

USE PERMIT



IT IS ORDERED by the Director of the Baltimore County Department of Permits and Development Management, this 8TH of AUGUST, 2006, that 2 Gwynn Lake Dr. (street address) should be and the same is hereby granted permission to operate a Assisted Living Facility I (Max. = 4 Beds)

Receipt # 7236

Permit No.

Office of Planning
Approval 7/27/06
REV 06/00

A handwritten signature in cursive script that reads "Jeffrey Kotroco".

Director

Planner's Initials JF

USE PERMIT



IT IS ORDERED by the Director of the Baltimore County Department of Permits and Development Management, this 8TH of AUGUST, 2006, that 2 Gwynn Lake Dr. (street address) should be and the same is hereby granted permission to operate a Assisted Living Facility I (Max. = 4 Beds)

Receipt # 7236

Permit No.

Office of Planning
Approval 7/27/06
REV 06/00

Janet Kotroco

Director

Planner's Initials JF

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

PDM ALF # _____

Permit No. (if required) B _____

TO: Director, Office of Planning & Community Conservation
Attention: ALF REVIEWER
County Courts Building, Room 408
401 Bosley Avenue
Towson, MD 21204
M.S. 3402

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

RE: Assisted Living Facility or II

Post-It* Fax Note	7671	Date	7.27.06	# of pages	1
To	JUN FERNANDO	From	T. GERMAN		
Co./Dept.	PDM	Co.	PLANNING		
Phone #		Phone #	X3450		
Fax #	X2824	Fax #			

This office is requesting recommendations and comments from the Office of Planning & Community Conservation regarding the proposed building/used permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Print Name of Applicant: ADRIANA G. BENO, GRACE Address: 2, GUYNN LAKE DRIVE GUYNN OAK, MD 21207 Telephone Number: 443-520-0563

Lot Address: 2 Gwynn Lake Drive Gwynn Oak MD 21207 Section: 1 Councilmanic District: 4 Square Feet of Lot: 10,620 SF

Lot Location: N E S White Pine Rd feet from NE S W corner of Gwynn Lake Drive

Land Owner: Adriana G. BENO, Grace Tax Account Number: D108650730

Address: 2 Gwynn Lake Drive, Gwynn Oak, MD 21207 Telephone Number (443): 256-2518

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>JF</u> Date: <u>6/27/06</u>
	YES	NO	
1. This Recommendation Form (2 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Permit Application (if available)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Site Plan: Property (2 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	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	
6. Current Zoning Classification: <u>DR 5-5</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: [Signature]
for the Director, Office of Planning and Community Conservation

JUN 28 2006
Date: 7/27/06

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

PDM ALF # _____

Permit No. (if required) B _____

TO: Director, Office of Planning & Community Conservation
Attention: ALF REVIEWER
County Courts Building, Room 408
401 Bosley Avenue
Towson, MD 21204
M.S. 3402

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

RE: Assisted Living Facility or II

Post-It® Fax Note	7671	Date	7.27.06	# of pages	1
To	JUN FERNANDO	From	J. GERMAN		
Co./Dept.	PDM	Co.	PLANNING		
Phone #		Phone #	X3450		
Fax #	X2824	Fax #			

This office is requesting recommendations and comments from the Office of Planning & Community Conservation regarding the building/use permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

APPLICANT: ADRIENNE GRACE, 2 GUYAN LAKE DRIVE, GUYAN OAK, MD 21207, 443-520-0563
Part Name of Applicant Address Telephone Number

Lot Location: N E S White Grayan Lake Drive # 0 feet from NE S W corner of Grayan Lake Drive #
Lot Address Section District Councilmanic District District Parcel

Land Owner: Adrienne Grace Tax Account Number D108650130

Address: 2 Grayan Lake Drive, Grayan Oak, MD 21207 Telephone Number (443) 286-2518

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>JF</u> Date: <u>6/27/06</u>
	YES	NO	
1. This Recommendation Form (2 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Permit Application (if available)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Site Plan: Property (2 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	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	
6. Current Zoning Classification: <u>DR 5-5</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: [Signature]
for the Director, Office of Planning and Community Conservation

JUN 28 2006
Date: 7/27/06

ZONING INFORMATION FOR SMALL ASSISTED LIVING FACILITIES (ALF's)

The attached information will help in filing for the use permits for Class I and II ALF's

There are two checklist sheets. One is for use permit ; the other is for compatibility review. Both must be followed carefully. A sample site plan accompanies the checklist for your convenience. There is also a condensed copy of the zoning regulations attached to the above information.

The regulations for these facilities were based on their establishment in certain residential (DR or equivalent) zones and in existing detached single family dwellings or buildings. They may not be located in apartment buildings. They can only be placed in townhouse units with difficulty ; usually involving Zoning Public Hearings for parking or other conflicts with the zoning regulations as set forth on the checklists. Please be aware that a public hearing requires actions that are not detailed in this information. You may contact the zoning review staff at 410 - 887-3391 about public hearing requirements if you have a site plan conflict with the regulations.

The buildings in which ALF's are proposed must have existed for the past five years and not have had substantial enlargement during that time. For details please see the checklist.

