

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 9122 Liberty Rd  
Permit No. (if required) B \_\_\_\_\_

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

RE: Assisted Living Facility for all

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:

Danielle Walker 443 742 1660  
Print Name of Applicant Unique Care Assisted Living P.O. Box 65911 Columbia MD 21045  
Address 9122 Liberty Rd Election District 2 Councilmanic District 4 Telephone Number \_\_\_\_\_  
Lot Address 9122 Liberty Rd Square Feet of Lot 12,730  
Lot Location: (NE S W) side/corner of Liberty Rd 500± feet from (NE SW) corner of 0 Futt Rd ent  
(street) (street)  
Land Owner: PAUL L. + Geradine P. Stokes Tax Account Number 020 75 80420  
Address: 9122 Liberty Rd Randallstown MD 21133 Telephone Number (410) 526-2314

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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Permit Application (if available)	<input type="checkbox"/>	<input type="checkbox"/>	
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	<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 checked="" type="checkbox"/>	<input 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>RO</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:

Office of Planning and Community Conservation

Date: \_\_\_\_\_

**BALTIMORE COUNTY, MARYLAND  
OFFICE OF BUDGET & FINANCE  
MISCELLANEOUS RECEIPT**

No. **27988**

DATE 5/8/07 ACCOUNT 001 006 6150

AMOUNT \$ 50.00

RECEIVED FROM: Janelle Walker

FOR: Baltimore County

for permit ALF

DISTRIBUTION

WHITE - CASHIER

PINK - AGENCY

YELLOW - CUSTOMER

PAID RECEIPT

BUSINESS ACTUAL TIME DR#  
5/09/2007 5/08/2007 13:09:57 2

REG WSO2 MAIL JEVA JEE  
>>RECEIPT # 516381 5/08/2007 OFLN

Dept 5 528 ZONING VERIFICATION

CR NO. 027988

5/8/07  
Recpt Tot \$50.00  
\$50.00 CR \$1.00 CA

Baltimore County, Maryland

50.00

CASHIER'S VALIDATION

5/24/07

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

RE: Assisted Living Facility (or other use)

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:

Danielle Walker 443 742 1460  
Print Name of Applicant Address Telephone Number  
Urbane Care Assisted Living P.O. Box 6541 Columbia MD 21045

Lot Address 9122 Liberty Rd Election District 2 Councilmanic District 4 Square Feet of Lot 12,700

Lot Location: NE S W side/corner of Liberty Rd 500' feet from NE S W corner of 0 Feet Rd int  
(street) (street)

Land Owner: PAUL L. + Geradine P Stokes Tax Account Number 020 95 80420

Address: 9122 Liberty Rd Randallstown MD 21133 Telephone Number (410) 526-2314

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. This Recommendation Form (3 copies)  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | _____                  |
| 2. Permit Application (if available)  | <input type="checkbox"/> YES <input type="checkbox"/> NO            | _____                  |
| 3. Site Plan:<br>Property (3 copies); including lot size and square feet of buildings, parking and open space - 10% lot area<br>Statement of Compliance with Checklist Note 6.A | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | _____                  |
| 4. Building Elevation Drawings (these may be waived if note 6.A. from the Zoning Use Permit Checklist can be stated on the plans)   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | _____                  |
| 5. Photographs (please label all photos clearly)<br>Aligning Buildings, the Proposed Building, and Surrounding Neighborhood   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | _____                  |
| 6. Current Zoning Classification: <u>RO</u>   |   |                        |

Post-it* Fax Note 7671	Date <u>5/21</u>	# of pages <u>1</u>
To <u>Tim Kotroco</u>	From <u>PLANNING</u>	
Co./Dept. <u>PD/M</u>	Co.	
Phone #	Phone # <u>887-3480</u>	
Fax # <u>40887-5708</u>	Fax # <u>887-5842</u>	

TO BE FILLED IN BY THE OFFICE OF

RECOMMENDATIONS / COMMENTS:

- Approval  Disapproval  Approval conditioned on required modif.

