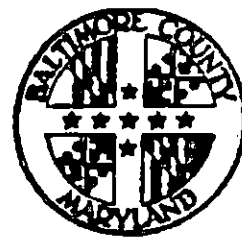


USE PERMIT



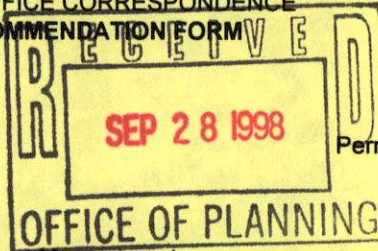
IT IS ORDERED by the Director of the Department of Permits and Development Management of Baltimore County, this 7th of October, 1998, that 929 BACK RIVER NECK RD should be and the
(street address)

same is hereby granted permission to operate an ASSISTED
Living facility - CLASS "A". up to 15 Beds

059223
Permit Number

Carl Jablon
Director, Permits & Development Management
Planner's Initials CM

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM



TO: Director, Office of Planning and Zoning
Attention: Ervin McDaniel
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204

410-887-3391

ZADM ALF # _____

Permit No. (if required) B _____

FROM: Arnold Jablon, Director, Zoning Administration & Development Management

RE: Assisted Living Facility (Class "A")

9:00 Kafe

Pursuant to Section 432.5.B (Baltimore County Zoning Regulations) effective February 25, 1994, this office is requesting recommendations and comments from the Office of Planning and Zoning prior to this office's approval of a building/use permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Print Name of Applicant: Gloria T. Friend/Daniel Beseris Address: 929 Back River Neck Rd Telephone Number: 410-686-3381
 Lot Address: 929 Back River Neck Rd Election District: 15 Councilmanic District: 5 Square Feet: 426,326
 Lot Location: NE SW side/corner of Back River Neck (street), 100 feet from NE SW corner of Cherry Gardens Rd (street)
 Land Owner: GLORIA T. FRIEND/DANIEL BESERIS Tax Account Number: 15-11-350740
 Address: 929 BACK RIVER NECK RD Telephone Number: (410) 686-3381

CHECKLIST OF MATERIALS- (to be submitted by applicant for required *compatibility* and/or *appearance* review by the Office of Planning and Zoning)

TO BE FILLED IN BY THE OFFICE OF ZONING ADMINISTRATION AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		Accepted for filing by Date: <u>25 Sept 98</u>
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accepted for filing by <u>CAH</u> Date: <u>25 Sept 98</u>
2. Permit Application (If available) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Site Plan			
Property (3 copies): including lot size and square feet of buildings, parking and open space - minimum 500 square	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Topo Map (2 copies): <i>available</i> in Room 206, County Office Building - (<i>please label site clearly</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Statement as to whether or not building has been enlarged by 25% or more in the last five (5) years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Building Elevation Drawings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>see photos</u>
5. Photographs (<i>please label all photos clearly</i>)			
Adjoining Buildings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Surrounding Neighborhood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Current Zoning Classification: <u>DR 3.5</u>			

TO BE FILLED IN BY THE OFFICE OF PLANNING AND ZONING ONLY!

RECOMMENDATIONS / COMMENTS:

Approval Disapproval Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: Jeffrey M Long
for the Director, Office of Planning and Zoning

Date: 10/7/98

OFFICE OF VERMONT
RECEIVED
FEB 5 8 1939

ZONING USE PERMIT CHECKLIST
CLASS "A" ASSISTED LIVING FACILITY

Pursuant to Bill 188-93, Effective 2/25/94

Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for general information concerning this use.

Three (3) use permit plans, per this checklist; one planning office (OPZ) compatibility and/or appearance review, per Sections 432.5.B.2.a and 432.5.B.1.c(1), Baltimore County Zoning Regulations (BCZR); and \$40.00 are required for filing the application. Due to the necessity of a full review of the materials, the staff strongly recommends that you contact 887-3391 for a filing appointment for this use permit.

Provide the following information on an (engineer) scaled drawing at a 1"=50' or larger scale.