Please check your zoning as directed below. This is very important if you are proposing more than four ALF beds. Each zone requires an increasingly larger lot area to support more than four beds. You may call the above referenced zoning review phone # for questions on required lot sizes once you can state what the site is zoned and the number of ALF beds you are proposing.

ALF II's are for more than 7 beds. There are special requirements for location. They must be located on a "principal arterial street". You must come to the Zoning Review Office at 111 West Chesapeake Ave. in Towson Md., in person to locate your site on the road map system to confirm compliance with this requirement.

ALF III's are for more than 15 residents and have requirements that go beyond those of the smaller ALF I and II Facilities (such as development regulation application). Please contact the zoning staff at the above phone # for details regarding this type of approval.

Please be aware that the provided information is for zoning use permit application only and it is not intended to represent the requirements of any other agency regarding approval of your use.

To find your zoning, you may come to the Zoning Office at the above address or go to the following website: [http:// www.baltimorecountyonline.info](http://www.baltimorecountyonline.info). Once there, click on "What's My Zoning", then on the next page click the "I Agree" tab. An address bar will then come up. Put the street # and road name in the bar and click the " Create A Map " tab. In a few seconds the zoning map should appear. The zoning designation is shown within the blue lines. If you cannot read it clearly, place the mouse cursor on the site and left click the mouse, the zoning should appear in a window on your screen. Occasionally this site may be off-line. Should you have difficulty accessing it, you can try again later or come to the zoning counter at the above address for help. Please be aware that this on-line map is not official. To get a copy of the official map, you must come to the zoning counter for assistance.

ZONING USE PERMIT CHECKLIST
ASSISTED LIVING FACILITY I (1 - 7 beds) or II (8-15 beds)
Pursuant to Bills 19-04 & 32-06

The zoning regulations regarding assisted living facilities (ALF's) were changed by the County Council in Bill No. 19-04, effective 5/29/04 and Bill 32-06, effective 5/18/06. This checklist is intended to inform the public of these standards. One of several changes is the new requirement for small scale ALF's for 1-3 residents which were formerly exempted, that now have to file for a zoning use permit as was previously required only for 4-15 resident facilities. **However, if you can clearly document to this office that your facility was licensed and legally operating for care of a certain set number of persons prior to the above referenced bill date, an ALF use permit may be issued at the discretion of the Zoning Review Office for continuance of your use for the previously licensed number of persons without a full use permit review as stipulated in this checklist.** This is done by an individual property use review for each site for which such documentation is presented. Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for related information. Fees and Plan/Checklist changes are subject to change without advance notice. Sealed plans may be required.

Filing Requirements

Three (3) use permit plans, per this checklist and sample plan sheet; one planning office compatibility/appearance review package (see Recommendation Form), and \$50.00 are required for filing the application. Due to the necessity of a detailed review of the materials, you must 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, and if the applicant is not the owner, the applicate's name, date, address, daytime telephone number, and the address of the property under this use permit review.
2. Title: Use permit plan for Assisted Living Facility (ALF I or II). 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.
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. Show and label a minimum of 10% of the lot as "open space". Show the method of calculation; Lot sq ft. x .10= _____ sq ft 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. Each parking space must be 8-1/2 feet x 18 feet, which must be shown and dimensioned.
 B. Parking spaces must be shown to comply with the following: 10 feet from all lot lines other than an alley that does not abut the front or rear yard of a residentially used property. All parking and delivery areas in the side or rear yard only. A public hearing is required for noncompliance. Contact the zoning office for further information.
5. A. Note on the plan: "This building has not been originally constructed to accommodate elderly housing or an assisted living facility. The building has not been constructed in the past 5 years. No reconstruction, relocation, (exterior) changes or additions (of 25% or more based on the ground floor area as of 5 years before the date of this application) to the exterior of the building have occurred. No additions are proposed to exceed this limit for 5 years from the date of this application.
 B. Where compliance with note 5:A. cannot be stated, the use permit application may not be accepted for filing or a public hearing may be required. The zoning office should be contacted for further information.
6. For more than four beds density/area calculations must be shown on plan based on the zones minimum lot area requirements for each density or dwelling unit used. See chart at bottom of this page.
7. Class II ALF's must be shown to be located on a principal arterial street on the plan.
8. Note on the plan that any proposed signs will comply with Section 450 (BCZR) and all zoning sign policies or a zoning variance is required.
9. Include signatures, printed names (and dates) of these responsible for the accuracy of the information in this application.

Density	
1-4 beds	Not required
5-8 beds	2 density lots required
9-12 beds	3 density lots required
13-15 beds	4 density lots required

SAMPLE FORM, ADD YOUR INFORMATION ACCORDING TO THIS FORMAT.

**ZONING USE PERMIT
PLAN FOR A ASSISTED LIVING FACILITY I OR II**

#123 SMITH ROAD
BALTIMORE COUNTY MD 20204
3RD ELECTION DISTRICT
OWNER: JOHN & LINDA SMITH
ADD. #321 BROOK LA. TOWSON MD 21064
DATE 2/24/04 (PLAN DATE)
PHONE: 410-325-1789
APPLICANT: IF NOT OWNER ADD ABOVE INFO.

LOT SIZE: 6,000 SQ. FT.
ZONING MAP N.W. 8F
ZONE DR 3.5

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED.

