PRELIMINARY

APPLICATION

A 22182

10/8/75
9:30 A.M.

SEWAGE DISPOSAL TESTING

P _____

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

DISTRICT # 3

DATE 9/24/75

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 Howard Associates

Any questions call Mr. Kasemeyer:

ADDRESS _____ PHONE 442-2297

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 4A

ROAD AND DESCRIPTION Ivory Road - approximately 1/4 mile from Triadelphia Road on
the right hand side

SIZE OF LOT 1.364 acres TYPE BLDG. 3 or 4 bedrooms
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/ Edward Kasemeyer

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/8/75 Hold for further tests! C.B.

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: _____

PRELIMINARY

APPLICATION

A 22182

SEWAGE DISPOSAL TESTING

P. _____

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

DISTRICT #3

DATE 9/24/75

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 Howard Associates
ADDRESS _____
PHONE _____
Any questions call Mr. Kasemeyer: 442-2297

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 4A

ROAD AND DESCRIPTION Ivory Road - approximately 1/4 mile from Triadelphia Road on
the right hand side

SIZE OF LOT 1.364 acres TYPE BLDG. 3 or 4 bedrooms
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/ Edward Kasemeyer

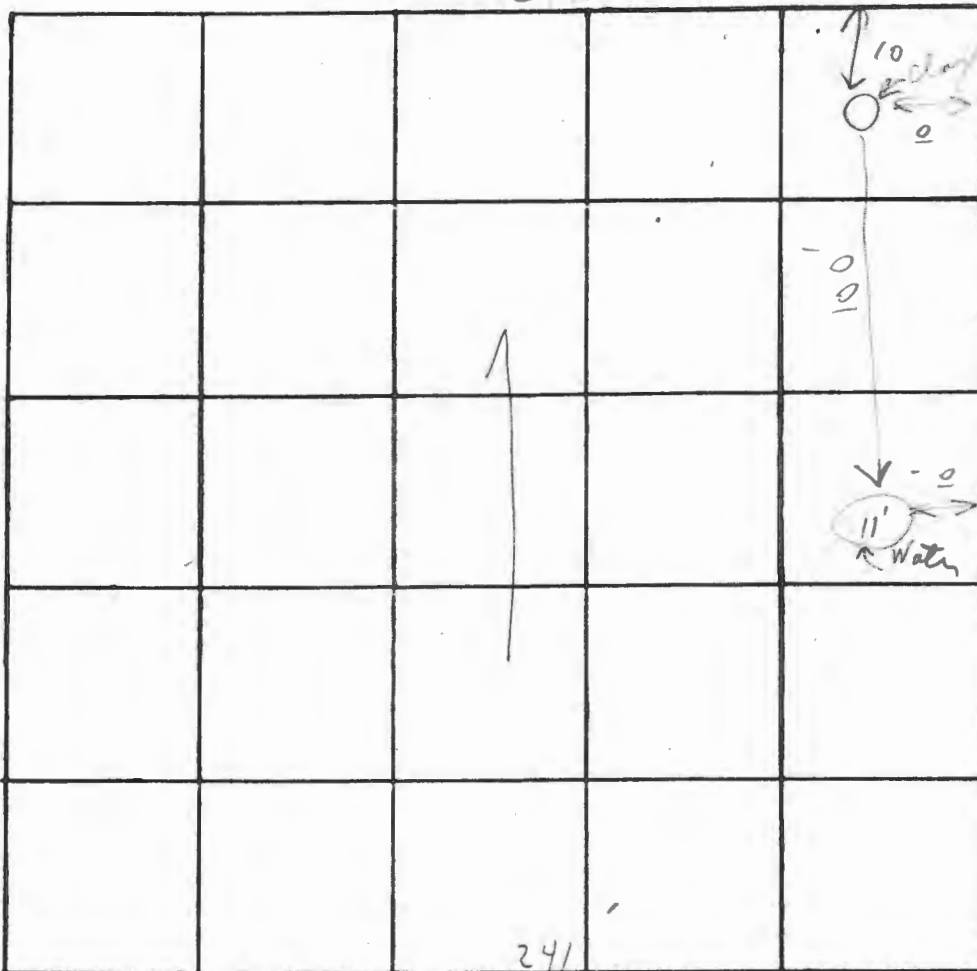
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Imperial Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1		:	:	:	:	
	2		:	:	:	:	
	3		:	:	:	:	
	4		:	:	:	:	
	5		:	:	:	:	
	6		:	:	:	:	
	7		<i>Vertical</i>		:	:	

REMARKS *High brass cast holes*
 TYPE OF SOIL *Notes Hold for further test!!*
 TESTED BY *C. B. A.* ALSO PRESENT: *Burth 4/11/50*

PRELIMINARY

APPLICATION

22183
A ~~22182~~

SEWAGE DISPOSAL TESTING

P _____

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

DISTRICT 3rd

DATE 9/24/75

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 Howard Associates
ADDRESS _____
Any questions call Mr. Kasemeyer
PHONE 442-2297

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Ivory Road

SIZE OF LOT residue of 15 acres TYPE BLDG. 3 or 4 bedrooms
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/ Edward Kasemeyer

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/8/75 Hold for tests.
C. B. B.

THIS IS NOT A PERMIT

PRELIMINARY

APPLICATION

A 22183

SEWAGE DISPOSAL TESTING

P _____

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

DISTRICT 3rd

DATE 9/24/75

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 Howard Associates
ADDRESS _____ PHONE Any questions call Mr. Kasemeyer 442-2297

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Ivery Road

SIZE OF LOT residue of 15 acres TYPE BLDG. 3 or 4 bedrooms
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/ Edward Kasemeyer

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

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: _____