1. Owner's name, date, address, daytime telephone number, and the address of the property under this use permit review.
2. Title: Use permit plan for Class "A" Assisted Living Facility (ALF). Street vicinity map with site indicated, north arrow, scale of drawing, election district, property outline, and dimensions in feet, the square footage of the lot, and the current zoning of the property per the 1"=200' scale official zoning map (per Section 432.5.A.1, BCZR). Provide a detailed density chart on the plan giving the maximum and requested number of elderly assisted living Class "A" residents under this use permit proposal. See Section 424.5 (BCZR) for the density chart information.
3. Location on the property, use and the dimensioned footprint of the ground floor area and gross floor area (all floors) of each structure on the lot in square feet (per Sections 432.2.B.2.A and 432.5.B, BCZR). Show and label a minimum of 500 square feet of yard area as "open space".
4. A. Number of beds to be approved with parking calculations indicating 1 parking space for each 3 beds (round-up all numbers). Note that all parking and maneuvering will be paved with a durable, dustless surface (such as asphalt or concrete) and will be permanently striped. Indicate the location and dimension of all parking and maneuvering areas and note which are existing (with date of original installation) or proposed. Minimum parking space is 8-1/2 feet x 18 feet, which must be shown as a typical dimension (per Sections 409 and 432.5.B.1.b, BCZR).
B. Parking spaces not existing prior to 2/25/94 must be shown to comply with the following: 10 feet from all lot lines other than an alley which must be indicated not to abut the front or rear yard of a residentially used property. All parking and delivery areas in the side or rear yard only (per Section 432.5.B.1.b(1) and (2), BCZR).
5. A. Note on the plan: "This building has not been originally constructed to accommodate elderly housing or an assisted living facility. No reconstruction, relocation, (exterior) changes or additions (of 25% or more in ground floor area) to the exterior of the building (beyond the enclosure of a porch or the addition of an exterior stairway) have occurred within five years of the date of this permit application" (per Sections 101 - definition of Assisted Living Facility, Class A, 432.5.B.1.c(1), and 432.5.B.2, BCZR).
B. Where compliance with note 5.A. cannot be stated, a public hearing may be required. The zoning office (ZADM) should be contacted for further information (phone: 887-3391) (per Sections 101 - definition of Assisted Living Facility, Class B, 432.5.B.1.c, and 432.5.B.2.b, BCZR).
C. Note on the plan that any proposed signs will comply with Section 413.1 (BCZR) and all zoning sign policies or a zoning variance is required (per Section 432.5.B.1.a, BCZR).
6. Note on the plan that any proposed signs will comply with Section 413.1 (BCZR) and all zoning sign policies or a zoning variance is required (per Section 432.5.B.1.a, BCZR).
7. Leave space on the plan for the approval stamp.

USEASLIV
Revised 1/5/95



BALTIMORE COUNTY, MARYLAND
OFFICE OF BUDGET & FINANCE
MISCELLANEOUS RECEIPT

No. **059223**

DATE 25 Sept 98 ACCOUNT R-001-6150

AMOUNT \$ 40.00

RECEIVED FROM: Gheia T Friend

FOR: 929 Back River Neck Rd

Class "A" Assisted Living

DISTRIBUTION
WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

PAID RECEIPT

PROCESS ACTUAL TIME
9/25/1998 9/25/1998 09:39:27

REQ. WS01 CASHIER CLUM CML DRAWER

5 MISCELLANEOUS CASH RECEIPT

Receipt # 069328 (FL)
CR. NO. 059223

40.00 CHECK
Baltimore County, Maryland

CASHIER'S VALIDATION

**INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM**

TO: Director, Office of Planning and Zoning
Attention: Ervin McDaniel
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204

410-887-3391

ZADM ALF # _____

Permit No. (if required) B _____

FROM: Arnold Jablon, Director, Zoning Administration & Development Management

RE: Assisted Living Facility (Class "A") 9:00 Kate

Pursuant to Section 432.5.B (Baltimore County Zoning Regulations) effective February 25, 1994, this office is requesting recommendations and comments from the Office of Planning and Zoning prior to this office's approval of a building/use permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Gloria T. Friend/Daniel Beseris 410-686-3381
Print Name of Applicant Address Telephone Number

Lot Address 929 Back River Neck Rd Election District 15 Councilmanic District 5 Square Feet 426,326

Lot Location: N @ S W side/corner of BACK RIVER NECK 100 feet from N @ S W corner of CHERRY GARDEN Rd
(street) (street)

Land Owner: GLORIA T. FRIEND/DANIEL BESERIS Tax Account Number 15-11-350740

Address: 929 BACK RIVER NECK Rd Telephone Number (410) 686-3381

CHECKLIST OF MATERIALS- (to be submitted by applicant for required *compatibility* and/or *appearance* review by the Office of Planning and Zoning)

TO BE FILLED IN BY THE OFFICE OF ZONING ADMINISTRATION AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		Accepted for filing by <u>CAM</u> Date: <u>25 Sept 98</u>
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Permit Application (if available) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Site Plan Property (3 copies): including lot size and square feet of buildings, parking and open space - minimum 500 square Topo Map (2 copies): <u>available</u> in Room 206, County Office Building - (please label site clearly) Statement as to whether or not building has been enlarged by 25% or more in the last five (5) years	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Building Elevation Drawings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SEE PHOTOS</u>
5. Photographs (please label all photos clearly) Adjoining Buildings Surrounding Neighborhood	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
6. Current Zoning Classification: <u>DR 3.5</u>			

TO BE FILLED IN BY THE OFFICE OF PLANNING AND ZONING ONLY!