EXISTING FLOOR AREAS SQ. FT.
1ST FLOOR AND SUN ROOM = 1987 SQ. FT.
2ND FLOOR = 1811 SQ. FT.
TOTAL 3,798 SQ. FT.
BASEMENT FOR STORAGE AND
MECHANICAL EQUIPMENT = 1811 SQ. FT.
EXISTING GARAGE = 374 SQ. FT.

OPEN SPACE: .10 x LOT AREA (6,000 SQ. FT.) = 600 SQ. FT.

FOR MORE THAN 4 BEDS, SEE THE DENSITY CHART AT THE
BOTTOM OF PAGE 1 OF THIS CHECKLIST. SHOW CALCULATION
IN THIS AREA ON YOUR PLAN.

THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO
ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED LIVING
FACILITY. THE BUILDING HAS NOT BEEN CONSTRUCTED IN THE
PAST 5 YEARS. NO RECONSTRUCTION, RELOCATION,
(EXTERIOR) CHANGES OR ADDITIONS (OF 25% OR MORE BASED
ON THE GROUND FLOOR AREA AS OF 5 YEARS BEFORE THE
DATE OF THIS APPLICATION) TO THE EXTERIOR OF THE
BUILDING HAVE OCCURRED. NO ADDITIONS ARE PROPOSED TO
EXCEED THIS LIMIT FOR 5 YEARS FROM THE DATE OF THIS
APPLICATION.

SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R.

THE UNDERSIGNED (STATE IF OWNERS OR APPLICANTS) ARE RESPONSIBLE FOR
THE ACCURACY OF THE INFORMATION ON THIS PLAN.

SIGNATURE DATE

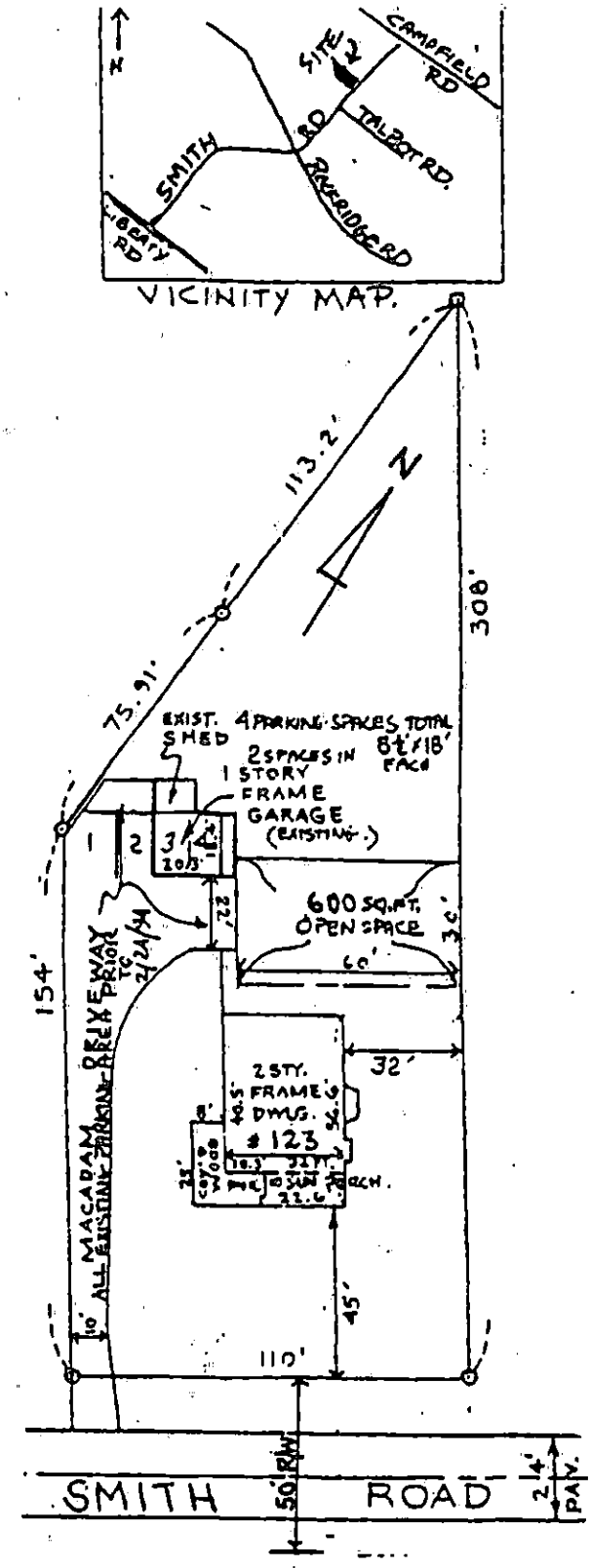
PRINTED NAME

SIGNATURE DATE

PRINTED NAME

ENGINEERS SCALE
1" = _____ FT.

REVISED 7/19/04



**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

ALF Address _____

Permit No. (if required) B _____

FROM: Timothy M. Kotroco
Department of Permits & Development Management
M.S. 1105

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:

Print Name of Applicant _____	Address _____	Telephone Number _____
Lot Address _____	Election District _____	Councilmanic District _____
	Square Feet of Lot _____	
Lot Location: N E S W/side/corner of _____ (street) _____ feet from N E S W corner of _____ (street)		
Land Owner: _____	Tax Account Number _____	
Address: _____	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 _____ Date: _____
	YES	NO	
1. This 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 of Compliance with Checklist Note 5.A	_____	_____	
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: _____

ASSISTED LIVING FACILITIES I, II, & III.

