

USE PERMIT



IT IS ORDERED by the Director of the Baltimore County Department

of Permits and Development Management, this 6TH of JULY, 2007, that
6683 SPRINGMILL CIRCLE
WOODLAWN, MD 21207 should be and the same is hereby granted
(street address)

permission to operate a ASSISTED LIVING FACILITY I (THREE BEDS)

28488

Permit No.

Janet Kotooco

Director

Planner's Initials

A-Fou

REV 06/00

**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 6683 SPRINGMILL CIR

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:

Michele Mindr 6683 Springmill Circle Woodlawn, Md 21207 410 504-762
Print Name of Applicant Address Telephone Number

Lot Address same Election District 2 Councilmanic District 4 Square Feet of Lot 2291858

Lot Location: NE S W side/corner of Springmill Circle 10 feet from NE S W corner of Windsor Blvd
(street) (street)

Land Owner: Terra Young Tax Account Number 1800003830 ~~205507363~~

Address: 748 Silver Maple circle, PA 17360 Telephone Number (412) 271-2940

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: <u>6/11/09</u>
	YES	NO	
✓ 1. This Recommendation Form (3 copies)	✓	—	A.T.S.H.
✓ 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: <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: _____

6/27/07

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

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

ALF Address 6683 SPRINGMILL CIR
Permit No. (if required) B _____

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

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:

Applicant: Michele Minor 6683 Springmill Circle Woodlawn, Md 21207 410 504-762
First Name of Applicant Address Telephone Number
Lot Address same Election District 2 Councilmanic District 4 Square Feet of Lot 2291858
Lot Location: NE S W corner of Springmill Circle 10 feet from NE S W corner of Windsor Blvd
(street) (street)
Land Owner: Terra Young Tax Account Number 1800003830
Address: 748 Silver Maple circle, PA 17360 Telephone Number: (412) 271-2940

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: <u>6/11/07</u>
	YES	NO	
<input checked="" type="checkbox"/> This Recommendation Form (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A.T.G.
<input type="checkbox"/> Permit Application (if available)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 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"/>	
<input type="checkbox"/> Statement of Compliance with Checklist Note 5.A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Building Elevation Drawings (these may be waived if note 5.A. from the Zoning Use Permit Checklist can be stated on the plans)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Photographs (please label all photos clearly) Adjacent 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:

[Handwritten signature]

Sent by _____ for the Director, Office of Planning and Community Conservation

Date: _____

BALTIMORE COUNTY, MARYLAND
OFFICE OF BUDGET & FINANCE
MISCELLANEOUS RECEIPT

No. 28488

DATE 6/11/2007 ACCOUNT 001-0066150

AMOUNT \$ 50 ⁰⁰

RECEIVED FROM: Michele Minor

FOR: ALFI - at 6683 Springmill
Circle - 3 Beds.

DISTRIBUTION

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

PAID RECEIPT

BUSINESS	ACTUAL	TIME	DEPT
6/12/2007	6/11/2007	09:52:10	9
REG WSO3	MALKIN	KFOR REP	
>>RECEIPT # 335902			6/11/2007
Dept	5	52B ZONING VERIFICATION	OFLH
CR NO.	028408		
Recpt Tot		\$50.00	
\$1.00	CK	\$50.00	CA
Baltimore County, Maryland			

CASHIER'S VALIDATION