RECOMMENDATIONS / COMMENTS:

Approval Disapproval Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
for the Director, Office of Planning and Zoning

Date: _____

**INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM**

TO: Director, Office of Planning and Zoning
Attention: Ervin McDaniel
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Gloria T. Friend / Daniel Beseris 410-686-3381
Print Name of Applicant Address Telephone Number

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Lot Address Election District Councilmanic District Square Feet

Lot Location: NE S W side/corner of BACK RIVER NECK 100 feet from NE S W corner of CHERRY GARDEN RD
(street) (street)

Land Owner: GLORIA T. FRIEND / DANIEL BESERIS Tax Account Number 15-11-350740

Address: 929 BACK RIVER NECK RD Telephone Number (410) 686-3381

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TO BE FILLED IN BY THE OFFICE OF ZONING ADMINISTRATION AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accepted for filing by <u>LAM</u> Date: <u>25 Sept 98</u>
2. Permit Application (If available)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Site Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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TO BE FILLED IN BY THE OFFICE OF PLANNING AND ZONING ONLY!

RECOMMENDATIONS / COMMENTS:

- Approval
 Disapproval
 Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
for the Director, Office of Planning and Zoning

Date: _____



ADJACENT RIGHT
OF 929 BACK RIVER NECK



To the left of 929
BACK RIVER NECK



929 BACK RIVER Neck



Across the Street
from 929 BACK RIVER
NECK



(SHEET SE 2-1)

(SHEET SE 1-1)

(SHEET SE 2-1)

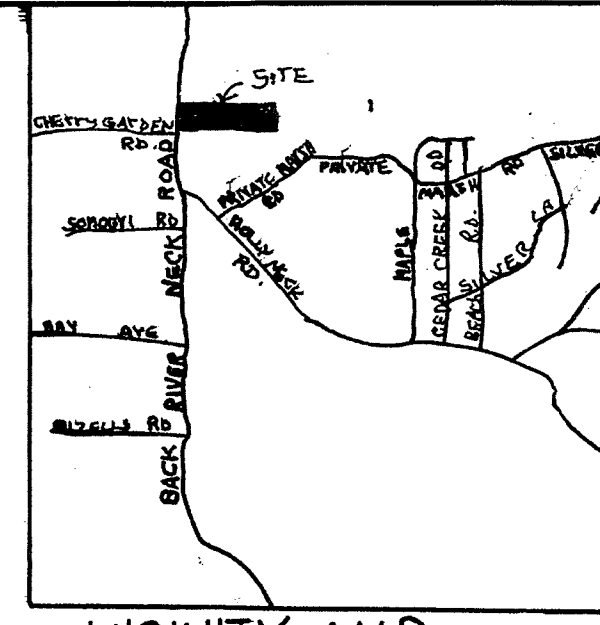
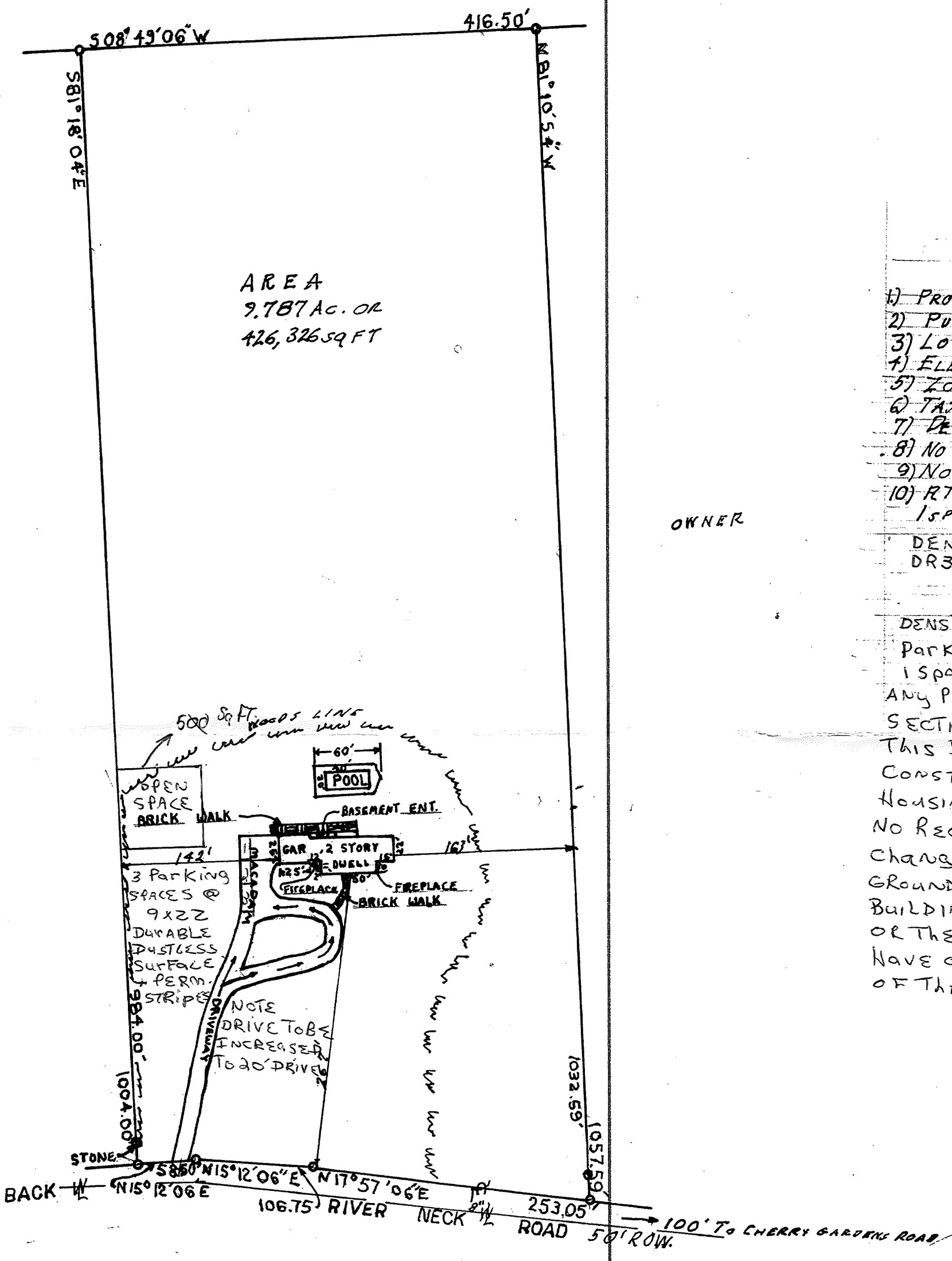
(SHEET SE 3-1)