(Bill Nos. 19-04 & 32-06)

*******SECTION 101. DEFINITIONS.**

ASSISTED LIVING FACILITY: A BUILDING, OR SECTION OF A BUILDING THAT PROVIDES HOUSING AND SUPPORTIVE SERVICES, SUPERVISION, PERSONALIZED ASSISTANCE, HEALTH-RELATED SERVICES, OR A COMBINATION THEREOF, TO MEET THE NEEDS OF INDIVIDUALS WHO ARE UNABLE TO PERFORM OR WHO NEED ASSISTANCE IN PERFORMING THE ACTIVITIES OF DAILY LIVING AND WHICH IS LICENSED AS AN ASSISTED LIVING PROGRAM AS DEFINED UNDER TITLE 19, SUBTITLE 18 OF THE HEALTH-GENERAL ARTICLE, ANNOTATED CODE OF MARYLAND. FOR THE PURPOSES OF THIS DEFINITION, IF A RESIDENT LIVES IN A ROOM OR APARTMENT PROVIDING COMPLETE KITCHEN FACILITIES INTENDED FOR THE DAILY PREPARATION OF MEALS BY OR FOR THAT RESIDENT, THE UNIT SHALL NOT BE CONSIDERED AN ASSISTED LIVING FACILITY. DENSITY FOR SUCH FACILITIES SHALL BE CALCULATED AT 0.25 FOR EACH BED.

*******SECTION 432A. ASSISTED LIVING FACILITY; HOUSING FOR THE ELDERLY. AN ASSISTED LIVING FACILITY IS PERMITTED IN THE D.R., R.O., R.O.A., R.A.E., B.R., B.M. AND OR-2 ZONES AS FOLLOWS:**

- 1) AN ASSISTED LIVING FACILITY I IS PERMITTED BY USE PERMIT.
- 2) AN ASSISTED LIVING FACILITY II IS PERMITTED BY USE PERMIT IF IT HAS FRONTAGE ON A PRINCIPAL ARTERIAL STREET.
- 3) AN ASSISTED LIVING FACILITY III IS PERMITTED IN A D.R. 16, R.A.E., R.O., R.O.A. or B.M., ZONE BY USE PERMIT. AN ASSISTED LIVING FACILITY III IS PERMITTED IN THE OR-2 ZONE BY SPECIAL EXCEPTION AND IS LIMITED BY THE USE, AREA, AND BULK REGULATIONS OF THE D.R. 10.5 ZONE. A FACILITY LOCATED IN A R.O. ZONE IS ALSO SUBJECT TO REVIEW BY THE DESIGN REVIEW PANEL FOR COMPATABILITY WITH SURROUNDING USES.
- 4) HOUSING FOR THE ELDERLY IS PERMITTED BY RIGHT IN R.A.E. ZONES

*******ASSISTED LIVING FACILITY I: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES FEWER THAN 8 RESIDENT CLIENTS.

*******ASSISTED LIVING FACILITY II: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES BETWEEN 8 AND 15 RESIDENT CLIENTS.

*******ASSISTED LIVING FACILITY III: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) WILL ACCOMMODATE MORE THAN 15 RESIDENT CLIENTS.
- 2) WILL BE IN A STRUCTURE WHICH WAS BUILT OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA LESS THAN FIVE YEARS BEFORE THE DATE OF APPLICATION. OR
- 3) WILL BE IN A STRUCTURE WHICH WILL BE NEWLY CONSTRUCTED OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA FOR THE ASSISTED LIVING PROGRAM.

*******SITE & DESIGN STANDARDS:**

- 1) EXCEPT FOR THE SIGNS PERMITTED BY SECTION 450, NO OTHER SIGNS OR DISPLAYS OF ANY KIND VISIBLE FROM THE OUTSIDE ARE PERMITTED.
- 2) OFF-STREET PARKING SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 409 AND SUBJECT TO THE FOLLOWING CONDITIONS, BUT NO PARKING STRUCTURE IS PERMITTED EXCEPT FOR A RESIDENTIAL GARAGE AS DEFINED IN SECTION 101.
 - PARKING SHALL BE SET BACK AT LEAST 10 FEET FROM THE PROPERTY LINE, EXCEPT THAT IF THE PROPERTY LINE ABUTS AN ALLEY. NO SETBACK IS REQUIRED IF THE ALLEY DOES NOT ABUT THE FRONT OR REAR YARD OF A RESIDENTIALLY USED PROPERTY.
 - PARKING AND DELIVERY AREAS SHALL BE LOCATED IN THE SIDE OR REAR ONLY.
 - AT LEAST 10% OF THE LOT SHALL BE USED TO PROVIDE USABLE CONTIGUOUS AND PRIVATE OPEN SPACE.
- 3) AN ASSISTED LIVING FACILITY IS SUBJECT TO A COMPATIBILITY FINDING PURSUANT TO SECTION 32-4-402 OF THE BALTIMORE COUNTY CODE.
- 4) AN ASSISTED LIVING FACILITY LOCATED IN A COUNTY HISTORIC DISTRICT IS ALSO SUBJECT TO REVIEW BY THE LANDMARKS PRESERVATION COMMISSION IN THE SAME MANNER AS OTHER BUILDINGS LOCATED IN A HISTORICAL DISTRICT.

