

VK 5-7

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning & Community Conservation
Attention: Jeffrey Long
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204

PDM ALF # _____

Permit No. (if required) B _____

FROM: Arnold Jablon, Director
Department of Permits & Development Management

RE: Assisted Living Facility (Class "A").

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 Community Conservation prior to this office's approval of a building/use permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Tracey L. Turnage 5947 Central Ave 410-869-0756
Print Name of Applicant Address Telephone Number

Lot Address 5947 Central Ave Election District 1st Councilmanic District 1st Square Feet 6,316

Lot Location: N ^{SW} E S W / side / corner of Central Ave & Kent Ave & Kent Ave feet from N E S W corner of _____
(street) (street)

Land Owner: Tracey L. Turnage Tax Account Number 19 00 00 5055

Address: 5947 Central Ave Telephone Number (410) 869-0756

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

TO BE FILLED IN BY ZONING REVIEW, DEPARTMENT OF PERMITS AND DEVELOPMENT MANAGEMENT ONLY!

	PROVIDED?		Accepted for filing by <u>TG</u> Date: <u>6-9-00</u>
	YES	NO	
1. This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Permit Application (If available)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Site Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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): available in Room 206, County Office Building - (please label site clearly)	<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 checked="" type="checkbox"/>	
4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Current Zoning Classification: <u>D.R. - S.S (N.W. 1-F)</u>			

TO BE FILLED IN BY THE OFFICE OF PLANNING 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 Community Conservation

Date: _____

BALTIMORE COUNTY, MARYLAND
OFFICE OF BUDGET & FINANCE
MISCELLANEOUS RECEIPT

No. 083246

DATE 6-9-00 ACCOUNT Room 6150

AMOUNT \$ 40.00

RECEIVED FROM: Tracey Turnage

5947 Central Ave
FOR: Assisted Living Facility (5)

DISTRIBUTION

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

PAID RECEIPT

PAYMENT ACTUAL TIME
6/12/2000 6/09/2000 15:11:46

REG MS06 CASHIER KWCM KCM DRAMER 6
Dept 5 52B ZONING VERIFICATION
Receipt # 001931 OFLN
CR NO. 083246

Recpt Tot 40.00
.00 CK 40.00 CR
Baltimore County, Maryland

CASHIER'S VALIDATION

DR 5.5

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Print Name of Applicant Address Telephone Number

Lot Address 5947 Central Ave Election District 1st Councilmanic District 1st Square Feet 6,316

Lot Location: ^{SEW} N E S W side/corner of Central Ave & Kent Ave & Kent Ave feet from N E S W corner of _____ (street) ^{145' ac} (street)

Land Owner: Tracey L. Turnage Tax Account Number 1900005055

Address: 5947 Central Ave. Telephone Number (410) 869-0756

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

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6. Current Zoning Classification: <u>D.R. -5.5 (N.W. 1-F)</u>			

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

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

The applicant must demonstrate Full compliance with all ADA requirements prior to the issuance of any permits.

Signed by: Jeffrey M. Long
for the Director, Office of Planning and Community Conservation 410-887-3480

Date: 6/19/00

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 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 410-887-3391 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 (must be at an engineer's scale and legible), 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 (PDM) should be contacted for further information (phone: 410-887-3391) (per Sections 101 - definition of Assisted Living Facility, Class B, 432.5.B.1.c, and 432.5.B.2.b, BCZR).
6. Note on the plan that any proposed signs will comply with Section 413.1⁴⁵⁰ (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.

PLEASE READ AND PROVIDE ALL INFORMATION ON THESE CHECKLISTS: BE AWARE THAT INCOMPLETE OR INADEQUATE INFORMATION PRESENTED AT YOUR APPOINTMENT WILL USUALLY REQUIRE THAT ANOTHER APPOINTMENT FOR REVISION REVIEW BE SET.

