

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

300159650

Building Address 17012 Moss Meadow Way Property Owner's Name DOUG CASTNER
MT AIRY Md 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Address 17012 Moss Meadow Way
 Census Tract _____ Subdivision _____ City Mt Airy State MD Zip Code 21771
 Section _____ Area _____ Lot 14 Home Phone 410 489 7729 Work Phone _____
 Tax Map 7 Parcel 481 Grid _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Zoning _____ Map Coordinates _____ Lot size _____ Phone _____ Fax _____
 Existing Use SF Dwelling Contractor Company _____
 Proposed Use SF Contact Person _____
 Estimated Construction Cost \$ 3000 Address _____
 Description of Work _____ City _____ State _____ Zip Code _____
5' Retaining Wall License No. _____
STACK STONE BLOCKS Phone _____ Fax _____
 Occupant or Tenant _____ Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height: <u>5' 60"</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ <u>Stone blocks</u> State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	

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.

[Signature]
 Applicant's Signature

Doug Castner
 Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5/17/04</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 17012 Moss Meadow Way
Mt. Airy Md

Property Owner's Name DOUG GASTNER
 Address 17012 Moss Meadow Way

Suite/Apt. #: _____ SDP/WP/Petition #: 12442
 City Mt. Airy State Md Zip Code 21771

Census Tract _____ Subdivision Ritz
 Home Phone 410 489 7729 Work Phone _____

Section _____ Area _____ Lot 14
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME

Tax Map 7 Parcel 481 Grid _____
 Phone _____ Fax _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use UNFIN STORAGE
 Proposed Use UNFIN Storage
 Estimated Construction Cost \$ 8000.00

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Description of Work 14x27' Addition to Storage bldg

Occupant or Tenant DOUG GASTNER
 Engineer or Architect Company Self

Contact Name Doug Gastner
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Address 17012 Moss Meadow Way
 City Mt. Airy State Md Zip Code 21771
 Phone 410 489 7729 Fax 410 489 7729

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:	<u>4</u>	Public <input type="checkbox"/>	<u>None</u>
Gross area, sq. ft. per floor:	<u>378</u>	Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Private <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input checked="" type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>	
		Sprinkler system: <u>N/A</u> <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor:		Private <input type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: <u>N/A</u> <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D <input type="checkbox"/>	
Other Structure: _____		NFPA #13R <input type="checkbox"/>	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> Manufactured Home			

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Doug Gastner DOUG GASTNER
 Applicant's Signature Print Name

Title/Company _____ Date _____
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

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State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5-17-06</u>	<u>Race/Anna</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Lot Coverage for New/Town Zone _____	
T:\format\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

This is to certify that I have surveyed the property shown on this Plat for the purpose of locating the improvements on said lot and said improvements are located as shown.

Robert E. Spellman

SURVEYOR

BEEZ ROAD

(NOTE): This plat not to be used for physical location of property lines.

APPROVED
WALK-THRU BUILDING PERMIT
BP# 800159650 A# 74988
APP. SAN Kaufman DATE: 5/17/10
DESC. OF WORK: retaining wall

**LOT 14
BLOCK 'A'
'RITZ ESTATES'**

F.I.R.M. INFORMATION
COMM. PANEL #: 24004400 OT B
Zone 'C'
No FLOOD PLAIN 12-04-06

REVISED

Date: 9/8/05
Comments: 800155370

MOSS MEADOW WAY

Septic

Well

20' DRAINAGE & UTILITY EASEMENT.

4' POST & RAIL FENCE
10'6" from rear line
NOT TO SCALE
20' from side yard line

43'
STONE retaining WALL

22'
27'x14'
UNFIN ADD ON

SPELLMAN, LARSON & ASSOCIATES, INC.
107 JEFFERSON BLDG., TOWSON, MARYLAND

SCALE 1" = 50'

DATE: 10-26-93

ntc 9/2/05

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE July 17, 1981

P 31494 C1

A 24988

7/24/81
7/28/81
10/8/81 - A.M.

INDEX

Paul R. Barnes

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4600 Muncaster Mill Rd., Norbeck, Maryland PHONE 924-3948

SUBDIVISION Ritz Estates ROAD N.E. Corner Beetz Rd, LOT 1 Blk. A

PROPERTY OWNER WWGL Associates

(Doug Castner)

ADDRESS 4300 Gelston Dr. Balto, Md. 21229

**BUILDING PERMIT SIGNED
AND RETURNED**

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

5/17/06 - B 00159650 - 14 x 27 storage

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

TRENCH: To be 3 ft. wide, inlet to be 3 ft. below original grade and effective absorbant area from 5 1/2' - 6 1/2' only. Maximum depth of trenches to be 6 1/2' below original grade. A minimum of 150 sq. ft. effective absorbant bottom area per bedroom needed. Trenches can not exceed 100 ft. in length. Distribution box to be used if more than 1 trench used. Two inspection of trenches required before and after stone installed. If more than 1 trench, used - need to have a 15 ft. distance between trenches, center to center ~~run~~ trenches on contour. On level ground, LOCATION

Start trenches at point 50 ft. from front property line and 100 ft. down front line from right front corner point when facing lot from Moss contour of land. DATE Meadow Way, Run trench w
COVER NO WORK UNTIL INSPECTED AND APPROVED. (Plans Approved by P.F., D.W.M. & C.B.S. 2/16/79)

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

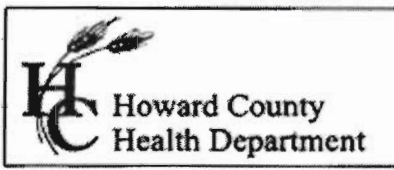
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZZO ACCEPTED.

**BLDG. PERMIT SIGNED
AND RETURNED** 7/31/81
for S.F.O. # 47009

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**



7178 Columbia Gateway Drive, Columbia, MD 21046
(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

NOTICE OF VIOLATION

May 17, 2006

ASIANA CUISINE ENT.
1447 W. 178TH ST. STE 303
GARDENA, CA 90248

Re: Food License Renewal
ASIANA CUISINE ENT.

Our records indicate that the referenced facility is delinquent in making application for the renewal of your Howard County Food Establishment License. You are in violation of Howard County Food Service Facility regulation .09A LICENSE, requiring receipt of license renewals and fees 30 days prior to expiration.

You should have already received a permit application to operate the referenced foodservice. Operation of a foodservice facility without a valid permit is in violation of Section 12.107 of the Howard County Code. If we do not receive your application within five working days you will be subject to the enforcement penalties outlined in the Howard County Code, which include civil penalties of up to \$500.00 per day.

If you believe that the Health Department is not acting in compliance with pertinent laws and regulations you may request a formal appeal to the Board of Health. The appeal must be filed within 15 days of receipt of this Notice of Violation. A Hearing shall be held within 10 days of filing the appeal. You may submit your request to our office.

If you have any questions, you may contact me at 410-313-1772.

Very truly yours,

Trudy Hyde, Program Supervisor
Food Protection Program