ZONING INFORMATION FOR SMALL ASSISTED LIVING FACILITIES (ALF's)

The attached information will help in filing for the use permits for Class I and II ALF's

There are two checklist sheets. One is for use permit ; the other is for compatibility review. Both must be followed carefully. A sample site plan accompanies the checklist for your convenience. There is also a condensed copy of the zoning regulations attached to the above information.

The regulations for these facilities were based on their establishment in certain residential (DR or equivalent) zones and in existing detached single family dwellings or buildings. They may not be located in apartment buildings. They can only be placed in townhouse units with difficulty ; usually involving Zoning Public Hearings for parking or other conflicts with the zoning regulations as set forth on the checklists. Please be aware that a public hearing requires actions that are not detailed in this information. You may contact the zoning review staff at 410 - 887-3391 about public hearing requirements if you have a site plan conflict with the regulations.

The buildings in which ALF's are proposed must have existed for the past five years and not have had substantial enlargement during that time. For details please see the checklist.

Please check your zoning as directed below. This is very important if you are proposing more than four ALF beds. Each zone requires an increasingly larger lot area to support more than four beds. You may call the above referenced zoning review phone # for questions on required lot sizes once you can state what the site is zoned and the number of ALF beds you are proposing.

ALF II's are for more than 7 beds. There are special requirements for location. They must be located on a "principal arterial street". You must come to the Zoning Review Office at 111 West Chesapeake Ave. in Towson Md., in person to locate your site on the road map system to confirm compliance with this requirement.

ALF III's are for more than 15 residents and have requirements that go beyond those of the smaller ALF I and II Facilities (such as development regulation application). Please contact the zoning staff at the above phone # for details regarding this type of approval.

Please be aware that the provided information is for zoning use permit application only and it is not intended to represent the requirements of any other agency regarding approval of your use.

To find your zoning, you may come to the Zoning Office at the above address or go to the following website: [http:// www.baltimorecountyonline.info](http://www.baltimorecountyonline.info). Once there, click on "What's My Zoning", then on the next page click the "I Agree" tab. An address bar will then come up. Put the street # and road name in the bar and click the " Create A Map " tab. In a few seconds the zoning map should appear. The zoning designation is shown within the blue lines. If you cannot read it clearly, place the mouse cursor on the site and left click the mouse, the zoning should appear in a window on your screen. Occasionally this site may be off-line. Should you have difficulty accessing it, you can try again later or come to the zoning counter at the above address for help. Please be aware that this on-line map is not official. To get a copy of the official map, you must come to the zoning counter for assistance.

ZONING USE PERMIT CHECKLIST
ASSISTED LIVING FACILITY I (1 – 7 beds) or II (8-15 beds)
Pursuant to Bills 19-04 & 32-06

The zoning regulations regarding assisted living facilities (ALF's) were changed by the County Council in Bill No. 19-04, effective 5/29/04 and Bill 32-06, effective 5/18/06. This checklist is intended to inform the public of these standards. One of several changes is the new requirement for small scale ALF's for 1-3 residents which were formerly exempted, that now have to file for a zoning use permit as was previously required only for 4-15 resident facilities. **However, if you can clearly document to this office that your facility was licensed and legally operating for care of a certain set number of persons prior to the above referenced bill date, an ALF use permit may be issued at the discretion of the Zoning Review Office for continuance of your use for the previously licensed number of persons without a full use permit review as stipulated in this checklist.** This is done by an individual property use review for each site for which such documentation is presented. Prior to applying for this Use Permit, contact the Baltimore County Department of Aging for related information. Fees and Plan/Checklist changes are subject to change without advance notice. Sealed plans may be required.

Filing Requirements

Three (3) use permit plans, per this checklist and sample plan sheet; one planning office compatibility/appearance review package (see Recommendation Form), and \$50.00 are required for filing the application. Due to the necessity of a detailed review of the materials, you must 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, and if the applicant is not the owner, the applicate's name, date, address, daytime telephone number, and the address of the property under this use permit review.
2. Title: Use permit plan for Assisted Living Facility (ALF I or II). 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.
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. Show and label a minimum of 10% of the lot as "open space". Show the method of calculation; Lot sq ft. x .10= _____ sq ft 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. Each parking space must be 8-1/2 feet x 18 feet, which must be shown and dimensioned.
 B. Parking spaces must be shown to comply with the following: 10 feet from all lot lines other than an alley that does not abut the front or rear yard of a residentially used property. All parking and delivery areas in the side or rear yard only. A public hearing is required for noncompliance. Contact the zoning office for further information.
5. A. Note on the plan: "This building has **not** been originally constructed to accommodate elderly housing or an assisted living facility. The building has **not** been constructed in the past 5 years. No reconstruction, relocation, (exterior) changes or additions (of 25% or more based on the ground floor area as of 5 years before the date of this application) to the exterior of the building have occurred. No additions are proposed to exceed this limit for 5 years from the date of this application.
 B. Where compliance with note 5.A. cannot be stated, the use permit application may not be accepted for filing or a public hearing may be required. The zoning office should be contacted for further information.
6. For more than four beds density/area calculations must be shown on plan based on the zones minimum lot area requirements for each density or dwelling unit used. See chart at bottom of this page.
7. Class II ALF's must be shown to be located on a principal arterial street on the plan.
8. Note on the plan that any proposed signs will comply with Section 450 (BCZR) and all zoning sign policies or a zoning variance is required.
9. Include signatures, printed names (and dates) of these responsible for the accuracy of the information in this application.