USE PERMIT



IT IS ORDERED by the Director of the Baltimore County Department of Permits and Development Management, this 20th of July, 20 00, that 5947 Central Avenue (street address) should be and the same is hereby granted permission to operate an Assisted Living Facility for not more than 5 beds - Class A

083246
Permit No.

Carl Jable
Director

Planner's Initials tg

410-869-0756



LONG TERM CARE FACILITIES ADA SURVEY/REVIEW

Baltimore County Commission on Disabilities
Office of Community Conservation
Investment Building, Suite 800, Towson, Maryland 21204
(410) 887-3580 FAX, (410) 887-5696, TTY: 887-2799

DATE OF REVIEW:

NAME OF FACILITY *The Turnage House*

DESCRIPTION OF FACILITY: *2 Level home 5 bedrooms*

Long Term Care (nursing home or provider of assisted living services) Yes No

Hospital and/or Rehabilitation Facility Yes No

ADDRESS OF FACILITY: *5947 Central Ave*

NUMBER OF FLOORS: *2 and basement* LEVELS ON EACH FLOOR:

CONSTRUCTION/LAST ALTERATION DATE: *NA*

SQUARE FOOTAGE/ACREAGE: *6,316*

SURVEYOR: *Tracy Turnage* *Owner*
Name Title

This check assesses accessibility features to ensure compliance with The Americans with Disabilities Act Accessibility Guidelines (ADAAG) for Long Term Care Facilities. Section 6 of ADAAG specifically addresses medical care facilities including those providing long term care. This form is intended to assist the user to determine the accessibility of existing buildings applying for a zoning change of use and/or alteration permit.

ADAAG Section 6 -- Medical Care Facilities under ADAAG 6.1(3) are defined as follows:

"Medical care facilities included in this section are those in which people receive physical or medical treatment or care and where persons may need assistance in responding to an

LONG TERM CARE FACILITIES ADA SURVEY

Long Term Care Facilities Are Covered Under Section 6 of ADAAG

All code references are drawn from the Americans With Disabilities Act Accessibility Guidelines (ADAAG) issued by the U.S. Architectural & Transportation Barriers Compliance Board and the Maryland Accessibility Code (COMAR .05 .02 .02)

A.	IF OFF-STREET PARKING IS PROVIDED (ADAAG 4.6)	YES	NO	COMMENTS-N/A
1.	Is designated accessible parking located on the shortest accessible route of travel from accessible entry? (4.3.2 & 4.6.2)	✓		
2.	Is there an adequate number of accessible parking spaces available? (4.1.2) 1st 1-100 =1/25, between 100-200 add 1/50 over add 1/100	✓		
3.	Is the first designated accessible parking space (and one space for each 8 spaces thereafter) a 16-foot wide with 98" vertical clearance van accessible space? (4.1.2 & 4.6.5)	✓		
4.	Are other designated accessible parking spaces a minimum of 96" wide with a shared or independent 60" access route? (MD Bldg. Code, ADAAG 4.6.3 requires 36" - accessible route from parking to an accessible entry.)	✓		
5.	Are spaces designated by signage that is elevated 7' above the parking lot? (4.6.4)(COMAR 05.02.02)		✓	it's a house Not a Big Commercial Building,

COMMENTS:

LONG TERM CARE FACILITIES ADA SURVEY
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B.	ACCESSIBLE ROUTE (ADAAG 4.3) FROM PARKING OR PUBLIC TRANSPORTATION TO AN ACCESSIBLE ENTRY	YES	NO	N/A	MEASUREMENT/ COMMENT
1.	Is the minimum clear width at least 36" with a maximum running slope of 1:20 (5%) or less except at doors? (4.3.3)			✓	
2.	Are walks constructed of a firm, fixed non-slip material ? (4.5.1)	✓			
3.	Are walks constructed with a cross slope of 2% (1:50) or less? (4.3.7.1)			✓	
4.	Are all changes in level in excess of ½" provided for by the use of curb ramps or ramps rather than stair steps? (4.3.8)	✓			
5.	Do curb ramps have a minimum width of 36"? Is max slope 1:12 with adjoining walks 1:20? (ADAAG 4.7.3)	✓			
6.	Do ramps have a slope of 1:12 (8.33%) or less? (4.8)	✓		N/A	
7.	Do ramps over 6' in length have handrails on both sides that extend 12" beyond ramp and between 34" and 38" above the incline? If less note measurement.			N/A	