RECEIVED

MAY - 9 2007

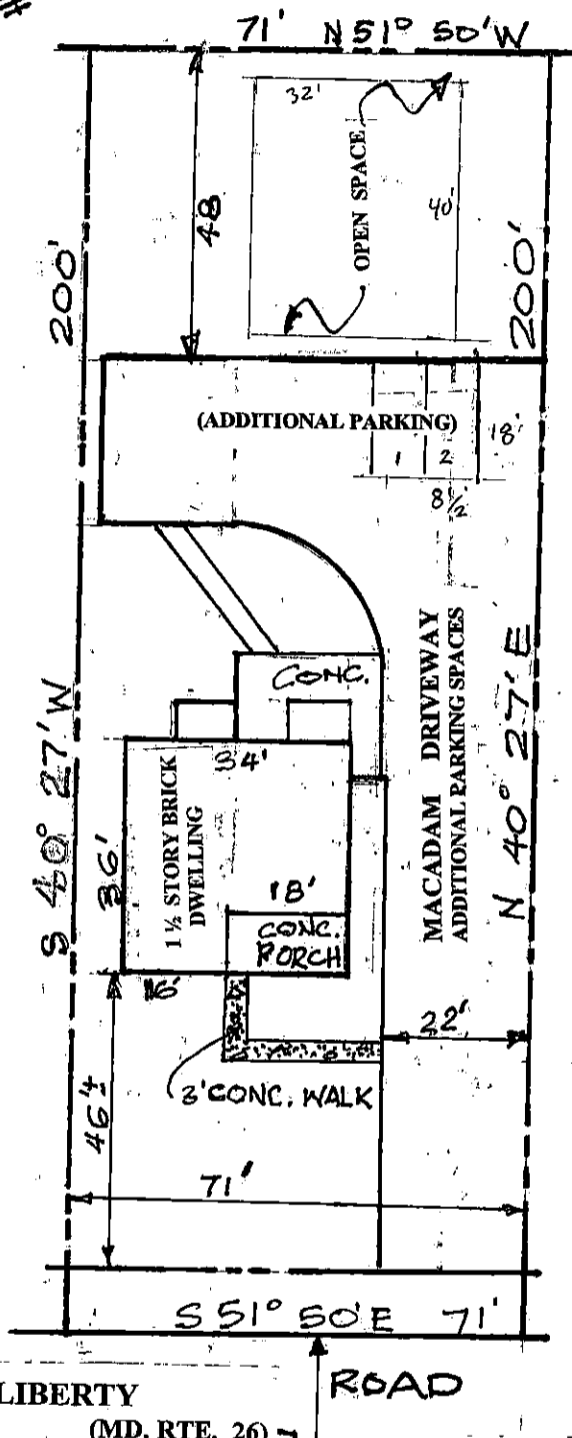
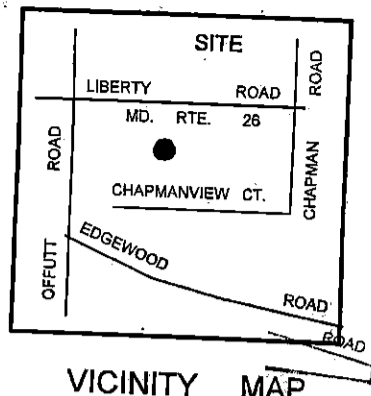
Signature: [Signature]  
By the Director, Office of Planning and Community Conservation

OFFICE OF PLANNING

Date: 5/24/07

The undersigned are responsible for the accuracy of the information on this plan

*Danielle Walker 5/8/07*



**Name:** Unique Care Assisted Living  
9122 Liberty Road  
Randallstown, MD 21138

**Owner:** Danielle Walker  
P. O. Box 6591  
Columbia, MD 21048  
(443) 742-1660

**SITE & BUILDING DATA**

**Date of Plan** 4/30/2007

**Lot Size** 12,730 sq. ft.

**Open Space** 1,273 sq. ft.

**Building**

1<sup>st</sup> Floor 964 sq. ft.

2<sup>nd</sup> Floor 1,131 sq. ft.

**Basement Storage** - N/A

**Exist. Garage** - N/A

**Zoned RO Zoning:** 077A2

**Zoning Use Permit**

- 2 + Additional Parking Spaces

*Parking: 1 space for each 3 beds.*

*4 beds - 2 parking spaces required*

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

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

DESIGN CONCEPT CONSTRUCTION SERVICES, LLC



1603 N. Forest Park Ave.  
Office: 410-455-9684  
E-Mail: dccc2@verizon.net

Baltimore, MD 21207  
Fax: 410-455-9240  
Cell: 443-939-5877

SCALE:  
1" = 30'