Density	
1-4 beds	Not required
5-8 beds	2 density lots required
9-12 beds	3 density lots required
13-15 beds	4 density lots required

SAMPLE FORM, ADD YOUR INFORMATION ACCORDING TO THIS FORMAT.

**ZONING USE PERMIT
PLAN FOR A ASSISTED LIVING FACILITY I OR II**

9123 SMITH ROAD
BALTIMORE COUNTY MD 21044
3RD ELECTION DISTRICT
OWNER: JOHN & LINDA SMITH
ADD. #321 BROOK LA. TOWSON MD 21044
DATE 2/24/94 (PLAN DATE)
PHONE: 410-325-1799
APPLICANT: IF NOT OWNER ADD ABOVE INFO.

LOT SIZE: 6,000 SQ. FT.
ZONING MAP N.W. 8F
ZONE DR 3.8

PARKING: 1 SPACE FOR EACH 3 BEDS = 2 PARKING SPACES REQUIRED.

EXISTING FLOOR AREAS SQ. FT.
1ST FLOOR AND SUN ROOM = 1937 SQ. FT.
2ND FLOOR = 1011 SQ. FT.
TOTAL 3,798 SQ. FT.
BASEMENT FOR STORAGE AND
MECHANICAL EQUIPMENT = 1811 SQ. FT.
EXISTING GARAGE = 374 SQ. FT.

OPEN SPACE: .10 x LOT AREA (6,000 SQ. FT.) = 600 SQ. FT.

FOR MORE THAN 4 BEDS, SEE THE DENSITY CHART AT THE
BOTTOM OF PAGE 1 OF THIS CHECKLIST. SHOW CALCULATION
IN THIS AREA ON YOUR PLAN.

THIS BUILDING HAS NOT BEEN ORIGINALLY CONSTRUCTED TO
ACCOMMODATE ELDERLY HOUSING OR AN ASSISTED LIVING
FACILITY. THE BUILDING HAS NOT BEEN CONSTRUCTED IN THE
PAST 5 YEARS. NO RECONSTRUCTION, RELOCATION,
(EXTERIOR) CHANGES OR ADDITIONS (OF 25% OR MORE BASED
ON THE GROUND FLOOR AREA AS OF 5 YEARS BEFORE THE
DATE OF THIS APPLICATION) TO THE EXTERIOR OF THE
BUILDING HAVE OCCURRED. NO ADDITIONS ARE PROPOSED TO
EXCEED THIS LIMIT FOR 5 YEARS FROM THE DATE OF THIS
APPLICATION.

SIGNS WILL COMPLY WITH SECTION 450 B.C.Z.R.

THE UNDERSIGNED (STATE IF OWNERS OR APPLICANTS) ARE RESPONSIBLE FOR
THE ACCURACY OF THE INFORMATION ON THIS PLAN.