8.	Are 5' landings (with a maximum 2% cross slope) provided at the top and bottom of ramps? (ADAAG 4.8.4)			✓	
	Are 5' x 5' landings provided when a ramp turns a corner?			,	
9.	If the main entry is not accessible is signage in place directing consumers to the nearest accessible entry? (4.1.3 (8) (d))			✓	

COMMENTS:

LONG TERM CARE FACILITIES ADA SURVEY

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C.	ACCESSIBLE ENTRIES (ADAAG 4.13)	YES/ TYPE	NO	N/A	MEASUREMENT
1.	Is there an entry with a minimum of 32" clear passage connected by an accessible route to parking or a public transportation stop ? (4.13.5)	✓			
2.	Can door hardware be activated with a "closed fist" (4.13.9) - i.e. without tight grasping or twisting?	✓			
3.	Is there an appropriate maneuvering distance at entries? (4.13.6 fig 25) A 5' landing on the inside and outside of the accessible door.	✓			
4.	Is at least one accessible entrance that complies with ADAAG 4.14 protected from the weather by canopy or roof overhang . Such entrances shall incorporate a passenger-loading zone that complies with ADAAG 4.6.6.	✓			
5.	Are thresholds ½" or less (beveled at 1:2 if over 1/4" but not more than ½") or 3/4" with no required bevel for exterior sliding doors?	✓			

6.	Is the interior floor surface non-slip? (4.5.1)	✓			
7.	Is there an interior accessible route 36" wide broken only by 32" clear door passages, on the main interior level (4.3)?	✓			
8.	Is vertical interior access present in buildings over 4000 square feet for two levels; or, over 3000 square feet for three or more levels? (ADAAG 4.1.3 (5) & COMAR .07, C, (2), (a)	✓			

COMMENTS:

LONG TERM CARE FACILITIES ADA SURVEY

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D.	RESTROOMS (ADAAG 4.22, 4.16, 4.17)	YES	NO	NUMBER ACCESSIBLE/ COMMENTS
1.	Are accessible toilets available? Accessible Toilets comply with ADAAG 4.22.	✓		2
	In Long term care facilities and nursing homes ADDAG requires that at least 50 percent of patient toilets, as required by ADAAG 6.1 (3), designed and constructed to be accessible.	✓		
2.	Does the entry door provide a minimum of 32" clear passage from an accessible route? (4.13.5)	✓		
3.	Is there sufficient clear space in the toilet room provided for wheel chair users? (4.2.3) Is there a 60" turning circle unaffected by the swing of a door.	✓		
4.	Is there 30" x 48" clear floor space in front of the toilet.	✓		

5.	Are grab bars (4.16.4) mounted between 32" and 36" above the floor in front and behind the toilet?	✓		
6.	If it is a multi-user (MU) restroom does it :			
a.	Have a stall with a door that opens out and provides a 32" clear opening ?	✓		
b.	Have 30" x 48" clear floor space in front of toilet . Stall should be 60"x 59" (60" x 56" for wall mounted toilet's)		✓	Floor based toilet
c.	Provide grab bars (4.16.4) mounted between 32" and 36" above the floor	✓		
d.	Have a toilet seat measuring between 17" and 19" from floor.	✓		
e.	Have flush controls mounted on wide side of toilet area no more than 44" above the floor. (4.16.5)	✓		

LONG TERM CARE FACILITIES ADA SURVEY

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D.	RESTROOMS (ADAAG 4.22, 4.16, 4.17)	YES	NO	NUMBER ACCESSIBLE/ COMMENTS
7.	At least one towel holder provided not more than 54" above the floor?	✓		
6.	At least one lavatory with the top mounted 34" above the floor providing 27"-29" knee clearance and a mirror with the reflective area 40" above the floor? Can faucets be operated without tight grasping and twisting?	✓		

COMMENTS:

