

* KATHY MANUSBERGER
DAMH - HEALTH DEPT.

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nonconforming
re-issue JL

2/11/05

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning & Community Conservation
Attention: ALF REVIEWER
County Courts Building, Room 406
401 Bosley Avenue
Towson, MD 21204
M.S. 3402

PDM ALF # _____

Permit No. (if required) B _____

FROM: Timothy M. Kotroco
Department of Permits & Development Management

RE: Assisted Living Facility I or II

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:

MAE ALLEN (REV.) 4 DUNCROFT PL. #1C BALTIMORE MD 21286
Print Name of Applicant Address Telephone Number
410-882-8689

Lot Address _____ Election District _____ Councilmanic District _____ Square Feet of Lot _____

Lot Location: N E S W/side/corner of _____ feet from N E S W corner of _____
(street) (street)

Land Owner: _____ Tax Account Number _____

Phone: _____ Telephone Number () _____

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

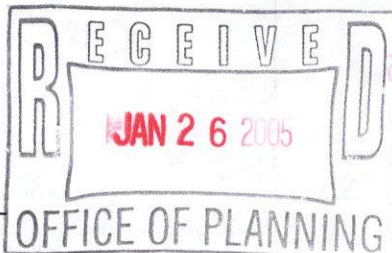
TO BE FILLED IN BY ZONING REVIEW, DEPARTMENT OF PERMITS AND DEVELOPMENT MANAGEMENT ONLY!

| | PROVIDED? | | Accepted for filing by _____ |
|---|-----------|-------|------------------------------|
| | YES | NO | Date: _____ |
| 1. Recommendation Form (3 copies) | _____ | _____ | _____ |
| 2. Permit Application (If available) | _____ | _____ | _____ |
| 3. Site Plan: Property (3 copies): including lot size and square feet of buildings, parking and open space - 10% lot area | _____ | _____ | _____ |
| Statement as to whether or not building has been enlarged by 25% or more in the last five (5) years | _____ | _____ | _____ |
| 4. Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans) | _____ | _____ | _____ |
| 5. Photographs (please label all photos clearly) Adjoining Buildings, the Proposed Building, and Surrounding Neighborhood | _____ | _____ | _____ |
| 6. Current Zoning Classification: _____ | _____ | _____ | _____ |

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: _____

Nonconforming Assisted Living Facility Approval
(for 3 or fewer beds)

The attached (stamped and dated) ALF approval is for zoning only. Please keep copies of this information in your records as this office will not maintain an approval file for future reference.

4 DUNCROFT PLACE APT. 1C
Location

1
Number of beds

John J. Lewis 2/02/05
Planner, Zoning Review Date



MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 OFFICE OF HEALTH CARE QUALITY
 SPRING GROVE CENTER
 BLAND BRYANT BUILDING
 55 WADE AVENUE
 CATONSVILLE, MARYLAND 21228

License No. 03AL661

Registration No. 9995

Issued to:

MAE ALLEN CARE PROVIDER
 4 DUNCROFT PLACE
 APARTMENT 1C
 BALTIMORE, MD 21236

Type of Facility or Community Program:
 Assisted Living

Number of Beds:
 1

Level of Care:
 2

Date Issued: March 7, 2004

Expiration Date: March 6, 2005

Renewal Option: _____ to _____

Waivers:

Renewal License - Replaces License #7354

ZONING APPROVAL FOR AN
 ASSISTED LIVING FACILITY
 EXISTING PRIOR TO 5/29/04
 (BILL #19-04) FOR 1 BEDS

JRP
 Initials

MAY 2/02/05
 Date
 OFFICE OF PLANNING

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 § 1801, et. seq., Annotated Code of Maryland, 1996 replacement volume, and subsequent supplements to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Carol R
 Director



MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. 03AL661

Registration No. 7354

Issued to: Ms. Mae Allen
MAE ALLEN FACILITY
4 DUNCROFT PLACE
APARTMENT 1C
BALTIMORE, MD 21236

| | | |
|--|-----------------|----------------|
| Type of Facility or Community Program: | Number of Beds: | Level of Care: |
| Assisted Living | 1 | 2 |

Date Issued: March 7, 2003

Expiration Date: March 6, 2004

Renewal Option: _____ to _____

Waivers:

Renewal License - Replaces License #5048

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 § 1801, et. seq., Annotated Code of Maryland, 1996 replacement volume, and subsequent supplements to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Director



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. 03AL661

Registration No. 5048

Issued to: Ms. Mae Allen
MAE ALLEN FACILITY
4 DUNCROFT PLACE, APARTMENT #1C
BALTIMORE, MD 21236

| | | |
|--|-----------------|----------------|
| Type of Facility or Community Program: | Number of Beds: | Level of Care: |
| Assisted Living | 1 | 2 |

Date Issued: March 7, 2002

Expiration Date: March 7, 2003

Waivers:

This license replaces License #4899

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 § 1801, et. seq., Annotated Code of Maryland, 1996 replacement volume, and subsequent supplements to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Director



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. 03AL661

Registration No. 2146

Issued to: Ms. Mae Allen
MAE ALLEN CARE PROVIDER
4 DUNCROFT PLACE, APARTMENT #1C
BALTIMORE, MD 21236

| | | |
|--|-----------------|----------------|
| Type of Facility or Community Program: | Number of Beds: | Level of Care: |
| Assisted Living | 1 | 2 |

Date Issued: March 7, 2001

Expiration Date: March 7, 2002

Waivers:

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Director