SIGNATURE DATE

PRINTED NAME

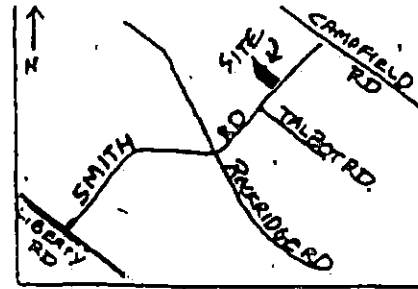
SIGNATURE DATE

PRINTED NAME

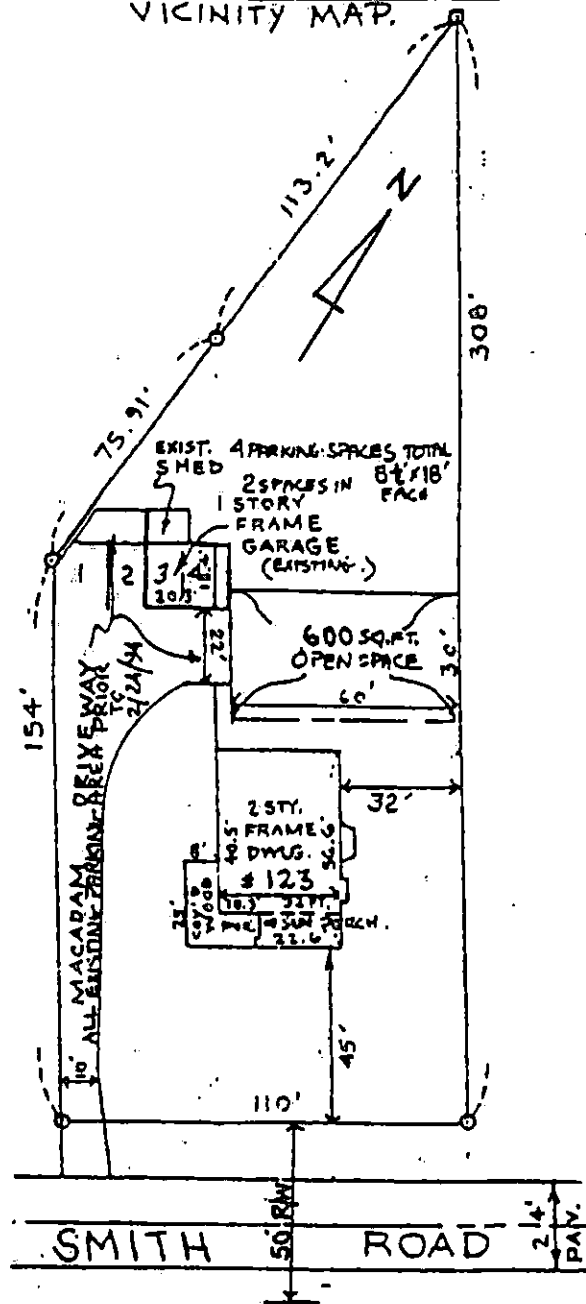
ENGINEERS SCALE

1" = _____ FT.

REVISED 7/19/04



VICINITY MAP.



**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

ALF Address _____
Permit No. (if required) B _____

FROM: Timothy M. Kotroco
Department of Permits & Development Management
M.S. 1105

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:

Print Name of Applicant _____	Address _____	Telephone Number _____
Lot Address _____	Election District _____	Councilmanic District _____
	Square Feet of Lot _____	
Lot Location: N E S W/side/corner of _____ (street) _____ feet from N E S W corner of _____ (street)		
Land Owner: _____	Tax Account Number _____	
Address: _____	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 _____ Date: _____
	YES	NO	
1. This 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 of Compliance with Checklist Note 5.A	_____	_____	
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: _____

ASSISTED LIVING FACILITIES I, II, & III.

(Bill Nos. 19-04 & 32-06)

*******SECTION 101. DEFINITIONS.**

ASSISTED LIVING FACILITY: A BUILDING, OR SECTION OF A BUILDING THAT PROVIDES HOUSING AND SUPPORTIVE SERVICES, SUPERVISION, PERSONALIZED ASSISTANCE, HEALTH-RELATED SERVICES, OR A COMBINATION THEREOF, TO MEET THE NEEDS OF INDIVIDUALS WHO ARE UNABLE TO PERFORM OR WHO NEED ASSISTANCE IN PERFORMING THE ACTIVITIES OF DAILY LIVING AND WHICH IS LICENSED AS AN ASSISTED LIVING PROGRAM AS DEFINED UNDER TITLE 19, SUBTITLE 18 OF THE HEALTH-GENERAL ARTICLE, ANNOTATED CODE OF MARYLAND. FOR THE PURPOSES OF THIS DEFINITION, IF A RESIDENT LIVES IN A ROOM OR APARTMENT PROVIDING COMPLETE KITCHEN FACILITIES INTENDED FOR THE DAILY PREPARATION OF MEALS BY OR FOR THAT RESIDENT, THE UNIT SHALL NOT BE CONSIDERED AN ASSISTED LIVING FACILITY. DENSITY FOR SUCH FACILITIES SHALL BE CALCULATED AT 0.25 FOR EACH BED.

*******SECTION 432A. ASSISTED LIVING FACILITY; HOUSING FOR THE ELDERLY. AN ASSISTED LIVING FACILITY IS PERMITTED IN THE D.R., R.O., R.O.A., R.A.E., B.R., B.M. AND OR-2 ZONES AS FOLLOWS:**

- 1) AN ASSISTED LIVING FACILITY I IS PERMITTED BY USE PERMIT.
- 2) AN ASSISTED LIVING FACILITY II IS PERMITTED BY USE PERMIT IF IT HAS FRONTAGE ON A PRINCIPAL ARTERIAL STREET.
- 3) AN ASSISTED LIVING FACILITY III IS PERMITTED IN A D.R. 16, R.A.E., R.O., R.O.A. or B.M., ZONE BY USE PERMIT. AN ASSISTED LIVING FACILITY III IS PERMITTED IN THE OR-2 ZONE BY SPECIAL EXCEPTION AND IS LIMITED BY THE USE, AREA, AND BULK REGULATIONS OF THE D.R. 10.5 ZONE. A FACILITY LOCATED IN A R.O. ZONE IS ALSO SUBJECT TO REVIEW BY THE DESIGN REVIEW PANEL FOR COMPATABILITY WITH SURROUNDING USES.
- 4) HOUSING FOR THE ELDERLY IS PERMITTED BY RIGHT IN R.A.E. ZONES

*******ASSISTED LIVING FACILITY I: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES FEWER THAN 8 RESIDENT CLIENTS.

*******ASSISTED LIVING FACILITY II: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) IS LOCATED IN A STRUCTURE WHICH WAS BUILT AT LEAST FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 2) WAS NOT ENLARGED BY 25% OR MORE OF GROUND FLOOR AREA WITHIN THE FIVE YEARS BEFORE THE DATE OF APPLICATION.
- 3) WHICH ACCOMODATES BETWEEN 8 AND 15 RESIDENT CLIENTS.