E.	BEDROOMS (ADAAG 6.1 (3&4))	YES	NO	COMMENTS
1.	Does facility have accessible patient bedrooms ?	✓		
	In Long term care facilities and nursing homes ADDAG requires that at least 50 percent of patient bedrooms to be accessible.	✓		
2.	Does the entry door provide a minimum of 32" clear passage from an accessible route? (4.13.5)	✓		
3.	Is there sufficient clear space in the bedroom provided for wheel chair users? (4.2.3)	✓		
4.	Is there a 60" turning circle unaffected by the swing of a door? (4.2.3)	✓	✗	
5.	Is there at least 36" between beds? (6.3 (3))	✓		
6.	If there are toilet/bath rooms as a part of the patient bed room are they accessible – see Section D above (6.4)		✓	

COMMENTS:

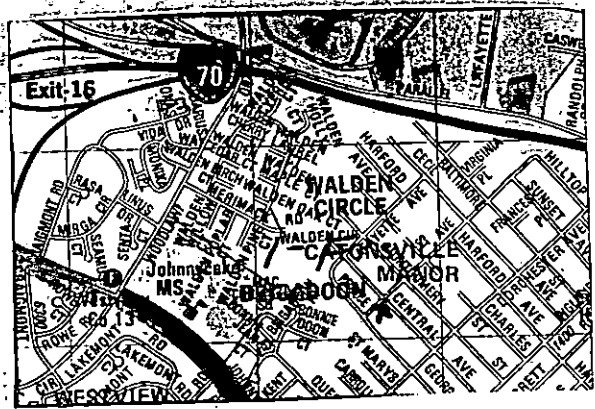
LONG TERM CARE FACILITIES ADA SURVEY

Long Term Care Facilities Are Covered Under Section 6 of ADAAG

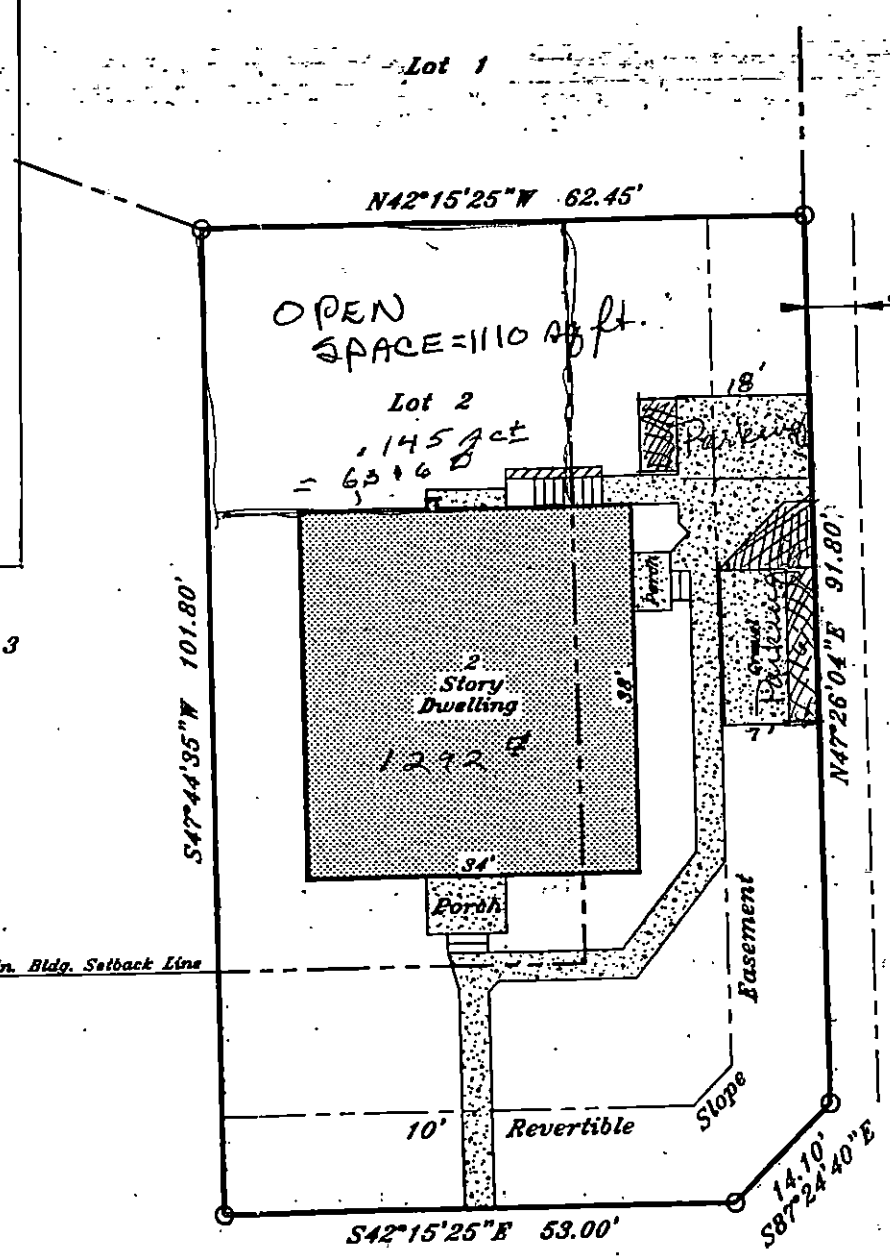
All code references are drawn from the Americans With Disabilities Act Accessibility Guidelines (ADAAG) issued by the U.S. Architectural & Transportation Barriers Compliance Board and the Maryland Accessibility Code (COMAR .05 .02 .02)