E-NE

PHOTOGRAMMETRIC MAP OF
BALTIMORE COUNTY METROPOLITAN AREA

REVISIONS		SCALE	LOCATION	SHEET
BY	DATE	1" = 200'	BACK RIVER NECK	S. E. 2-1
	6/25/81			
		DATE OF PHOTOGRAPHY DEC. 1954		

Topography Compiled By Photogrammetric Methods
ABRAMS AERIAL SURVEY CORP LANSING MICH.



- NOTES
- 1) PROPERTY IS ZONED DR3.5
 - 2) PUBLIC WATER & PRIVATE SEWER
 - 3) LOT IS IN FLOOD ZONE "C"
 - 4) ELEC DIST #15 COUNCIL DIST #5
 - 5) ZONING MAP SE21 1"=200'
 - 6) TAX # 15-11-350740
 - 7) DEED #
 - 8) NO KNOWN HEARINGS
 - 9) NO STREAMS ON SITE
 - 10) RTA FOR ASSISTED LIVING 409.6 A
1 SP FOR EACH 3 SPACE 148+3 = 5 PROVIDED

DENSITY CALC.
DR3.5 FOR 15 BEDS
7 BEDS 1,2500
9 BEDS 1,6000
DENSITY TOTAL 2,8500 SQ FT.
PARKING SPACES REQUIRED
1 SPACE FOR 3 BEDS 15 BEDS 5 SPACES
ANY PROPOSED SIGN WILL COMPLY WITH SECTION 450 BCZR
THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO ACCOMADATE ELDERLY HOUSING OR AN ASSISTED LIVING FACILITY. NO RECONSTRUCTION, RELOCATION (EXTERIOR) CHANGE OR ADDITION (OF 25% OR MORE IN GROUND FLOOR AREA) TO THE EXTERIOR OF THE BUILDING (BEYOND THE ENCLOSURE OF A PORCH OR THE ADDITION OF AN EXTERIOR STAIRWAY) HAVE OCCURED WITHIN 5 YRS OF THE DATE OF THIS PERMIT APPLICATION.



PLAN TO ACCOMPANY USE PERMIT CLASS A ASSISTED LIVING
~~PLAN TO ACCOMPANY SPECIAL EXCEPTION HEARING~~

THOMAS E PHELPS + ASSO INC
945 BARRON AVENUE
BALTIMORE MARYLAND 21221
PHONE (410) 574-6744

CONTRACTORS PURCHASERS NAME
GLORIA T. FRIEND
814 CEDAR AVE.
BALTIMORE MARYLAND
PHONE 410-636-3381

REVISIONS	
DATE	DESC

FRIEND PROPERTY
929 BACK RIVER NECK ROAD
BALTIMORE COUNTY MARYLAND

DRAWN BY HR SCALE 1"=100'
CHECKED TP DATE 9/24/98