*******ASSISTED LIVING FACILITY III: AN ASSISTED LIVING PROGRAM WHICH:**

- 1) WILL ACCOMMODATE MORE THAN 15 RESIDENT CLIENTS.
- 2) WILL BE IN A STRUCTURE WHICH WAS BUILT OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA LESS THAN FIVE YEARS BEFORE THE DATE OF APPLICATION. OR
- 3) WILL BE IN A STRUCTURE WHICH WILL BE NEWLY CONSTRUCTED OR ENLARGED BY MORE THAN 25% OF GROUND FLOOR AREA FOR THE ASSISTED LIVING PROGRAM.

*******SITE & DESIGN STANDARDS:**

- 1) EXCEPT FOR THE SIGNS PERMITTED BY SECTION 450, NO OTHER SIGNS OR DISPLAYS OF ANY KIND VISIBLE FROM THE OUTSIDE ARE PERMITTED.
- 2) OFF-STREET PARKING SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 409 AND SUBJECT TO THE FOLLOWING CONDITIONS, BUT NO PARKING STRUCTURE IS PERMITTED EXCEPT FOR A RESIDENTIAL GARAGE AS DEFINED IN SECTION 101.
 - PARKING SHALL BE SET BACK AT LEAST 10 FEET FROM THE PROPERTY LINE, EXCEPT THAT IF THE PROPERTY LINE ABUTS AN ALLEY. NO SETBACK IS REQUIRED IF THE ALLEY DOES NOT ABUT THE FRONT OR REAR YARD OF A RESIDENTIALLY USED PROPERTY.
 - PARKING AND DELIVERY AREAS SHALL BE LOCATED IN THE SIDE OR REAR ONLY.
 - AT LEAST 10% OF THE LOT SHALL BE USED TO PROVIDE USABLE CONTIGUOUS AND PRIVATE OPEN SPACE.
- 3) AN ASSISTED LIVING FACILITY IS SUBJECT TO A COMPATIBILITY FINDING PURSUANT TO SECTION 32-4-402 OF THE BALTIMORE COUNTY CODE.
- 4) AN ASSISTED LIVING FACILITY LOCATED IN A COUNTY HISTORIC DISTRICT IS ALSO SUBJECT TO REVIEW BY THE LANDMARKS PRESERVATION COMMISSION IN THE SAME MANNER AS OTHER BUILDINGS LOCATED IN A HISTORICAL DISTRICT.

**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:

ADR GOBENRO, GRACE 2, GWYNN LAKE DRIVE 443-520-0563
Print Name of Applicant GWYNN OAK, MD 21207 Address Telephone Number

2 Gwynn Lake Drive Gwynn Oaks 1 4 10,620 SF
Lot Address Election District Councilmanic District Square Feet of Lot

Lot Location: N E S W side Corner of Summerfield Rd 0 feet from N E S W corner of Gwynn Lake Drive
(street) (street)

Land Owner: Adobeno, Grace Tax Account Number 0108650730

Address: 2 Gwynn Lake Drive, Gwynn Oak, MD 21207 Telephone Number (443) 286-2518

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>JF</u> Date: <u>6/23/09</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: Property (3 copies): including lot size and square feet of buildings, parking and open space - 10% lot area	<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 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 type="checkbox"/>	
6. Current Zoning Classification: <u>DR 5-5</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. 7236

DATE 6/23/06 ACCOUNT 001-000-6150

AMOUNT \$ 50.00

RECEIVED FROM: Grace Adagbenro

FOR: 2 Brynna Lake Dr
Assisted Living Facility

DISTRIBUTION

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

PAID RECEIPT

BUSINESS	ACTUAL	TIME	DRW
6/23/2006	6/23/2006	09:32:39	5
REG WSDS	MAIL	MGUN WED	
>>RECEIPT N	405423	6/23/2006	OFLN
Dept	5	528 ZONING VERIFICATION	
CR NO.	007236		
Recpt Tot		\$50.00	
\$50.00	CK	\$.00	CA
Baltimore County, Maryland			

CASHIER'S VALIDATION

Zoning Use Permit
Plan for an assisted living facility I

2 Gwynn Lake Drive
Gwynn Oak, MD 21207

1st Election District

Owner: Adegbenro, Grace
Address: 2 Gwynn Lake Drive
Gwynn Oak, MD 21207

Date: 06/16/06

Phone: 443-520-0563

Lot size: 10,620 sq. ft.

Zoning Map: 088b3

Zone DR 5-5

Parking: 1 space for each 3 beds
= 2 spaces for 4 beds

Existing floor areas sq. ft.

1st floor = 1,151 sq. ft.

2nd floor = 500 sq. ft.

Total 1,651 sq. ft.

Basement for storage = 900 sq. ft.

Open Space: $0.10 \times \text{Lot area (10,620)}$
= 1,062 sq. ft.

This building has not been originally constructed to accommodate elderly housing or an assisted living facility. No construction, relocation, exterior changes or additions of 25% or more in ground floor area as it has existed for 5 years before the date of this application has occurred to the exterior of the building. No additions are proposed.

Signs will comply with section 450 BCZR
The undersigned (Owner) is responsible for the accuracy of the information on this plan

Grace Adegbenro
Signature Date

GRACE ADEGBENRO

Printed Name