F.	MULTI-LEVEL ACCESS (ADAAG 4.10)	TYPE	FLOOR AREA MEASUREMENT
1.	Does facility have an elevator(s), platform lift(s) or chair lift(s) that provides second floor access?		
2.	Are elevator(s), platform lift(s) or chair lifts on an accessible route from the accessible entry and common use areas? (4.10.1)		

COMMENTS: *We have none of the above*



Vicinity Map 1" = 2000



5' Road Widening

ZONING USE PERMIT PLAN FOR CLASS A' ASSISTED LIVING FACILITY

LOCATED AT: 5947 CENTRAL AVE. BALTIMORE COUNTY, MD. 21207 ELEC. DIST. 1ST PROPERTY OWNER: TRACEY L. TURNAGE ADDRESS: 5947 CENTRAL AVE. BALTIMORE COUNTY, MD. 21207 PLAN DATE 6/1/2000 PHONE NO# 410-869-0756 LOT SIZE = 6,316 SQ. FT. OR .145 ACT. ZONING MAP: SW 5F ZONE DR 5.5

AREA REQUIRED FOR BEDS 5=6,000 SQ. FT. PARKING: 1 SPACE FOR EACH 3 BEDS=2 SPACES REQUIRED. ALL PARKING USES SHOWN EXISTED PRIOR TO THE DATE OF THIS PLAN. ALL PARKING WILL BE PERMANENTLY STRIPED EXISTING FLOOR AREAS SQ. FT. 1ST FLOOR ROOM 1292 2ND FLOOR ROOM 1292 TOTAL= 2,584 BASEMENT FOR STORAGE AND MECHANICAL EQUIPMENT 129 EXISTING GARAGE = NONE

DENSITY CALCULATIONS FOR 5 BEDS DR. 5.5 6,000 SQ. FT. 5 BEDS

NOTE AND CHECK ONE THERE HAVE BEEN () THERE HAVE NOT BEEN () EXTERIOR ENLARGEMENTS TO THIS BUILDING IN THE PAST 5 YEARS. IF THERE HAVE BEEN EXPLAIN WHAT THEY WERE:

EXPLANATION OF GROUND FLOOR ENLARGEMENTS HERE:

IF MORE THAN AN EXISTING PORCH ENCLOSURE OR ADDITION OF EXTERIOR STAIR SHOW CALCULATIONS FOR THE % OF INCREASE HERE:

THE UNDERSIGNED ARE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION ON THIS PLAN (OWNERS)

Signature and name of Tracey L. Turnage, dated June 10/00

"THIS BUILDING HAS NOT BEEN ORIGINALAY 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 HTE 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" NO SIGNS ARE PROPOSED. ANY FUTURE SIGNS WILL COMPLY WITH SECT 413.1 BCZR AND ZONING SIGN PLOICIES OR BE VARIANCD.

Dwelling lies in Flood Zone C F.E.M.A. Map Panel Number 240010 0390 B, Dated 3/02/81

1" = 20'